Substance Use Disorder Treatment and Access Policy and Procedure Toolkit for Nursing Homes and Adult Care Facilities

August 2024



IPRO QIN-QIO

Healthcentric Advisors

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Quality Innovation Network - Quality Improvement Organizations
CENTERS FOR MEDICARE & MEDICAID SERVICES
iQUALITY IMPROVEMENT & INNOVATION GROUP

Acknowledgements

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Introduction

This Substance Use Disorder Treatment (SUD) and Access Policy and Procedure Toolkit for Nursing Homes and Adult Care Facilities is intended to provide easy-to-adapt policies and procedures for facilities that wish to implement or improve their care for residents with SUD, which includes access to behavioral health resources, medications, telehealth, and referral networks. Most of the policies deal with opioid use disorder treatment, as this was the overarching need identified by nursing homes and adult care facilities; however, this toolkit was designed to be modified, and future updates will include additional substance use disorder policies.

According to a Centers for Medicare &Medicaid Services (CMS) memo regarding mental health and substance use disorder, the agency has identified a need to improve guidance related to meeting the unique health needs of residents with mental health diagnoses and SUD. CMS was clear in stating that when facilities care for residents with these conditions, policies and practices must not conflict with resident rights or other requirements of participation.[1] The agency further clarified that facility staff should have knowledge of signs and symptoms of possible substance use, and should be prepared to address emergencies (e.g., an overdose) by increasing monitoring, administering naloxone, initiating cardiopulmonary resuscitation (CPR) as appropriate, and contacting emergency medical services. Refer to the IPRO Quality Innovation Network-Quality Improvement Organization (QIN-QIO) Nursing Home Naloxone Policy and Procedure Toolkit as an additional ready-to-use resource.

This toolkit was developed, in part, with content from The Care of Residents with Opioid & Stimulant Use Disorders in Long-Term Care Settings, created by the Massachusetts Department of Public Health (DPH), Healthcentric Advisors, and Abt. as a foundational guide. The Massachusetts DPH toolkit provides a wealth of knowledge and practical information regarding integrating SUD care into long-term care facilities, and it is highly recommended that facilities refer to it for a more comprehensive discussion and additional resources.

Regular review and revision of these policies are recommended to ensure they reflect current best practices for the management of SUD. The Resource section provides links to information at the federal and state levels, additional education materials, full medication prescribing information, and other resources. Facilities can modify the Resource section to include information from their own state.

[1] Revised Long-Term Care Surveyor Guidance; QSO-22-19-NH (cms.gov). Accessed 7/1/2024

How to Use this Toolkit

The goal of the Advancing SUD Treatment in Nursing Homes and Adult Care Facilities Workgroup was to provide easily accessible and customizable policies, procedures, and education resources in a concise toolkit. This toolkit includes evidence-based recommendations for integrating SUD treatment into nursing homes and adult care facilities. An implementation checklist is provided. Example policies and procedures can be edited to meet the needs of your organization. For example, adult care facilities may not have a Medical Director, so if a policy indicates that a Medical Director is accountable, the adult care facility would simply delete that role.

A variety of resources on topics including stigma, behavioral health, medications for SUD, federal and state information, and other links are included in the Resource section. Facilities can modify the Resource section to include information from their own state.

The following abbreviations/definitions will be used in this toolkit:

BAA – business associate agreement

MOU – memorandum of understanding

MOUD – medications for opioid use disorder

Part 2 Program – from 42 CFR Part 2, a federally assisted program that provides alcohol or drug use disorder diagnosis, treatment, or referral for treatment. Examples of Part 2 programs include Opioid Treatment Programs (OTPs) that provide methadone and other services, and other federally assisted substance use disorder treatment programs. Source: 42 CFR § 2.11 - Definitions. | Electronic Code of Federal Regulations (e-CFR) | US Law | LII / Legal Information Institute (cornell.edu)

OTP – Opioid Treatment Program, a Part 2 Program

OUD – Opioid use disorder

QSO – Qualified Service Organization; nursing homes and adult care facilities are considered QSOs

A Qualified Service Organization is an individual or entity that:
(1) Provides services to a Part 2 program, such as data processing, bill collecting, dosage preparation, laboratory analyses, or legal, accounting, population health management, medical staffing, or other professional services, or services to prevent or treat child abuse or neglect, including training on nutrition and child care and individual and group therapy, and
(2) Has entered into a written agreement with a Part 2 program under which that individual or entity:
(i) Acknowledges that in receiving, storing, processing, or otherwise dealing with any patient records from the Part 2 program, it is fully bound by the regulations in this part; and
(ii) If necessary, will resist in judicial proceedings any efforts to obtain access to patient identifying information related to substance use disorder diagnosis, treatment, or referral for treatment except as permitted by the regulations in this part. Source: 42 CFR § 2.11 - Definitions. | Electronic Code of Federal Regulations (e-CFR) | US Law | LII / Legal Information Institute (cornell.edu)

ROI – Release of information

SUD – Substance use disorder

Implementation Checklist

This resource was created to help facilities implement the Substance Use Disorder Treatment and Access Policy & Procedure Toolkit created by IPRO QIN-QIO. This checklist outlines a process to successfully implement specific sections of the toolkit.

Sections:

1. Initial Discussions
2. Operations and Logistics for Substance Use Disorder Services
3. Substance Use Disorder Training
4. Resident Engagement
5. Telehealth for Substance Use Disorder Treatment
6. Admission of Residents with Substance Use Disorder (SUD) or Suspected SUD
7. Managing Medications for Substance Use Disorder Treatment
8. Discharge and Transfer of Residents with Substance Use Disorder

1. Initial Discussions

☐ Communicate with facility executive leadership/director of nursing/medical director to assess potential opportunities to implement policies in the toolkit.

- ☐ Consider use of data that may be available from your community or state such as a known population in need of skilled nursing or assisted living and SUD care.
- ☐ Consider internal current state data– both qualitative (e.g., compliance with CMS Conditions of Participation and the Americans with Disabilities Act) and quantitative (e.g., number of residents with suspected SUD screened, diagnosed, treated or lost; admission opportunities; consider electronic health record data collection, if possible).

☐ Communicate with facility contracted Part 2 Program, consultant pharmacist, and provider pharmacy.

- ☐ Share the toolkit and review the contents.
- ☐ Discuss what types of services are available at the facility.

☐ Review all necessary facility policy related documents by completing the appropriate sections and obtaining the authorized signatures.

2. Operations and Logistics for Substance Use Disorder Services

☐ Identify and execute QSO agreements (QSOAs) and/or contract/Business Associate Agreement (BAA)/Memorandum of Understanding (MOU) with one or more Part 2 Program organizations.

☐ Ensure that the entities selected for contracting are in good standing and appropriately credentialed/licensed at both federal and state levels.

☐ Develop a standardized Request for Information and Release of Information (ROI) applicable for admissions and discharges.

☐ Create a communication flow chart to ensure that the facility and the Part 2 Program establish primary and secondary points of contact and that messages are received and acted upon by all parties in a timely manner.

3. Substance Use Disorder Training

☐ Identify person(s) responsible for training content (e.g., enhance/modify current training), coordination, and evaluation. See Policy and Resource section for a selection of training materials.

☐ Select who will be receiving the training (all staff, nursing staff, direct patient care staff, train-the-trainer).

☐ Decide whether staff must complete a competency training form. If yes, where will these be kept? Will new staff be trained? If yes, how?

☐ Training: Conduct in-service training for staff.

☐ Highlight information that is relevant to the individuals receiving the training. Include person-centered training on SUD, stigma, trauma informed care, and SUD treatment.

☐ Provide the following: Substance Use Disorder (SUD) Education; Substance Use Disorder Treatment and Access Policy and Procedure Toolkit for Nursing Homes and Adult Care Facilities; Nursing Home Naloxone Policy and Procedure Toolkit; Telehealth Technology Training for SUD

☐ Collect attestations of completion of training and of having read and understood all policies and procedures.

4. Resident Engagement

☐ Share and emphasize with the newly admitted resident the importance of how the facility ensures it is able to deliver patient centered, effective health care to all residents by:

☐ Maximizing the safety of residents, staff, volunteers and visitors.

☐ Offering residents with SUD evidence-based care processes for harm reduction, and linkage to treatment.

☐ Reducing harm from substance use (including illicit, prescribed, and non-prescribed substances).

☐ Complying with federal, state and local laws and regulations.

☐ Prepare person-centered strategies to promote harmonization into the daily routines of the facility while meeting the behavioral health needs of the resident.

☐ Review the admissions agreement to ensure responses have been provided for all questions regarding actions that endanger resident engagement, up to and including grounds for appropriate discharge from the facility.

5. Telehealth for Substance Use Disorder Treatment

☐ Locate or create a designated area that ensures privacy for confidential clinical conversations during telehealth visits.

☐ Acquire technical apparatus including devices that support audio or audio-visual connections for interactions with the Part 2 Program/Opioid Treatment Program (OTP) and authorized facility providers.

☐ Identify and contact the facility pharmacy provider to be used by the prescriber or OTP for dispensing services.

☐ Obtain informed consent from the resident to perform telehealth services.

☐ Use an assessment in the visit documentation that addresses the effectiveness of the telehealth visits, including evaluation of the quality of the sessions and the resident's satisfaction with the experience.

6. Admission of Residents with Substance Use Disorder (SUD) or Suspected SUD

☐ Prior to admission, review all documents provided by the transferring facility that indicate the performance of SUD screening.

☐ Obtain a signed release of information (ROI) from the transferring facility authorizing the assessment and treatment for SUD, or if not provided, obtain a signed ROI at the time of admission.

☐ Prepare a standardized treatment care plan template note with modifiable patient centered goals, which include diagnosis, medications, supportive treatment orders, and bidirectional communication between the Part 2 Program and the facility.

7. Managing Medications for Substance Use Disorder Treatment

☐ Convene an initial meeting with designated facility personnel responsible for review who meet the necessary requirements for acquisition, receipt, and storage of medications, including installation of separate dedicated storage cabinets for methadone prescribed for SUD.

☐ Review service elements for the provision of methadone including delivery to the facility or means by which resident methadone supply will be exchanged between the Part 2 Program and the facility.

☐ Review facility medication administration policy and procedure, incorporating the process by which facility staff will conduct preparation and observation of medications for SUD, including the specific requirements for observation of methadone consumption by the resident.
☐ Review the process by which authorized facility personnel perform storage and disposition of any discontinued methadone due to factors such as change or discontinuation of orders, discharge of resident to another facility, or discharge to the community.
☐ Educate facility personnel on the policy and procedure for monitoring for and reporting of suspected incidents of diversion and risks and consequences for diversion or misuse of SUD medications.

8. <u>Discharge or Transfer of Residents with Substance Use Disorder</u>
☐ For residents with a diagnosis of SUD, use a standard discharge or transfer document or a modifiable template that incorporates elements related to continued coordination of care with medications, support services, future appointments, and referrals.
☐ Prepare and complete a signed medication take home acknowledgement waiver for release of medications, including methadone and buprenorphine, and a list of current medications at time of discharge.
☐ Provide a list of scheduled service appointments.
☐ Review any ongoing recovery related needs such as housing, food, employment, transportation, medical care, financial, as appropriate for the resident circumstances.
☐ Communicate any change of resident status to the Part 2 Program as per the specifications in the Qualified Service Organization Agreement (QSOA).
☐ Provide the resident with a discharge kit (contents to include naloxone, fentanyl test strips, hygiene items, etc.)

Service Description for Facility Specializing in Substance Use Disorder Treatment

[Company]	**FACILITY LOGO**
[Company Address]	

Policy Name	Service Description for Facility Specializing in Substance Use Disorder Treatment	**Policy No.**	
Effective Date		**Date Of Last Revision**	
Version No.		**Distribution**	
Applicable Regulations or Standard **(Select all that apply)**	US Dept of Health and Human Services. *Medications for the Treatment of Opioid Use Disorder.* US Dept of Health and Human Services, Substance Abuse and Mental Health Services Administration; 2024. Accessed April 9, 2024. https://www.federalregister.gov/documents/2024/02/02/2024-01693/medications-for-the-treatment-of-opioid-use-disorder Nursing Home: Appendix PP, State Operations Manual. www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/downloads/appendix-pp-state-operations-manual.pdf		
Administrator Signature		**Contact Information**	

Version History

Version	Approved By	Revision Date	Description Of Change	Author

Accountable Leadership

Administrator, Medical Director, Director of Nursing, Consultant Pharmacist

Procedure Responsible Parties

Administrator, Medical Director, Director of Nursing

Policy

This facility is committed to providing comprehensive, high-quality health care to all residents, including those with identified substance use disorder (SUD). As part of this commitment, we have established a description of our SUD treatment services to share with discharging hospitals and other care settings in the community. The descriptions described below can be communicated in a variety of ways, e.g., flyer, email, website posting. Facility may consider tracking who has been sent the initial and updated Service Description communication.

Overview

Our facility is committed to providing uninterrupted access to SUD medications and services and will make available initial SUD services. This facility has a contractual agreement with a Part 2 Program to provide expert SUD assessments, care, and services. It is vitally important that providers who transfer patients with SUD to our facility include the SUD diagnosis in the transfer documents to ensure continuity of care.

Admission Process

We have a streamlined admission process for residents with SUD. This includes a comprehensive assessment to determine the severity of the resident's SUD and any other co-occurring conditions. A personalized treatment plan is developed based on the results of this assessment.

Services

Our Substance Use Disorder treatment services include collaboration with a Part 2 Program to provide, at a minimum, medical treatment and one or more services including counseling, support, or telehealth:

1. **Medical Treatment:** medications for opioid use disorder (MOUD), such as methadone, buprenorphine, and naltrexone, as part of a comprehensive treatment plan.
2. **Counseling Services:** individual and group counseling services to help residents cope with the psychological aspects of SUD.
3. **Support Services:** a range of support services, including case management, peer support, and assistance with accessing community resources.

4. **Telehealth Services:** telehealth technology to facilitate access to treatment. This includes both audio-only and audio-visual platforms.

Training

All facility employees, volunteers, vendors, and consultants receive training on how to care for residents with SUD. This includes overcoming stigma, recognizing signs of opioid withdrawal and overdose, actions to be taken to avoid harms, medications used to treat SUDs, serving residents with complex healthcare needs, and using telehealth technology for SUD treatment, among other topics.

Regulatory Compliance

Our facility complies with all federal and state regulations related to the treatment of SUD, including patient privacy and consent requirements.

We look forward to collaborating with discharging hospitals and other healthcare settings to ensure a smooth transition of care for residents with SUD. For more information about our services, please contact us at [Insert Contact Information].

Related Policies:

Admission of Residents with Substance Use Disorder (OUD) or Suspected SUD
Operations and Logistics for Substance Use Disorder Services
Substance Use Disorder Training
Telehealth for Substance Use Disorder Treatment

Operations and Logistics for Substance Use Disorder Services

[Company]	**FACILITY LOGO**
[Company Address]	

Policy Name	Operations and Logistics for Substance Use Disorder Services	**Policy No.**	
Effective Date		**Date Of Last Revision**	
Version No.		**Distribution**	
Applicable Regulations or Standard	US Dept of Health and Human Services. *Medications for the Treatment of Opioid Use Disorder.* US Dept of Health and Human Services, Substance Abuse and Mental Health Services Administration; 2024. Accessed April 9, 2024. https://www.federalregister.gov/documents/2024/02/02/2024-01693/medications-for-the-treatment-of-opioid-use-disorder Nursing Home: Appendix PP, State Operations Manual: F755 Pharmacy Services, 483.45. www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/downloads/appendix-pp-state-operations-manual.pdf Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2; and the Health Insurance Portability and Accountability Act (HIPAA), 45 C.F.R. Parts 142, 160, 162 and 164		
Administrator Signature		**Contact Information**	

Version History

Version	Approved By	Revision Date	Description Of Change	Author

Accountable Leadership

Administrator, Medical Director, Director of Nursing, Consultant Pharmacist, Admissions Director

Procedure Responsible Parties

Administrator, Medical Director, Director of Nursing

Policy:

Facilities need operational and logistical procedures to ensure all residents admitted receive assessment and treatment for SUD through appropriate channels, such as by contracting with Part 2 Programs for methadone or buprenorphine, internal training for buprenorphine prescribers in the facility, and/or other community resources/services.

The facility incorporates personalized, safe transitions of care from hospital to facility, from facility to hospital/emergency department, and from facility to community, when applicable; and these processes will be incorporated into policy.

Facilities will consider, as part of transition planning, how residents' social determinants needs will be met.

Procedure

1. Physicians, nurse practitioners, and physician assistants with a Drug Enforcement Agency (DEA)registration for prescribing schedules II-V and attestation of meeting training requirements can prescribe buprenorphine for opioid use disorder. An agreement with an opioid treatment program is not required and should not be a barrier for treating OUD with buprenorphine. For more information: Provider Support | SAMHSA
2. The facility needs to identify and execute, in consultation with their legal representation, Qualified Service Organization Agreements (QSOAs) and/or contract Business Associate Agreements (BAA)/Memorandums of Understanding (MOU) with one or more Part 2 Program organizations that provide the following SUD treatment services before initiating such services: methadone, buprenorphine, licensed behavioral health provider, telehealth, and peer recovery. For an example of a QSOA see Appendix 7 in The Care of Residents with Opioid and Stimulant Use Disorders in Long-Term Care Settings
    a. Agreements may include:
        i. A Record of Justification for Exemptions: The Part 2 Program will provide the facility with a copy of the approved SAMHSA exemption request, which allows for take home

methadone and self-administration, overseen by the facility nurse (see Administration section in policy Managing Medications for Substance Use Disorder).

ii. A MOU that includes information about the need for a relationship between the QSO (the facility) and the Part 2 Program. The facility nursing staff should be listed as an agent of the Part 2 Program.

iii. A Chain of Custody Form between the Part 2 Program and facility; this form will be kept with the methadone until resident discharge. After the resident is discharged, the form is filed according to the QSOA. Sample forms for Methadone Chain of Custody and Methadone Administration, are available at: The Care of Residents with Opioid and Stimulant Use Disorders in Long Term Care Settings, Appendix 10 and 11.

iv. Facility and Part 2 Program should establish parameters (day/time/frequency) for secure pick up by facility and/or delivery of methadone by Part 2 Program. Empty bottles may or may not be returned to the facility per QSOA.

v. The QSOA will delineate a process for warm hand-off upon resident's discharge to home or other community residential setting to ensure continuity of medication for OUD (MOUD) access and maintenance.

vi. Residents receiving MOUD on discharge must have a Take Home Waiver.

vii. For transfers to acute care (hospital or emergency department), the facility will provide the up-to-date medication list with correct dosing for MOUD to hospital/ED. Facility does not transfer MOUD and must follow existing policies and procedures for controlled substances. Facility must alert the Part 2 Program of transfer within timeframe delineated in QSOA.

viii. Telehealth should be the primary method of treatment delivery; if in-person treatment is required, the contract should include special arrangements.

ix. Determining insurance coverage and billing for services is the responsibility of the Part 2 Program.

3. The facility must ensure that the entities selected for contracting are in good standing and appropriately credentialed/licensed at both federal and state levels.
4. Providers who will be managing residents on buprenorphine should provide their credentials for prescribing.
5. Oversight of the Part 2 Program QSOA and service is the responsibility of the facility administrator and medical director, when applicable.
6. Develop a standardized Request for Information and Release of Information (ROI) applicable for admissions and discharges which should include (see example form in Appendix 7 of The Care of Residents with Opioid and Stimulant Use Disorders in Long-Term Care Settings):
   a. Authorization for treating health entities to release Protected Health Information (PHI) to other health entities.
   b. Designate what information can be released.
   c. Hospital sends signed ROI to facility and Part 2 Program (once a collaboration agreement is completed) for each to sign. All parties receive completed forms.
   d. Facility confirms ROI receipt by Part 2 Program.

e. Communication: a case manager or social worker at the hospital connects with the liaison/social worker at nursing home and Part 2 Program.

7. Special Circumstance: Methadone (see policy Managing Medications for Substance Use Disorder Treatment)

Related Policies:

Admission of Residents with Substance Use Disorder (SUD) or Suspected SUD
Discharge and Transfer of Residents with Substance Use Disorder
Managing Medications for Substance Use Disorder Treatment
Telehealth for Substance Use Disorder Treatment

Substance Use Disorder Training

Facility Name	**FACILITY LOGO**
[Company Address]	

Policy Name	Substance Use Disorder Training	**Policy No.**	
Effective Date		**Date Of Last Revision**	
Version No.		**Distribution**	Nursing
Applicable Regulations or Standard	US Dept of Health and Human Services. Medications for the Treatment of Opioid Use Disorder. US Dept of Health and Human Services, Substance Abuse and Mental Health Services Administration; 2024. Accessed April 9, 2024. https://www.federalregister.gov/documents/2024/02/02/2024-01693/medications-for-the-treatment-of-opioid-use-disorder Nursing Homes: Appendix PP, State Operations Manual: F689 §483.25(d) Accidents. F740 §483.40 Behavioral health services. Accessed April 19, 2024 https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/downloads/appendix-pp-state-operations-manual.pdf		
Administrator Signature		**Contact Information**	

Version History

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Accountable Leadership

Administrator, Director of Human Resources, Medical Director, Director of Nursing, Consultant Pharmacist

Procedure Responsible Parties

Director of Education/Staff Development, Director of Social Services, Director of Nursing, Medical Director

Policy

As this organization is committed to caring for residents with diverse medical, social, and mental health needs, including those with substance use disorders (SUD), it is critical to promote an environment in which the comfort and safety of both residents and staff is maintained. Our facility incorporates training resources which provide education about the nuances that may be encountered when caring for residents with SUD. This policy outlines a process to ensure that basic core education and competencies are provided for all organizational employees in all departments (including but not limited to administration, food services, environmental services, financial, clinical, etc.), volunteers, vendors, and consultants. Training can be tailored to specific roles as needed or indicated.

Procedure

1. The following training which ideally includes some in-person content training, will be performed during orientation and annually:
    a. Substance Use Disorder (SUD) Education should be created with evidence-based resources and subject matter experts as needed. Suggested topics and potential resources to include are:

        i. Person-centered training on SUD, stigma, and treatment

            1. Igniting Compassion Documentary
            2. Stigma and Discrimination — National Institute on Drug Abuse (NIDA) (nih.gov)
            3. Healthcare Workers' Feelings About People with Substance Use Disorders – Recovery Research Institute (recoveryanswers.org)
            4. Substance Use Disorders — NAMI
            5. NYS Clinical Education Initiative courses, free with registration:
                a. From Stigma to Action: Addressing Substance Use, Harm Reduction, and Healthcare
                b. Addressing Stigma and Bias in Health Care for LGBTQ+ People Who Use Drugs

        ii. Trauma-informed approach to working with people who use substances

            1. Trauma-Informed Care Change Package for Nursing Centers – IPRO QIN-QIO Resource Library
            2. Practical Guide for Implementing a Trauma-Informed Approach — SAMHSA

        iii. Caring for people of all ages with SUD, particularly older residents

1. Older Adults — National Institute on Drug Abuse (NIDA) (nih.gov)
2. TIP 26: Treating Substance Use Disorder in Older Adults —SAMHSA Publications and Digital Products
3. OASAS Special cases: Pregnancy and SUD-

iv. Recognizing and supporting residents in withdrawal from substances

1. ASAM Pocket Guidelines and Patient Guide - Alcohol Withdrawal Management (guidelinecentral.com) Residents with suspected alcohol withdrawal may require acute care management.
2. Withdrawal Management - Clinical Guidelines for Withdrawal Management and Treatment of Drug Dependence in Closed Settings - NCBI Bookshelf (nih.gov) (2009)
3. Opioid Withdrawal - StatPearls - NCBI Bookshelf (nih.gov)

v. Implications for complex care residents (co-morbidities, age, etc.)

1. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6112977/
2. Age-friendly care for older adults with substance use disorder - The Lancet Healthy Longevity

vi. Behavioral management for people with SUD

1. Anger management workbook (samhsa.gov)
2. Substance Use and Co-Occurring Mental Disorders - National Institute of Mental Health (NIMH) (nih.gov)

vii. Familiarity with the names of medications and a basic comparison chart or resource

1. Medications for Substance Use Disorders — SAMHSA
2. Opioid Use Disorder: Treating | Overdose Prevention — CDC
3. The ASAM National Practice Guideline for the Treatment of Opioid Use Disorder – 2020 Focused Update
4. The Care of Residents with Opioid & Stimulant Use Disorders in Long-Term Care Settings, Appendix 1: Comparison Chart: Medication for Opioid Use Disorder

viii. Educating patients/residents, families, and care partners on substance use disorder treatment

1. ASAM Pocket Guidelines and Patient Guide - ASAM Opioid Patient Guide 2020 (guidelinecentral.com)

ix. See Resources section for additional information

b. IPRO QIN-QIO Substance Use Disorder Treatment and Access Policy and Procedure Toolkit for Nursing Homes and Adult Care Facilities
c. IPRO QIN-QIO Nursing Home Naloxone Policy and Procedure Toolkit: Nursing Home Naloxone Policy and Procedure Toolkit – IPRO QIN-QIO Resource Library
d. Telehealth Technology Training for SUD

i. Federal and state telehealth regulations may change. Stay updated on regulations in the Federal Register and with requirements for waiving in-person physical exams for controlled substances: DEA and HHS Extend Telemedicine Flexibilities through 2024

ii. Train staff on how to use the specific telehealth technology platform(s) used by the facility. This should include both audio-only and audio-visual platforms.

iii. Patient interaction: Train staff on how to interact with patients during telehealth sessions including building rapport, maintaining patient privacy, and managing technical issues.

iv. Documentation: Teach staff how to document telehealth sessions accurately and efficiently, including noting patient responses and any technical issues.

v. Regulatory compliance: Ensure staff understand the regulatory requirements related to telehealth, including patient privacy and consent.

e. Competency evaluations are recommended, but at a minimum, attestations of training completion (including reading and understanding all policies and procedures) will be required.

Related Policies:

Admission Procedures for Residents with Opioid Use Disorder (OUD) or Suspected OUD
Managing Medications for Opioid Use Disorder
Telehealth for Opioid Use Disorder Treatment

Resident Engagement

[Company]	**FACILITY LOGO**
[Company Address]	

Policy Name	Resident Engagement	**Policy No.**	
Effective Date		**Date Of Last Revision**	
Version No.		**Distribution**	
Applicable Regulations or Standard	US Dept of Health and Human Services. *Medications for the Treatment of Opioid Use Disorder.* US Dept of Health and Human Services, Substance Abuse and Mental Health Services Administration; 2024. Accessed April 9, 2024. https://www.federalregister.gov/documents/2024/02/02/2024-01693/medications-for-the-treatment-of-opioid-use-disorder Nursing Home: Appendix PP, State Operations Manual. www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/downloads/appendix-pp-state-operations-manual.pdf		
Administrator Signature		**Contact Information**	

Version History

Version	Approved By	Revision Date	Description Of Change	Author

Accountable Leadership

Administrator, Medical Director, Director of Nursing, Director of Social Services, health care providers

Procedure Responsible Parties

All staff

Policy

It is important to ensure that needed SUD treatment is provided as quickly as possible. Patients with untreated OUD are at risk of overdose and discontinuation of medications for opioid use disorder; and interruptions in treatment can cause withdrawal, mental distress, and physical complications. Patients who have interrupted treatment may turn to non-prescribed substances. Use of non-prescribed substances, while receiving care at our facility, can disrupt the treatment of a resident's primary medical condition and the ability to sustain health following discharge. Furthermore, ongoing misuse of substances can jeopardize a person's life and health and adversely impact the ability of the medical provider, nurses, and other healthcare professionals to provide safe and effective care. Behaviors that could threaten the physical safety of staff, visitors, and other residents may occur when a person is intoxicated or high. It is important to de-escalate situations related to use of non-prescribed substances when they arise.

To ensure the facility can deliver patient centered, effective health care to residents by:

- Maximizing the safety of residents, staff, volunteers and visitors
- Offering residents with SUD evidence-based care, harm reduction, and linkage to treatment
- Reducing the harm of substance use (including illicit, prescribed, and non-prescribed substances)
- Complying with federal, state and local laws and regulations

Procedure

The facility will welcome residents with SUD, promote a healthy and safe environment for residents and staff, and support efforts to improve residents' health outcomes.

1. Residents with a history of substance use disorder should be assessed for risks; care plan interventions should be implemented to ensure the safety of all residents.
2. Non-prescribed substances cannot be used on facility grounds and the facility does not endorse use, possession, solicitation and/or distribution of illicit, illegal or prohibited substances. Refer to facility Admissions Agreement for specific resident responsibilities.
3. It is the responsibility of the facility to take reasonable, context-appropriate steps to reduce the harms of nonprescribed substance use through clinically focused interventions identified collaboratively with the resident and the care team.
4. Illicit, unauthorized prescribed or non-prescribed drugs found will be confiscated and disposed of appropriately, according to local and state laws.
5. The facility will incorporate strategies for de-escalation of behaviors and for reducing the risks of residents posing a danger to themselves or others.
6. The facility reserves the right to discharge residents who cannot be managed safely, using appropriate discharge planning in accordance with regulations. Refer to facility Admissions Agreement and resident rules.

Related Policies:

Discharge and Transfer of Residents with Substance Use Disorder
Resident Engagement
Substance Use Disorder Training

Telehealth for Substance Use Disorder Treatment

[Company]	**FACILITY LOGO**
[Company Address]	

Policy Name	Telehealth for Substance Use Disorder (SUD) Treatment	**Policy No.**	
Effective Date		**Date Of Last Revision**	
Version No.		**Distribution**	
Applicable Regulations or Standard	US Dept of Health and Human Services. *Medications for the Treatment of Opioid Use Disorder.* US Dept of Health and Human Services, Substance Abuse and Mental Health Services Administration; 2024. Accessed April 9, 2024. https://www.federalregister.gov/documents/2024/02/02/2024-01693/medications-for-the-treatment-of-opioid-use-disorder Nursing Home: Appendix PP, State Operations Manual. www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/downloads/appendix-pp-state-operations-manual.pdf		
Administrator Signature		**Contact Information**	

Version History

Version	Approved By	Revision Date	Description Of Change	Author

Accountable Leadership

Administrator, Medical Director, Director of Nursing, Consultant Pharmacist

Procedure Responsible Parties

Nursing, Social Services, Information Technology, HIPAA Privacy Officer

Policy

This facility is committed to providing comprehensive, high-quality care to all residents, including those with identified opioid use disorder (OUD) or other substance use disorders (SUD). As part of this commitment, we will utilize telehealth services to facilitate access to treatment as indicated.

U.S. Department of Health and Human Service standards, effective April 2, 2024, allow providers to prescribe controlled substance medications to treat OUD via telehealth without requiring an initial or ongoing in-person physical evaluation of the patient/resident.

The facility will provide the technology apparatus along with the appropriate provisions for privacy on devices and space for telehealth services.

Buprenorphine, when used for OUD treatment, may be prescribed using audio-only and/or audio-visual telehealth.

Methadone, when used for OUD treatment may be prescribed using only audio-visual telehealth due to the higher risk profile for sedation and overdose in residents on admission and audio for ongoing treatment.

Procedure

1. **HIPAA Compliant Platform:** All telehealth must use HIPAA compliant platforms, if unsure consult with your facility information technology department/corporate compliance department. Some electronic health records include HIPAA compliant platforms.
2. **Identification of Residents with SUD:** Our contracted Part 2 Program will assess and offer SUD treatment to residents who may benefit and/or offer continued treatment to ensure continuity of prior care. This may be based on medical history, observed behavior, and/or self-disclosure.
3. **Consent:** Once a resident is identified as a potential candidate for SUD treatment, the health care team will obtain informed consent for telehealth services.
4. **Pharmacy Dispensing Services:**
    a. The facility will inform the telehealth provider of the name and contact information of the pharmacy that will receive and dispense the prescription (exception: methadone, which can only be provided by a Part 2 Program Opioid Treatment Program [OTP]).
    b. The prescription must become an order in the facility's electronic health record to ensure it appears on the medication list and the medication administration record. If methadone is prescribed, a designated facility staff member will write in the order “Do not send, provided by Part 2 Program.”
5. **NYS Resources for Telehealth Referral**:
    a. Medication for Addiction Treatment and Electronic Referrals (MATTERS): MATTERS is a referral program that provides linkage to outpatient treatment. It is intended to be used as an additional resource in cases in which the facility’s in-house care team is unable to provide long-term OUD treatment.
        i. Patients with OUD requiring buprenorphine can be referred for treatment through MATTERS and connected to an outpatient treatment program within 24 hours. It is important to note that MATTERS does not facilitate referrals for individuals seeking immediate methadone treatment nor does it provide prescriptions for methadone.

ii. If the patient needs a referral as well as a buprenorphine bridge prescription:
    1. Telemedicine services are available at https://mattersnetwork.org/treatment/#connecttovirtualcare.
    2. Telemedicine is available 24/7 for Western New York (WNY) residents and from 11:00 am to 11:00 pm for state residents outside of WNY. Hours are subject to change.
    3. The patient will complete a brief form, select an appointment time, and be virtually connected with a telemedicine provider. Patients are typically seen within an hour.
    4. The telemedicine provider will evaluate the patient and determine if a buprenorphine bridge prescription and/or referral to outpatient treatment (either in person or virtual) is appropriate.
    5. Please note: MATTERS does not offer long-term buprenorphine prescription services.

iii. If the patient only needs a referral (no buprenorphine bridge prescription):
    1. Referrals can be made directly on the MATTERS platform via https://mattersnetwork.org/.

iv. All referred patients, regardless of the method of linkage, will receive free roundtrip transportation for their first clinic appointment. Uninsured individuals will also receive a medication voucher covering up to a 14-day buprenorphine prescription.

v. To utilize the platform and begin making referrals, facilities must join the MATTERS network via the following link: Join the Network - MATTERS Network. After registration, an authentication code will be provided to initiate referral submissions.

6. **Facility Treatment Plan for Telehealth Services will include:** A current treatment plan to reflect treatment objectives, interventions and frequency, and to include medications prescribed and insurance information. Update changes to existing treatment plans as needed.
7. **Scheduling Telehealth Sessions:** The health care team will coordinate with the telehealth service provider to schedule sessions at a time that is convenient for the resident. The telehealth sessions must be audio-visual on admission for methadone treatment, but audio-only can be used for ongoing treatment.
8. **Conducting Telehealth Sessions:** The resident will participate in the telehealth session from a private, quiet location within the facility. A member of the health care team will be available to assist with the technology and ensure the resident's comfort and understanding of the technology and process.
    a. The facility will document: All telehealth sessions and follow-up care will be documented in the resident's medical record in accordance with privacy and confidentiality regulations. Telehealth session details (e.g., the date, start time, and end time of the telehealth session, name and credentials of the telehealth care provider conducting the session, and resident response to the telehealth session, including any side effects or adverse reactions.)
    b. The telehealth provider will document according to their organization policy and will communicate with the facility as described in the QSOA.
9. **Follow-Up Care:** The facility will document any follow-up care or future appointments scheduled as a result of the telehealth session.
10. **Confidentiality**: All documentation will be stored securely to maintain patient confidentiality and will comply with 42 CFR Part 2 confidentiality and HIPAA regulations.
11. **Technical Issues**: The facility will document any technical issues that occurred during the telehealth session, along with any steps taken to resolve them.
12. **Reimbursement and Insurance Coverage:** The telehealth provider will assume billing responsibilities for their services.
13. **Review and Evaluation:** The effectiveness of the telehealth services for OUD treatment will be regularly reviewed and evaluated to ensure the highest quality of care for our residents.

This policy and procedure is subject to change based on updates to federal and state regulations, advancements in telehealth technology, and the evolving needs of our residents.

Related Policies:

Substance Use Disorder Training

Admission of Residents with Substance Use Disorder (SUD) or Suspected SUD

[Company]	**FACILITY LOGO**
[Company Address]	

Policy Name	Admission of Residents with Substance Use Disorder (SUD) or Suspected SUD	**Policy No.**	
Effective Date		**Date Of Last Revision**	
Version No.		**Distribution**	
Applicable Regulations or Standard	US Dept of Health and Human Services. *Medications for the Treatment of Opioid Use Disorder.* US Dept of Health and Human Services, Substance Abuse and Mental Health Services Administration; 2024. Accessed April 9, 2024. https://www.federalregister.gov/documents/2024/02/02/2024-01693/medications-for-the-treatment-of-opioid-use-disorder Nursing Home: Appendix PP, State Operations Manual. www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/downloads/appendix-pp-state-operations-manual.pdf		
Administrator Signature		**Contact Information**	

Version History

Version	Approved By	Revision Date	Description Of Change	Author

Accountable Leadership

Administrator, Medical Director, Director of Nursing, Consultant Pharmacist

Procedure Responsible Parties

Director of Nursing, Medical Director or Attending Provider/Prescriber, Admissions Team, Provider Pharmacy, Methadone Provider

Policy

This facility is committed to providing comprehensive, high-quality care to all residents, including those suffering from substance use disorder (SUD). As part of this commitment, we have established a specific admission process for residents with SUD or suspected SUD.

Procedure

Prior to admitting patients with known or suspected SUD, please refer to the Operations and Logistics for Substance Use Disorder Services policy to ensure that appropriate agreements with SUD treatment providers (Part 2 Programs) are in effect.

1. **Screening and Assessment:** Screening for suspected SUD should be completed by the transferring facility and results should be communicated to the facility liaison and documented in the admission packet. If not already completed prior to admission, all residents with a suspected SUD diagnosis will be screened for SUD upon admission using a standardized tool. Subsequently, residents identified with suspected SUD will receive a comprehensive diagnostic assessment by a healthcare provider experienced in addiction medicine and affiliated with a Part 2 Program, which will include treatment options, including telehealth and other selections.
2. **Prior to initiation of SUD treatment: Signed Release of Information (ROI) and SUD Treatment Agreement**
    - **a.** Whether the patient has known or suspected SUD, consent for comprehensive assessment and treatment for SUD is required (adapted from: The Care of Residents with Opioid & Stimulant Use Disorders in Long-Term Care Setting, pages 36, 37, 49):
        - i. Request a release of information (ROI) from the hospital before discharge. The ROI must be signed by the resident or their legal representative. If not provided, obtain one at the time of admission to the facility. Refer to operations policy and procedure.
        - ii. The patient or legal representative must sign a substance use disorder treatment agreement which should contain:
            1. The resident's written consent regarding sharing protected records with family or other caregivers including names of recipients and exactly what to share.
            2. Limited exceptions for disclosure without consent:
            Medical emergencies, audits and evaluations, child abuse reporting, crimes on premises or against personnel, court order, communications with a Part 2 Program of information needed by the organization to provide services to the program.
3. **Treatment Care Planning**
    - a. For residents initiating new or continuing SUD treatment:
        - i. The Comprehensive Assessment will include diagnosis, review of treatment options and final treatment orders to address SUD and any co-occurring disorders.
        - ii. Medication, see policy Managing Medications for Substance Use Disorder, as needed.
        - iii. Supportive treatment orders, per Part 2 Program provider or attending prescriber.
        - iv. Diagnosis, prescribed medications and/or supportive treatment should be documented in the care plan.
        - v. Communications

1. The Part 2 Program provider will communicate all assessment findings and the treatment plan writing to the facility (e.g., director of nursing, medical director, attending physician, nursing supervisor).
2. The facility will incorporate the treatment recommendations into the resident care plan.
3. Communication should occur between the facility and the Part 2 Program for response to treatment, questions, concerns, or changes in clinical condition that directly impact the SUD treatment plan (e.g. if resident transfers to hospital).

vi. Logistics (e.g., procurement of medications, transportation, and support services): See Operations and Logistics for Substance Use Disorder Services, Managing Medications for Substance Use Disorders Policies and Procedures and QSOAs.

Related Policies:

Operations and Logistics for Substance Use Disorder Services
Managing Medications for Substance Use Disorder
Service Description for Long-Term Care Facility Specializing in Opioid Use Disorder Treatment
Substance Use Disorder Training
Telehealth for Substance Use Disorder Treatment

Managing Medications for Substance Use Disorder Treatment

[Company]	**FACILITY LOGO**
[Company Address]	

Policy Name	Managing Medications for Substance Use Disorder Treatment	**Policy No.**	
Effective Date		**Date Of Last Revision**	
Version No.		**Distribution**	
Applicable Regulations or Standard	US Dept of Health and Human Services. *Medications for the Treatment of Opioid Use Disorder.* US Dept of Health and Human Services, Substance Abuse and Mental Health Services Administration; 2024. Accessed April 9, 2024. https://www.federalregister.gov/documents/2024/02/02/2024-01693/medications-for-the-treatment-of-opioid-use-disorder Nursing Homes: Appendix PP, State Operations Manual. https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/downloads/appendix-pp-state-operations-manual.pdf Narcotic Treatment Program Manual (DEA Guidance). https://www.deadiversion.usdoj.gov/GDP/(DEA-DC-056)(EO-DEA169)_NTP_manual_Final.pdf		
Administrator Signature		**Contact Information**	

Version History

Version	Approved By	Revision Date	Description Of Change	Author

Accountable Leadership

Administrator, Medical Director, Director of Nursing, Consultant Pharmacist

Procedure Responsible Parties

Nursing, Interdisciplinary Care Team, Opioid Treatment Program (methadone), Provider Pharmacy (buprenorphine)

Policy

Our facility is committed to providing comprehensive, evidence-based care for residents with substance use disorder (SUD). We will ensure that medications used in the treatment of OUD are managed safely and effectively, respecting the rights and dignity of our residents.

Medications prescribed for residents of the facility with a diagnosis of SUD must be acquired, stored, administered, accounted for, and disposed of according to all federal and state specific requirements for handling of controlled substances.

It is the responsibility of the facility to ensure this policy aligns with all federal, state, and local agencies. This policy will be revised. as required, by updates or changes to federal, state, and local regulation and guidance. The Administrator, Medical Director, Director of Nursing, and/or Consultant Pharmacist will be responsible for assuring compliance and for revising these procedures and protocols as required by regulations and/or changes in professional standards of practice.

Methadone

Regulations with requirements for the handling of methadone are found in the Federal Register Federal Register: Medications for the Treatment of Opioid Use Disorder. Methadone may be prescribed for the treatment of OUD by a provider registered at an Opioid Treatment Program (OTP) and may only be provided by a licensed OTP. Methadone storage for a diagnosis of OUD will occur according to DEA regulation: https://www.deadiversion.usdoj.gov/GDP/(DEA-DC-056)(EO-DEA169)_NTP_manual_Final.pdf and will be separated from all other controlled substance medication storage in the facility.

Note: Methadone for a diagnosis of pain management may be prescribed by any licensed provider. The indication must be verified and can be provided by any DEA licensed pharmacy.

Buprenorphine

Buprenorphine is to be treated the same as other controlled substances, whether prescribed for pain management or for OUD treatment. The facility will follow all federal, state, or local requirements for controlled drugs regarding buprenorphine.

The facility will address the following procedures, referencing its policies provided by its vendor pharmacy, consultant pharmacist, or OTPs, and add details as appropriate:

Procedure

1. **Screening and Assessment:** All residents with a suspected OUD diagnosis will be screened for OUD upon admission using a standardized tool. Subsequently, residents identified with suspected OUD will receive a comprehensive diagnostic assessment by a Part 2 Program provider experienced in addiction medicine.

2. **Treatment Care Planning:** An individualized treatment care plan will be developed for each resident with OUD. This plan will include medication management and monitoring, counseling, and other supportive services as needed. Care planning will also incorporate monitoring for response to medications and reassessment (effectiveness and adverse effects, including signs of overdose) and use of naloxone when needed.
3. **Medication Management:**
    a. **Ordering:** Medications for OUD, such as buprenorphine, naltrexone, or methadone, will be prescribed by a provider with appropriate licensing, training, and credentials. Methadone will be provided only by a contracted Part 2 Program provider. Physician/provider orders and prescriptions will be verified with the Part 2 Program, the facility medical provider, and the provider pharmacy, and will include a descriptor in the directions of methadone ordered for OUD treatment that indicates to a provider pharmacy: "DO NOT SEND: PROVIDED BY Part 2 Program." The facility will verify orders with the Part 2 Program, the facility medical provider, and the provider pharmacy as appropriate.
    b. **Acquisition:** Buprenorphine will be dispensed by a provider pharmacy and delivered to the facility. Methadone for OUD treatment may be provided only by a Part 2 Program, with arrangements for pick up or delivery specified by the QSOA.
        i. The facility must use the Chain of Custody Form for methadone transferred between the Part 2 Program and the facility. This form stays with the methadone until resident discharge. After the resident is discharged, the form is filed according to the QSOA. Sample forms for Methadone Chain of Custody and Methadone Administration, are available at: The Care of Residents with Opioid and Stimulant Use Disorders in Long Term Care Settings, Appendix 10 and 11, https://www.mass.gov/doc/moud-in-ltc-toolkit-appendices/download
        ii. Facility and Part 2 Program should establish parameters (day/time/frequency) for secure pick up by facility and/or delivery of methadone by Part 2 Program. Empty bottles may or may not be returned to the Part 2 Program per QSOA.
        iii. Part 2 Programs may not accept returns of medications, unless they are registered as a collector with the Drug Enforcement Agency.
    c. **Administration:** Medications will be administered by trained nursing staff, resident ingestion will be observed in accordance with the manufacturer's recommendations, and residents will be monitored for adverse effects and response to treatment.
        i. Buprenorphine: Documentation of administration will be made on the Medication Administration Record and Controlled Substances Administration Record.
        ii. Methadone:
            1. Review resident active orders for methadone for opioid use disorder prior to the start of the medication pass.
            2. Proper resident identification will occur prior to administration.
            3. Remove the single dose container of methadone from the separate methadone designated double locked controlled substance cabinet in the medication room. No doses are permitted to be placed inside a medication cart.
            4. Observation of the resident taking the methadone will occur at the nursing station or in the resident's room if the resident is functionally limited.
            5. The nurse hands the resident the single dose container, observes that the resident has swallowed the entire dose according to the manufacturer's recommendation, and ensures no loss, unintended or intended misuse, or temporary unauthorized storing of medication inside the cheek of the mouth,

has occurred. The facility should be cautious regarding giving residents the ability to self-administer.

6. Place the empty container in storage for disposition according to the policy and procedure provided by the Part 2 Program.
7. Complete all required documentation in the Medication Administration Record and on the Methadone Administration Record.

iii. Nursing staff will alert medical staff and Part 2 Program of adverse effects and will document and adjust the care plan, as needed.

1. If a resident is experiencing opioid-induced respiratory depression, use naloxone (see Nursing Home Naloxone Policy and Procedure Toolkit in Resource section).

d. **Storage:** Medications for OUD shall be stored in the manner set forth by the DEA for storage of controlled substances, and the specific state regulations. Methadone for OUD shall be stored in a separate double door metal cabinet with two different keys and may not be stored with any other controlled substances. Buprenorphine may be stored with other controlled substances. The extended-release buprenorphine injection formulation, Sublocade®, must be stored in a secure refrigerator. However, the extended-release buprenorphine injection formulation, Brixadi ®, does not require refrigeration.

e. **Disposal, Removal, and Disposition of Unused Medication from the Unit/Facility:** For methadone, the facility will follow the directions specified in the QSOA as well as federal and state-specific regulations and guidance. For buprenorphine, the facility will follow the requirements set forth by the DEA and any state-specific regulations.

f. **Medications at Resident Discharge or Transfer:** To ensure uninterrupted access to medication, a medication supply will be released to the resident and documented with the use of a form created specifically to document the release and receipt of the medication.

i. Discharge to home with methadone: The facility must document the number of doses released to the resident on the Controlled Substance Administration Record, Methadone Administration Record, and Chain of Custody Form and resident or responsible party will sign for receipt of methadone.
ii. Discharge to home with buprenorphine: follow facility policy for controlled substances.
iii. The QSOA will delineate the process for warm hand-off upon resident's discharge from the facility to home or other community residential setting to ensure continuity of medication for OUD (MOUD)access and maintenance.

g. **Transfer to Acute Care (hospital or emergency department):** The facility will provide the up-to-date medication list with correct dosing for MOUD to hospital/ED. The facility does not transfer MOUD and must follow existing policies and procedures for controlled substances. The facility must alert the Part 2 Program about the transfer within the timeframe delineated in the QSOA.

h. **Disposition of Records**: Administration of prescribed controlled substances indicating the date and hour of administration, name and quantity of controlled substances, name of the prescriber, patient's name, signature of person administering, and the balance of the controlled substances on hand after such administration will be retained at the facility for at least five years.

i. **Diversion:** The facility will maintain strict record keeping for all medications, and nursing administration will be notified of any discrepancies, including any related to suspected diversion by facility staff. All instances of suspected diversion shall be reported to local, state, and federal authorities within 24 hours of a completed investigation of the suspected diversion.

j. The medical provider will be notified of dispensing and administering due to a medical event related emergency or if a missed dosage event occurs.

4. **Education:** All staff will receive training on the safe management of medications for OUD. Residents and their families will be educated about the risks, benefits, and alternatives to these medications. See Substance Use Disorder Training and Resident Engagement Policies.
5. **Coordination of Care**: Our facility will coordinate care with other health care providers as needed, including hospitals, primary care providers, psychiatrists, and addiction specialists. See Discharge and Transfer of Residents with Substance Use Disorder Policy.

Related Policies:

Admission of Residents with Substance Use Disorder (SUD) or Suspected SUD
Discharge and Transfer of Residents with Substance Use Disorder
Operations and Logistics for Substance Use Disorder Services
Resident Engagement
Substance Use Disorder Training

Discharge and Transfer of Residents with Substance Use Disorder

[Company]	**FACILITY LOGO**
[Company Address]	

Policy Name	Discharge and Transfer of Residents with Substance Use Disorder	**Policy No.**	
Effective Date		**Date Of Last Revision**	
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Applicable Regulations or Standard	US Dept of Health and Human Services. *Medications for the Treatment of Opioid Use Disorder.* US Dept of Health and Human Services, Substance Abuse and Mental Health Services Administration; 2024. Accessed April 9, 2024. https://www.federalregister.gov/documents/2024/02/02/2024-01693/medications-for-the-treatment-of-opioid-use-disorder Nursing Home: Appendix PP, State Operations Manual. www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/downloads/appendix-pp-state-operations-manual.pdf		
Administrator Signature		**Contact Information**	

Version History

Version	Approved By	Revision Date	Description Of Change	Author

Accountable Leadership

Administrator, Medical Director, Director of Social Services, Director of Nursing, Consultant Pharmacist

Procedure Responsible Parties

Nursing, Social Services, Physician, Pharmacy, Part 2 Program, or other Community Based Organization/Service Provider (as appropriate per MOU)

Policy

The facility incorporates into the discharge and/or transfer plan of residents with identified SUD. a personalized plan to ensure uninterrupted continuation of medication assisted treatment and/or recovery support services, including appointments and referrals. This information may be shared with others in the resident's personal support system as a means of supporting the ongoing recovery of the resident.

Definitions

Source: www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/downloads/appendix-pp-state-operations-manual.pdf

Discharge *refers to the movement of a resident from a bed in one certified facility to a bed in another certified facility or other location in the community, when return to the original facility is not expected.*

Transfer and Discharge: *Includes movement of a resident to a bed outside of the certified facility whether that bed is in the same physical plant or not. Transfer and discharge does not refer to movement of a resident to a bed within the same certified facility. (See §483.5). Specifically, transfer refers to the movement of a resident from a bed in one certified facility to a bed in another certified facility when the resident expects to return to the original facility.*

Resident-initiated transfer or discharge: *Means the resident or, if appropriate, the resident representative has provided verbal or written notice of intent to leave the facility (leaving the facility does not include the general expression of a desire to return home or the elopement of residents with cognitive impairment).*

Facility-initiated transfer or discharge: *A transfer or discharge which the resident objects to or did not originate through a resident's verbal or written request, and/or is not in alignment with the resident's stated goals for care and preferences.*

Procedure

Coordination of Care: Our facility will coordinate care with other health care providers as needed, including hospitals, primary care providers, psychiatrists, and addiction specialists.

1. **Discharge with no anticipated return to the facility:** (See Table 1: Checklist for Discharge Planning):
    a. Communicate the discharge date to (as appropriate) Part 2 Program and/or other recovery service providers, primary care and/or specialist providers, pharmacy.
    b. Schedule follow-up appointments and/or referrals in collaboration with the Part 2 Program and/or recovery support services.
    c. Document the offer of, and the resident's response to, each of the following in Table 1, as applicable.

2. **Transfer with expected return to facility:**
    a. Communicate the transfer date to (as appropriate) the Part 2 Program and/or other recovery service providers, primary care and/or specialist providers, pharmacy.
    b. Provide a list of current medications at time of transfer.
    c. Notify non-facility providers of the transfer and reschedule appointment(s).
3. **Resident-initiated transfer or discharge with no anticipated return to facility:**
    a. Notify of transfer/discharge date to:
        i. Facility medical providers and/or medical director, and others as described in the facility's policy for discharge/transition to a safe environment.
        ii. Non facility medical/service providers.
    b. Document the offer of, and the resident's response to, each of the following in Table 1, as applicable.
4. **Facility-initiated transfer or discharge with no anticipated return to facility:**
    a. Notify of transfer/discharge date:
        i. Facility medical providers and/or medical director, and others as described in facility discharge/transition to safe environment policy.
        ii. Non facility medical/service providers.
    b. Document the offer of, and the resident's response to, each of the following in Table 1, as applicable.

Table 1: Checklist for Discharge Planning

Facility offers, documents, and coordinates the following:	**Methadone**	**Buprenorphine or Naltrexone**	**Other SUD Recovery Support Services**
Medication Take Home Acknowledgement Waiver	X	X	
Take home medication supply and list of medications at discharge	X	X	
Follow-up appointment with a Part 2 Program (include name of provider/organization, date, time, address)	X	X	X
Ongoing recovery-related needs (e.g., housing, food, employment, transportation, medical care, financial), https://www.samhsa.gov/find-support/in-crisis	X	X	X
Provide a Discharge Kit (e.g., naloxone, fentanyl test strips, hygiene items, etc.) For NYS: Facilities may obtain naloxone by becoming a Registered Opioid Overdose Prevention Program: How to Become a Registered Opioid Overdose Prevention Program (ny.gov)	X	X	X

Related Policies:

Operations and Logistics for Substance Use Disorder Services
Managing Medications for Substance Use Disorder Treatment
Substance Use Disorder Training

Resources

State Resources

MASSACHUSETTS

Bureau of Health Care Safety & Quality

www.mass.gov/dph/bhcsq

A collaboration between this bureau, Healthcentric Advisors, Abt, and SAMHSA developed The Care of Residents with Opioid & Stimulant Use Disorders in Long-Term Care Settings to provide support to long-term care facilities (LTCFs) in providing care for residents diagnosed with an opioid use disorder (OUD) or stimulant use disorder (StUD) who are on medication for opioid use disorder (MOUD).

NEW YORK

New York State Office of Addiction Services and Supports (OASAS)

https://oasas.ny.gov/

The New York State Office of Addiction Services and Supports (OASAS) oversees one of the nation's largest substance use disorder systems of care with approximately 1,700 prevention, treatment and recovery programs serving over 730,000 individuals per year. This includes the direct operation of 12 Addiction Treatment Centers where our doctors, nurses, and clinical staff provide inpatient and residential services to approximately 8,000 individuals per year. OASAS is the single designated state agency responsible for the coordination of state-federal relations in addiction services.

Best Practice for the Implementation of Buprenorphine for the Treatment of Opioid Use Disorder (OUD) from the New York State Department of Health (DOH) and the Office of Addiction Services and Supports (OASAS)

New York State Guidance for Accessing Buprenorphine through Telemedicine

Learning Thursdays: Substance Use and Substance Use Disorder in Older Adults — Office of Addiction Services and Supports (ny.gov)

Learning Thursday: Cannabis and Older Adults — Office of Addiction Services and Supports (ny.gov)

New York State Department of Health (DOH)

https://www.health.ny.gov/facilities/

The New York State Department of Health (the Department) has been overseeing the health, safety, and well-being of New Yorkers since 1901 – from vaccinations to utilizing new developments in science as critical tools in the prevention and treatment of infectious diseases. In the face of today's new public health challenges and evolving healthcare system, health equity is foundational to everything we do to help all people achieve optimal physical, mental and social well-being.

How to Become a Registered Opioid Overdose Prevention Program (ny.gov)

AIDS Institute

Treatment of Opioid Use Disorder

This guideline was developed by the New York State Department of Health AIDS Institute (NYSDOH AI) to inform clinicians who do not specialize in substance use treatment of the currently available and effective strategies for treating adult patients with opioid use disorder (OUD).

Substance Use Screening and Risk Assessment in Adults

This guideline on screening and risk assessment for substance use in adults (≥18 years old) was developed by the New York State (NYS) Department of Health (DOH) AIDS Institute (AI) for use by primary care providers and in other adult outpatient care settings in NYS to achieve the following goals:

- Increase the identification of unhealthy substance use among NYS residents and increase access to evidence-based interventions for appropriate patients. “Unhealthy substance use” refers to a spectrum of use that increases the risk of health consequences and ranges from hazardous or risky patterns of use to severe substance use disorder (SUD).
- Increase the number of clinicians in NYS who perform substance use screening and risk assessment as an integral part of primary care.
- Provide clinicians with guidance on selecting validated substance use screening and risk assessment tools and on providing or referring for evidence-based interventions.
- Promote a harm reduction approach to the identification and treatment of substance use and SUDs, which involves practical strategies and ideas aimed at reducing the negative consequences associated with substance use.

Bureau of Narcotic Enforcement (BNE)

https://www.health.ny.gov/professionals/narcotic/

The Bureau of Narcotic Enforcement (BNE) is responsible for protecting public health by combating the illegal use and trafficking of prescription controlled substances. The Bureau provides millions of secure Official New York State Prescriptions annually to over 95,000 prescribing practitioners across the State. BNE monitors and regulates controlled substances through its issuance of licenses to manufacturers, distributors, hospitals, nursing homes, and researchers. BNE Narcotic Investigators investigate suspected drug diversion or illegal sales involving theft, forgery, and fraudulent visits to practitioners' offices, and work closely with local, state and federal law enforcement. The Bureau also prevents prescription drug abuse through educational materials and presentations for parents, educators, and health care professionals.

Office for Cannabis Management

https://cannabis.ny.gov/medical-cannabis

The NYS Medical Cannabis Program has helped countless New Yorkers find relief from pain and other conditions.

MATTERS Network (Medication for Addiction Treatment & Electronic Referrals)

https://mattersnetwork.org/

MATTERS was created to improve access to treatment for individuals with opioid use disorder. Services offered include rapid referrals, telemedicine, free harm reduction supplies, transportation vouchers, and medication vouchers. To learn more about MATTERS and to view the map of the network, visit the website.

Rules and Regulations on Controlled Substances in New York State Part 80

Part 80: Rules and Regulations on Controlled Substances in NYS

National Resources

American Society of Addiction Medicine (ASAM)

https://www.asam.org/

ASAM Criteria - *The ASAM Criteria* Fourth Edition is a comprehensive set of standards and decision rules that use a holistic, person-centered approach to determining the appropriate level of care and developing treatment plans for patients with addiction and co-occurring conditions.

DSM-5 Criteria for Diagnosis of Opioid Use Disorder

American Society of Consultant Pharmacists (ASCP)

https://www.ascp.com/

ASCP is a nonprofit association of pharmacists and pharmacies that manage medications for older people and the medically complex. ASCP is an international organization with members located in all 50 states, Puerto Rico, and 12 countries. The society's mission is to promote healthy aging by empowering pharmacists with education, resources, and innovative opportunities.

Centers for Medicare & Medicaid Services

Addressing & Improving Behavioral Health — CMS

CMS is embarking on a multi-faceted approach to increase access to equitable and high-quality behavioral health services and improve outcomes for people covered by Medicare, Medicaid (including the Children's Health Insurance Program) and private health insurance.

Quality Measures

CMS State Operations Manual Appendix PP Guidance to Surveyor for Long Term Care Facilities (cms.gov)

https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/downloads/appendix-pp-state-operations-manual.pdf Accessed June 27, 2024

Revised Guidance for Long-Term Care Facility Assessment Requirements (6/18/2024)

Effective August 8, 2024, QSO-24-13-NH (cms.gov)

Memorandum Summary: Under the "Minimum Staffing Standards for Long-Term Care (LTC) Facilities and Medicaid Institutional Payment Transparency Reporting" final rule, the requirements for Facility Assessment have been revised. These revised requirements have been moved to 42 CFR 483.71. Existing regulations at 42 CFR 483.70(f) through (q) have been redesignated as paragraphs (e) through (p), respectively.

See also **Center of Excellence for Behavioral Health in Nursing Facilities**

Requirements for Hospital Discharges to Post-Acute Care Providers (6/6/2023)

QSO-23-16-Hospitals (cms.gov)

Memorandum Summary: CMS is committed to ensuring that the health and safety of patients are protected when discharges from hospitals and transfers to post-acute care providers occur. Therefore, we are providing the following information:

• Reminding state agencies (SAs), accrediting organizations (AOs), and hospitals of the regulatory requirements for discharges and transfers to post-acute care providers.

• Highlighting the risks to patients' health and safety that can occur due to an unsafe discharge.

• Recommendations that hospitals can leverage to improve their discharge policies and procedures to improve and protect patients' health and safety.

Nursing homes including rehab services - Quality measures | Provider Data Catalog (cms.gov)

The nursing homes that the Centers for Medicare & Medicaid Services (CMS) certifies regularly report clinical information about each of their residents. CMS uses this information to measure parts of nursing home performance, like if residents have gotten their flu shots, are in pain, had one or more falls that resulted in a major injury, or are losing weight. These measures are often called quality measures, and Medicare posts each nursing home's scores for these measures on the compare tool on Medicare.gov, and here. By comparing scores, you can see how nursing homes may be different from each other.

Short Stay Nursing homes including rehab services - Quality measures | Provider Data Catalog (cms.gov)

Long Stay Nursing homes including rehab services - Quality measures | Provider Data Catalog (cms.gov)

Nursing homes including rehab services - The SNF QRP data | Provider Data Catalog (cms.gov)
Over 15,000 skilled nursing facilities report data to the Centers for Medicare & Medicaid Services (CMS), as part of its Skilled Nursing Facility (SNF) Quality Reporting Program (QRP). The measures reported on skilled nursing facilities are based on agreement from CMS, skilled nursing facilities, and public sector stakeholders like the Partnership for Quality Measurement.

Center of Excellence for Behavioral Health in Nursing Homes

Home - COE-NF (nursinghomebehavioralhealth.org)
The COE-NF specializes in three behavioral health topics (serious mental illness, substance use disorder and co-occurring disorders) that affect the quality of life for nursing facility residents. We offer easily accessible resources that can help to guide care and improve outcomes.

Behavioral Health Needs Assessment: A Resource to Support the Annual Facility-Wide Assessment
This assessment was designed to help facilities bridge behavioral health gaps identified in the required annual facility-wide assessment. Nursing facilities are required to conduct, document, and annually review a facility-wide assessment, which includes both the resident population and the resources the facility needs to care for residents (F838 §483.70(e)). QSO-24-13-NH (cms.gov)

National Institute on Drug Abuse (NIDA)

Screening and Assessment Tools Chart | National Institute on Drug Abuse (NIDA) (nih.gov)

Substance Abuse and Mental Health Services Administration (SAMHSA)

https://www.samhsa.gov/medications-substance-use-disorders
The Substance Abuse and Mental Health Services Administration (SAMHSA) is the agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation.

SAMHSA: Federal Register Final Rule:
US Dept of Health and Human Services. Medications for the Treatment of Opioid Use Disorder. US Dept of Health and Human Services, Substance Abuse and Mental Health Services Administration; 2024. Accessed April 9, 2024.
https://www.federalregister.gov/documents/2024/02/02/2024-01693/medications-for-the-treatment-of-opioid-use-disorder

Key Substance Use and Mental Health Indicators in the United States: Results from the 2023 National Survey on Drug Use and Health
The National Survey on Drug Use and Health (NSDUH), conducted annually by the Substance Abuse and Mental Health Services Administration, provides nationally representative data on the use of tobacco, alcohol, and other substances including illicit drugs; substance use disorders; receipt of substance use treatment; mental health issues; and receipt of mental health treatment among the civilian, noninstitutionalized population aged 12 or older in the United States. NSDUH estimates allow researchers, clinicians, policymakers, and the general public to better understand and improve the nation's behavioral health.

U.S. Department of Health and Human Services (HHS)

Mental Health & Substance Abuse | HHS.gov
Information and resources for mental health concerns and substance use disorder treatment.

National Institute on Alcohol and Alcoholism
NIAAA supports and conducts research on the impact of alcohol use on human health and well-being.

National Institute on Drug Abuse (NIDA)
Supporting scientific research on drug use and addiction for 50 years.

National Institute of Mental Health
Transforming the understanding and treatment of mental illnesses.

Medications

Medications for Opioid Use Disorder or Alcohol Use Disorder

TIP 63: Medications for Opioid Use Disorder | SAMHSA Publications and Digital Products

FDA Full Prescribing Information for Brixadi (buprenorphine) extended-release injection for subcutaneous use

FDA Full Prescribing Information for Dolophine tablets (methadone hydrochloride tablets)

FDA Full Prescribing Information for Methadose (methadone hydrochloride oral concentrate)

FDA Full Prescribing Information for PROBUPHINE (buprenorphine) implant, for subdermal use

FDA Full Prescribing Information for SUBLOCADE (buprenorphine extended-release) injection, for subcutaneous use

FDA Full Prescribing Information for SUBOXONE sublingual tablets (buprenorphine and naloxone)

FDA Full Prescribing Information for SUBOXONE (buprenorphine and naloxone) sublingual film for sublingual administration

FDA Full Prescribing Information for VIVITROL® (naltrexone for extended-release injectable suspension) Intramuscular

FDA Full Prescribing Information REVIA® (naltrexone hydrochloride tablets)

Naloxone

FDA Full Prescribing Information Naloxone Hydrochloride Nasal Spray

FDA Full Prescribing Information NALOXONE HYDROCHLORIDE injection, for intramuscular or subcutaneous use

IPRO QIN-QIO Nursing Home Naloxone Policy and Procedure Toolkit

How to Become a Registered Opioid Overdose Prevention Program (ny.gov)

Pain Management

The Society for Post-Acute and Long-Term Care Medicine (AMDA)

https://paltc.org/
The national medical society that represents and supports clinical leaders and related professionals who work in nursing homes, long-term care, post-acute care, assisted living, home care, hospice, and other related settings.

Pain Management in the Post Acute and Long-Term Care Setting
https://paltc.org/sites/default/files/2024-02/PainManagement2021CPGFinal.pdf

Training Resources

Understanding Substance Use Disorder

Igniting Compassion documentary

CMS Roadmap Strategy to Fight Opioid Crisis

The Power of Perceptions and Understanding: Changing How We Deliver Treatment and Recovery Services

Stigma and Discrimination | National Institute on Drug Abuse (NIDA) (nih.gov)
Healthcare Worker's Feelings About People with Substance Use Disorders – Recovery Research Institute (recoveryanswers.org)

Barriers for Elders with SUDs in Post–Acute Care (asaging.org)

NYS Department of Health Clinical Education Initiative resources: Courses (ceitraining.org)

Telehealth

Requirements - through 12/2024: Federal and state telehealth regulations may change, keep updated on regulations on the Federal Register, and regarding requirements for waiving in-person physical exam for controlled substances: DEA and HHS Extend Telemedicine Flexibilities through 2024:

https://www.federalregister.gov/documents/2023/10/10/2023-22406/second-temporary-extension-of-covid-19-telemedicine-flexibilities-for-prescription-of-controlled

https://www.dea.gov/documents/2023/2023-10/2023-10-06/dea-and-hhs-extend-telemedicine-flexibilities-through-2024

Professional Development

NYS Department of Health Clinical Education Initiative

Courses (ceitraining.org)
Pregnancy, Parenting and Substance Use Disorder (Online) Learning Pathway Detail (ceitraining.org)

DEA-Workplace_Module_Series_Overview-Manual.pdf (operationprevention.com)

CDC Guidance: Opioid Use Disorder Preventing and Treating

PCSS-MOUD: Free resources, trainings for primary care providers who treat OUD (pcssnow.org)

Supporting Ongoing Recovery in the Community

Integrating Health-Related Social Needs (HRSN) Screening and Referral into Clinical Workflow – IPRO QIN-QIO Resource Library

This toolkit provides steps your organization can take to integrate a social needs screening and referral process into its clinical workflow. These steps are general recommendations that an organization can

consider and adapt for its specific needs. The recommendations are general by design, to ensure they are useful for the diverse organizations that will be using this toolkit and their unique patient populations, workflow, and available resources.