

POLICY AND PROCEDURE

REACH for Tomorrow

Policy Title: PDMP (OARRS) Checks for Controlled Substances

Effective Date: 08/15/2025

Approved By: Director of Medical and Clinical Services

Review Schedule: Annually or as Needed

Applies To: All Programs — Outpatient MH/SUD, IOP, PHP, and Integrated Primary Care/Behavioral Health

I. Purpose

To ensure safe, responsible, and compliant prescribing of controlled substances through consistent review and documentation of OARRS (Ohio Automated Rx Reporting System) data prior to prescribing, renewing, or adjusting controlled medications.

II. Scope

This policy applies to all prescribers, nursing staff, and support staff involved in controlled substance prescribing or monitoring within REACH for Tomorrow programs, including outpatient, IOP, PHP, integrated primary care/behavioral health, and MAT services.

III. Policy Statement

Prescribers must review OARRS data before prescribing or renewing a controlled substance and at least every 90 days for ongoing therapy. Findings must be documented in the client's record at each review. OARRS is used as a clinical decision support tool to prevent misuse and diversion.

IV. Definitions

- OARRS (Ohio Automated Rx Reporting System): The state's PDMP tracking controlled substance dispensing.
- Controlled Substance: Any DEA Schedule II-V medication.
- PDMP Check: The process of querying and reviewing OARRS data to detect possible misuse or diversion.

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V. Procedure

A. When OARRS Checks Are Required

1. Prior to initiating any new controlled substance prescription.
2. Prior to renewing or modifying existing controlled substance therapy.
3. At least every 90 days for clients on ongoing controlled substances.
4. When clinical concerns arise (e.g., early refills, lost prescriptions, or multiple prescribers).
5. Prior to restarting controlled substances after 30 days or more without therapy.

B. Documentation Requirements

Prescribers document:

- Date OARRS report obtained
- Findings summary (consistent, concerning, inconsistent)
- Actions taken (if applicable)

Example: "OARRS reviewed on [date]; consistent with treatment plan."

C. Findings and Actions

1. Consistent findings – continue therapy as appropriate.
2. Inconsistent findings – discuss with client and document plan.
3. Suspected misuse/diversion – notify Medical Director, consider taper or referral to SUD services.

D. Delegation and Access

- Delegates (e.g., RNs, MAs) may retrieve reports under prescriber supervision.
- Prescribers remain responsible for interpretation and documentation.

E. Record Retention

OARRS reports are confidential and stored in the EHR or securely scanned. Retain for at least six years after the last service date.

F. Oversight and Quality Review

The Director of Medical and Clinical Services conducts quarterly audits on:

- % of charts with OARRS documentation for controlled substances
- Compliance with 90-day review intervals
- Corrective actions for inconsistencies

Results are reviewed by the Medication Management Committee and incorporated into QI reporting.

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VI. Training Requirements

All prescribers and delegates receive annual training on OARRS use, documentation standards, and recognition of red flags for abuse or diversion.

VII. Roles and Responsibilities

- Prescribers: Conduct and document OARRS checks.
- Delegates: Retrieve reports under prescriber direction.
- Director of Medical and Clinical Services: Audit compliance and provide training.
- Collaborating Physician: Oversight of complex or noncompliant cases.