



RECOVERY RESIDENCE SUGGESTED PRACTICES

MEDICATION ASSISTED THERAPY

OVERVIEW

Substance Use Disorder

Substance use disorder, severe (Addiction), is identified as a psychiatric illness by the American Psychiatric Association and the American Academy of Addiction Psychiatry. It is recommended that each individual experiencing Substance Use Disorders be evaluated by a qualified professional to identify the potential existence of any comorbid psychiatric illnesses or mental health conditions.

Medication Assisted Treatment (MAT) (As defined by SAMHSA)

Medication assisted treatment (MAT) is the use of medications, in combination with counseling and behavioral therapies, for the treatment of substance use disorders. A combination of medication and behavioral therapies is effective in the treatment of substance use disorders and can help some people to sustain recovery. MAT may be used to manage cravings for opioids, alcohol, cocaine, methamphetamine and cannabis, as well as many other addictions.

Environment, Culture and Challenge

Medication Assisted Treatment (MAT) is an evidence-based, yet optional practice that combines pharmacological interventions with substance use counseling and social support. Abstinence-based approaches are ideal and almost always, the eventual goal, however it is not ideal in every case. The current opioid epidemic which brings with it the reality of an almost certain death for some individuals within our population could be addressed with the MAT option, in hopes that, for many of these individuals, eventually an attempt at an abstinence-based program could be within reach.

MAT is an essential part of the comprehensive array of services available to people struggling with addiction to alcohol or other drugs. A paradox in the rehabilitation industry is that although we generally recognize addiction as a chronic, relapsing disease, some substance use counselors and administrators have been reluctant to embrace new technologies for its treatment. At the same time, most licensed health care providers receive little or no training in the treatment of addiction. As a result, adoption of MAT has been slow in some areas. We hope to see recovery residence providers educate their staff and consumers about the complete array of options available.

The stigma within the recovery community has provided a serious deficiency in MAT housing providers. Most providers are unaware that they are often operating in violation of current law by discriminating against this vulnerable population.

FARR Determination of Compliance to the NARR Standard

Facilities offering MAT services compliant with FARR certification requirements are expected to show evidence of Policy and Procedure reflective of the recovery and support services provided, including MAT integration.

This document intends to provide guidance on how FARR will measure infrastructure and personnel compliance.

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ALIGNMENT OF MAT PRACTICES WITH YOUR MISSION AND VISION

Co-occurring disorders can be difficult to diagnose due to the complexity of symptoms, as both may vary in severity. In many cases, people receive treatment for one disorder while the other disorder remains untreated. This may occur because psychiatric disorders can have biological, psychological, social and spiritual components. Other reasons may be inadequate provider training or screening, an overlap of symptoms, or that other health issues need to be addressed first. In any case, the consequences of undiagnosed, untreated, or undertreated co-occurring disorders can lead to a higher likelihood of experiencing homelessness, incarceration, medical illnesses, suicide or death.

People with co-occurring disorders are best served through integrated treatment. With integrated treatment, practitioners can address psychiatric disorders at the same time, often lowering costs and creating better outcomes. Increasing awareness and building capacity in service systems are important in helping identify and treat co-occurring disorders. Early detection and treatment can improve treatment outcomes and the quality of life for those who need these services.

Implementing integrated screening and assessment determines if signs, symptoms, or behaviors of co-occurring disorders are present. Assessment is an ongoing process of collecting and organizing clinical information, and interpreting the information based on diagnostic criteria and professional judgment. The screening continues throughout the relationship between provider and resident.

Integrated treatment specialists support and empower residents to define and achieve their individual goals with the intent to prepare the resident to move beyond the illness and pursue a personally meaningful life.

On average, services for residents with cooccurring disorders cost nearly twice as much as services for residents with a single disorder. Compared to consumers without co-occurring disorders, consumers with co-occurring disorders are at risk for negative outcomes such as hospitalization, violence, incarceration, homelessness and infectious disease. Consequently, mental health and substance use systems spend most of their resources on high-risk populations such as residents with co-occurring disorders. The financial burden on providers to serve these residents is considerable. There are government programs to assist in ensuring quality service to address this need.

Where government money is provided as incentive for providers to admit MAT residents specifically, FARR is obligated to ensure compliance to the NARR standard is not compromised.

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RESIDENT RIGHTS AND FAIR HOUSING CONSIDERATIONS

Federal civil rights laws protect qualified “individuals with disabilities” from discrimination in many areas of life. People in recovery from drug addiction – including those in MAT – generally are protected from discrimination by the following statutes:

- Americans with Disabilities Act (ADA)
- Rehabilitation Act of 1973
- Fair Housing Act (FHA)
- Workforce Investment Act (WIA)

Housing discrimination related to MAT sometimes arises in the context of residences for individuals in recovery. Individuals who live or want to live in halfway houses, recovery homes or other residences for individuals in recovery are sometimes excluded because of their participation in MAT. This is illegal even though this type of discrimination occurs with some frequency.

The FHA applies to residences such as recovery houses because they fall under the FHA’s definition of “dwelling.” Individuals in MAT are protected by the FHA. They also are protected by the ADA if the residence receives State or local government funding, and by the Rehabilitation Act if the residence receives Federal financial assistance. Accordingly, these residences may neither categorically exclude people in MAT nor insist that they abstain from MAT.

Many States and cities also have non-discrimination laws that protect individuals with disabilities – including those in MAT. Information regarding those laws are typically available from the state and local agencies enforcing them.

Under these Federal laws, an individual with a “disability” is defined as someone who:

- has a current “physical or mental impairment” that “substantially limits” one or more of that person’s “major life activities,” such as caring for one’s self, working, etc., or
- has a record of or is regarded as having a substantially limiting impairment

Addiction to opioids is an impairment that can and does, for many people, substantially limit a major life activity. For this reason, many courts have found that people in MAT are considered to have an impairment.

People who currently engage in the illegal use of drugs are not protected under these non-discrimination laws for housing.

Discrimination is defined as treating someone less favorably than someone else because he or she has a disability, once had a disability, or is regarded – even erroneously – as having a disability. MAT treats a chronic disease – addiction – using legally-prescribed medications. It is discrimination for housing providers to treat people less favorably because they are in MAT. It is also discrimination to treat people in MAT differently than people who are prescribed medication to treat other disabilities, such as people prescribed insulin for diabetes or people with high cholesterol who are prescribed cholesterol-lowering medication.

It is not illegal discrimination to deny a person admission to a program because that person –

- Does not meet essential eligibility requirements
- Creates a direct threat to health or safety by his/her behavior
- Violates the rules of a housing facility, or other program or commits a crime, including a drug-related crime, when that misconduct would cause anyone to be disciplined, evicted, or excluded

Some treatment and recovery residences for individuals in recovery have policies that make it difficult for individuals in MAT to live there, for example, policies prohibiting the storage of methadone or buprenorphine at the residence. Such residences must grant a “reasonable accommodation” for individuals in MAT, provided the requested accommodation does not require major financial or administrative commitments that would be considered an “undue burden.” Examples of reasonable accommodations include:

- Arranging for the individual to take medication at the OTP, health care provider’s office, or another off-site location – when consistent with the individual’s treatment plan
- Storing an individual’s MAT medication in a lock box in the house and having the individual be personally responsible for it
- Arranging to have the housing facility keep MAT medications in a locked cabinet

Residences, of course, do not have to accept every individual who applies. Applicants may be rejected if they refuse to follow non-discriminatory house rules such as attending mandatory NA or AA meetings or violate rules prohibiting drinking or illegal drug use.

HOW PEOPLE IN MAT CAN PROTECT THEIR RIGHTS

People who face discrimination because they are in MAT can challenge the violation of their rights in one or both of the following ways:

- File a complaint with one of the Federal agencies authorized to investigate and remedy violations of the disability discrimination laws. People do not need a lawyer to do this, and it can be faster and easier than a lawsuit and result in the same remedies. The filing deadline is typically 180 days after the discriminatory act.
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- In most (but not all) cases, people may also file a lawsuit in Federal or State court, in addition to or instead of filing an administrative complaint. Deadlines vary from one to three years.
- Contact the State agency that oversees alcohol and drug treatment programs. They may know of local resources and be able to provide information to educate employers, government agencies, and others who are discriminating. The Directory of the Single State Agencies for Substance Abuse Services is accessible through the SAMHSA Web site, <http://www.samhsa.gov/grants/ssadirectory.pdf>
- Contact State and/or local agency that enforces State and/or local anti-discrimination laws. Every State has an agency charged with enforcing State anti-discrimination laws. Some cities have them as well. You might be able to locate the agency in your State or city by asking your local or regional EEOC office (see contact information above), or your State’s Attorney General’s office.



You can also try an Internet search typing the name of your state or city and the words “human rights agency.”

Those found liable for discrimination may be directed to stop discriminating, enact new policies, and/or pay money to the individual who suffered discrimination to compensate for out-of-pocket losses and other harm.



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UNDUE BURDEN

An undue burden is an obstacle that is intentionally and unfairly put in the way of a party that is seeking to exercise a constitutional right. Undue burdens are not permitted by law and there are legal procedures for determining whether a burden is undue. Undue burdens can often arise if a community does not want a certain business to conduct operations in its area. The community may attempt to burden the business with fees, regulations or other obstacles.

FARR reserves the right to evaluate your reasoning for claiming undue burden.

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ORIENTATION AND SCREENING

Prior to admission, policy should require completion of a thorough prescreening developed to assess appropriateness for the specific program and program resources.

Prescreening assessments should be integrated to:

- screen for both mental illness and substance use
- disclose prescribed and over-the-counter medications, doses and a medication schedule including a clear start and stop date plan, along with current taper plans, if applicable, for the facility staff to determine if the use can be allowed and determine who will be responsible for the administration of medication, i.e. staff member or self-administration
- determine appropriate and safe storage for the medication
- provide the facility staff with the prescribing licensed health care provider's treatment plan (counseling, case management, monitoring compliance) to:
 - ensure the resident is medically cleared for independent/sober living
 - establish if the prescription is issued by a qualified licensed health care provider
 - establish a suitable communication pathway with licensed care, i.e. relationship with the prescribing licensed health care provider before admission, and
 - attain a signed agreement/release of information allowing communication between the facility representative and the treatment provider(s)
- ensure that appropriately qualified staff is available to meet each resident's needs. For MAT residents, staff is trained in skills that have been found to be effective in treating residents with co-occurring disorders.

MAT residents sign an agreement describing the facility's expectations of the residents, including expectations specific to the individual resident. This agreement includes an appropriate monitoring plan and acknowledgment of random inventory of medications policy and advising the resident that they will be monitored for acute behavioral changes for the extent of their time as a resident, including nodding, slurred speech, lack of normal balance, inappropriate behavior, etc.

The provider identifies and enforces policy on proper drug testing to include the separation of approved and non-approved medications during the analysis phase of the testing.

The provider should explain rules and regulations, particularly the consequences for abusing medications and/or sharing medications with other residents.

The resident should express willingness to participate in the recovery program offered and understand how the provider verifies resident engagement in recovery path prior to admittance.



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THERAPUETIC COUNSELING AND WRAP SERVICES

MAT residents with prescriptions are required to be under the observation and care of the prescribing licensed health care provider.

Residents who are on controlled substances for any reason, are required to adhere to prescribed frequency and dosage instruction and cooperate with random medication counts.

Residents on Medication Assisted Therapy are required to provide a Release of Information (ROI) or Business Associate Agreement (BAA) with prescribing qualified licensed health care provider, provide documentation of a clear start and stop date plan by a qualified licensed health care provider, presuming a stop date plan exist, and are responsible for self-storage and administration of medication, unless the facility has a policy for storage and dispensing by a staff member. In the absence of a clear stop date plan, the licensed health care provider should provide an evaluation explaining why.

Monitoring is required to be on-going while residing at the facility. The facility and the resident schedule “follow-up” intervals with counseling to the individual resident’s specific needs.

When participating in a pilot program, the residence provider is educated on how to work with the third-party providers. This education is provided for by the program coordinators.

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MIXED AND SEGREGATED POPULATION STRATEGIES

FARR does not require a segregated or a mixed population, that is the provider's choice. However, a "functional family" atmosphere will be assessed.

A description of the activities should be disclosed in writing, required or encouraged, that will create a functional mix, such as;

- community meetings
- conflict resolution
- addressing different concerns relating to minimizing or removing stigma, etc.
- discussion concerning feeling connected with others that might add more reason for the MAT resident to feel different and alone
- discuss MAT and controlled substance issues for resident interactions at approved event
- issues of non-compliance with rules and regulations by the residents, such as abusing medications and/or sharing medications with other residents

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MEDICATION LOGS, STORAGE AND MONITORING

A Medication Log is required to be maintained by a facility representative at determined intervals which provides the appropriate oversight, based on case-to-case circumstances or based on a policy to ensure proper use, as prescribed by the qualified licensed health care provider. The medication log is kept secure and up-to-date by the facility representative.

Facility staff may observe medication use but may not administer or dispense. The methods of accomplishing this should be agreed upon, in writing, with the resident. As per Florida Administrative Code 65G-7, without proper licensing and credentials, administering or dispensing medications to a resident is illegal.

If self-monitoring is allowed, it is recommended that a facility representative provide a lock box with a personal key or combination which remains in the possession of the resident, never to be accessible to another resident. The facility representative possesses a copy of the key or has access to the combination.

A description is required in the policy and procedure manual detailing how the staff ensures use is not taking place, for example:

- Hazardous items search
- Drug testing and toxicology
- Communication pathways
- Rules and regulations

Medications cannot be shared with other residents.

Medications are required to be secured from accessibility to other residents.

Medications, including over-the-counter medications, are required to be stored out-of-sight.

Medications are required to be used as prescribed.

Illicit substances are strictly prohibited.

Controlled substances prescribed without a qualified licensed health care provider's acknowledgement of patient's substance use disorder are strictly prohibited.

Nutritional supplements, vitamins, performance enhancing drugs, energy drinks or other non-prescribed supplements may be considered on a case by case basis.

New and/or modified prescriptions are required to be reported to the facility staff immediately.

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URINALYSIS TESTING

Residents are informed during orientation/pre-screening of policy related to conducting urine tests and breathalyzers.

Results of tests should be reviewed, signed, and dated during the test assessment process including the type of test, i.e. cup, strips, breathalyzer, etc.

A drug screen should be conducted at the time of admission and thereafter if deemed necessary by staff, including random screenings. The proper consent form should be filed in the resident's record. Drug testing on residents is for the sole purpose of monitoring substance use as prescribed by the relapse prevention plan.

During the orientation process, residents should sign a consent for drug screening.

Urine collection:

- Collection cups should be stored in the administrative office.
- Staff should wear gloves during the collection process.
- Cups with temperature gauge should be utilized.
- Provide individual with collection cup.
- Urine collection should be observed in a manner that will ensure the resident is providing the sample properly.
- Individual should be accompanied by a staff member to a private area for testing.
- The actual testing of the sample should be witnessed by the individual being tested.

Facility reserves the right to send drug screens to a lab for confirmation testing.

Residents with positive screenings should be immediately addressed and referred to the appropriate level of care.

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DOCUMENTATION

Specific rules and expectations for MAT residents should be documented and understood by the MAT resident, as well as other residents and staff. These documents may include, where applicable:

- MAT and Controlled Substance Agreement
- Authorization for Release of Confidential Information (ROI). This is a patient’s consent for the release of records. In place of an ROI, a “Business Associate Agreement” (BAA) may be used. A “business associate” is a person or entity, other than a member of the workforce of a covered entity, who performs functions or activities on behalf of, or provides certain services to, a covered entity that involve access by the business associate to protected health information. A “business associate” also is a subcontractor that creates, receives, maintains, or transmits protected health information on behalf of another business associate. For clinical facilities, the HIPAA Rules generally require that covered entities and business associates enter into contracts with their business associates to ensure that the business associates will appropriately safeguard protected health information and privacy. The business associate contract also serves to clarify and limit, as appropriate, the permissible uses and disclosures of protected health information by the business associate, based on the relationship between the parties and the activities or services being performed by the business associate. Many examples of this type of agreement are available on the internet for free.
- Consent for Alcohol and Drug Screening
- Alcohol/Drug Screening Log
- Prescription Medication Policy
- Medication Inventory
- Medication Log
- Relapse Discharge Agreement

The following pages provide sample forms that should be modified accordingly, to provide for specific circumstances of facility and/or resident population.

Suggested Screening Process for MAT

1. Why were you put on the medication initially?
2. How long have you been on the medication?
3. What was your initial prescription with dosage and directions?
4. What is your current health care provider's plan for tapering you off the medication?
5. If long term use of the medication is required what is the reasoning behind it, and can you provide documentation?
6. What is your current prescription for the medication?
7. Is the health care provider using any other medication in conjunction with this? If so please provide the health care provider's reason behind its use.
8. Would you be willing to sign an ROI (Release of Information) for your health care provider that prescribes your medication?
9. Have you contacted or set up an appointment with a local health care provider for medications?

Red flags:

1. Long-term use of medication without justification
2. Abnormal dosing for this prescription or unusual medication regiment
3. Use of other medications without knowledge of health care provider or not being able to provide documentation
4. Not willing to have ROI signed
5. Little to no knowledge of medications side effects, or benefits.
6. Little to no initiative to obtain local health care provider for medication management



MAT and Controlled Substance Agreement

Residents are required to disclose prescribed and over-the-counter medications, doses and a medication schedule. Residents are subject to random inventory of medication.

Residents on Medication Assisted Treatment are required to provide a release of information with prescribing qualified licensed health care provider, provide documentation of a clear start and stop date plan, presuming a stop date exists, by the prescribing licensed health care provider, including current taper plans, provide prescribing licensed health care provider's treatment plan (counseling, case management, monitoring compliance) and will be responsible for self-storage and self-administration of the medication. It is mandatory that the staff is notified by the licensed health care provider, and the resident, of any changes in dosage, duration or frequency of prescribed medications.

By signing this agreement, the resident understands the behavioral expectations, including willingness to participate in a predetermined recovery program, agreed upon between the facility staff and the resident. The resident also understands how the provider verifies resident engagement in recovery path.

Examples of behavior that could be grounds for dismissal include the use of medications in a manner that is not prescribed, not maintaining necessary security from accessibility to other residents, nodding, slurred speech, lack of normal balance and inappropriate or criminal behavior.

Resident Signature: _____ Date: _____

Staff Signature: _____ Date: _____



Authorization for Release of Confidential Information

I _____ hereby authorize _____ to release information regarding a prescribed treatment plan, i.e. counseling, case management, monitoring compliance, etc., prescribed and over-the-counter medications, doses and a medication schedule including a clear start and stop date plan, as well as the following information:

to:

for the following purpose:

I acknowledge by my signature that I understand that although I am not required to release my information, I am giving my consent to do so. Additionally, I understand that I may revoke this authorization in writing at any time, except for that information which has already been released with consent and prior to my revocation.

Resident Signature: _____ Date: _____

Staff Signature: _____ Date: _____



Consent for Alcohol and Drug Screening

Alcohol and illicit drug free environments are necessary to achieve the goals of this facility. Drug screens and breathalyzer tests help achieve this goal. Drug testing is for monitoring that substance use is compliant with the prescribed relapse prevention plan.

By signing this agreement, the resident consents to participating in these screenings under the supervision of staff. The resident understands that there will be requests upon admission, randomly as determined by the staff and upon suspicion of drug or alcohol use.

Records are maintained for alcohol and drug screenings.

Fees may be incurred by the resident to cover the costs of these tests.

Refusal to submit to a requested alcohol or drug screening is cause for immediate discharge from the facility and the program.

Test confirmations are payed for by the resident, if they are returned positive for prohibited substances. Negative test results will be paid by the facility.

Resident Signature: _____ Date: _____

Staff Signature: _____ Date: _____



Prescription Medication Policy

Medications, prescribed and/or over-the-counter, are required to be approved by the facility management.

Lock boxes are provided to secure medications. Medications are not allowed to be stored in the open or outside of these lock boxes. Management holds a key or has knowledge of the combination. Keys and combinations are not allowed to be shared with residents, other than the resident that the medications are prescribed to.

Illicit substances are strictly prohibited.

Nutritional supplements, Vitamins, performance enhancing drugs, energy drinks or other non-prescribed supplements are considered on a case by case basis.

New and/or modified prescriptions are required to be reported to the facility staff immediately.

A "Release of Information" or a "Business Associate Agreement" is required to be signed by the resident to ensure the facilities' ability to engage in communication with appropriate medical facilities and other agencies.

By signing this agreement, the resident acknowledges this policy and consents to a mandatory notification of the emergency contact person.

Resident Signature: _____ Date: _____

Staff Signature: _____ Date: _____



Relapse/Discharge Agreement

This facility is committed to providing an environment that is free of illicit substances and alcohol to its residents.

If it is discovered that a resident has relapsed the terms of the residential agreement are terminated and the resident will be discharged immediately. The facility staff will assist in obtaining stabilization, safe alternative housing, or a higher level of care. Residents are required to notify the house manager immediately if a relapse occurs, including knowledge of a relapse involving other residents.

If the resident violates the rules of the facility, including refusal to submit to a requested alcohol or drug screening the resident will be immediately discharged from the facility.

Readmittance is allowed after successfully completing the requirements stipulated by the facility staff, based on specific circumstances of the resident and provided a bed is available.

By signing this agreement, the resident acknowledges this policy and consents to a mandatory notification of the emergency contact person.

Resident Signature: _____ Date: _____

Staff Signature: _____ Date: _____