

POLICY AND PROCEDURE

REACH for Tomorrow

Policy Title: Controlled Substance Prescribing and Diversion Control Policy

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 the safe, compliant prescribing, storage, monitoring, and disposal of controlled substances and to prevent diversion or misuse in compliance with DEA, FDA, and Ohio regulations, and CARF Section 2 Medication Use standards.

II. Scope

Applies to all prescribers, nurses, and clinical staff authorized to prescribe, administer, monitor, or store controlled substances within REACH for Tomorrow programs.

III. Policy Statement

REACH for Tomorrow enforces strict adherence to DEA and Ohio Board of Pharmacy standards for controlled substances. All controlled-substance prescribing must be clinically justified, supported by diagnosis, and documented in the EHR. Diversion or misuse will result in immediate investigation and corrective action.

IV. Definitions

- Controlled Substance: Any DEA Schedule II–V medication.
- Diversion: Transfer of a controlled substance from authorized to unauthorized possession.
- OARRS: Ohio Automated Rx Reporting System, the state's PDMP.
- Red Flag Behavior: Indications of misuse or diversion such as early refill requests, lost prescriptions, or inconsistent UDS results.

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V. Procedure

A. Prescribing Guidelines

1. Controlled substances prescribed only for documented diagnoses and after comprehensive clinical assessment.
2. Only prescribers with valid DEA registration may prescribe controlled substances.
3. OARRS reviewed prior to prescribing and every 90 days thereafter; findings documented.
4. Clients must sign a Controlled Substance Medication Agreement before initiation.
5. Medication integrated into the client's treatment plan with clear goals and rationale.
6. Prescriptions limited to 30 days unless clinically justified.

B. Monitoring and Documentation

1. Clients on controlled medications seen at least every 90 days for reassessment.
2. Baseline and random urine drug screens required for controlled medication clients.
3. Medication reconciliation performed at each contact.
4. Documentation includes medication details, rationale, OARRS review, client education, and follow-up plan.

C. Diversion Prevention and Detection

1. Staff report red-flag indicators: lost prescriptions, early refills, multiple providers, or inconsistent UDS.
2. Suspected diversion triggers review with Director of Medical and Clinical Services.
3. Response may include random UDS, pill counts, or medication tapering.
4. Confirmed diversion reported to DEA and Ohio Board of Pharmacy per regulations.
5. Controlled medications on-site stored in locked, double-secured cabinets with restricted access.

D. Disposal of Controlled Substances

1. Expired or unused medications destroyed via DEA-compliant methods and witnessed by two authorized staff.
2. Client education provided regarding home disposal.
3. All disposal events recorded in destruction log retained for six years.

E. Corrective Action and Reporting

1. Staff noncompliance results in disciplinary action.
2. Diversion incidents treated as critical events and reported per Risk Management Policy.
3. Root cause analysis conducted by the Director of Medical and Clinical Services and MMC.

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VI. Oversight and Auditing

Quarterly chart audits evaluate controlled-substance prescribing, OARRS compliance, and UDS documentation. MMC reviews all data and trends to ensure safety and adherence.

VII. Staff Education

All prescribers and staff complete annual training on DEA prescribing standards, diversion prevention, and controlled-substance safety.