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IMPORTANT WARNINGS

TAKE METHADONE ONLY AS DIRECTED. Methadone is a prescription medication, and can be harmful or fatal if not taken as directed. Under Federal Law, methadone is a Schedule II controlled substance; IT IS A CRIME TO GIVE / SELL IT TO ANOTHER PERSON.

KEEP METHADONE OUT OF REACH OF CHILDREN. Keep all take-homes unopened in their original bottles, locked inside of your lock-box and separate from the key, until you are ready to take them. IF YOU SUSPECT THAT YOUR CHILD HAS INGESTED ANY METHADONE, SEEK EMERGENCY MEDICAL HELP IMMEDIATELY.

IF YOU EXPERIENCE ANY SYMPTOMS OF ARRHYTHMIA OR CARDIAC ARREST (such as heart palpitations, dizziness, lightheadedness, fainting, chest pain, or seizures) OR HAVE TROUBLE BREATHING, SEEK EMERGENCY MEDICAL HELP IMMEDIATELY.

IN CASE OF OVERDOSE, SEEK EMERGENCY MEDICAL HELP IMMEDIATELY. Symptoms of overdose may include slow, shallow, or difficult breathing; constricted pupils; extreme sleepiness or loss of consciousness; cold or clammy skin; and loss of muscle control.

DO NOT MIX ALCOHOL, BENZODIAZEPINES, OR OTHER ILLICIT DRUGS WITH METHADONE. The use or abuse of illicit drugs (especially central nervous system depressants, such as alcohol or benzodiazepines) can be harmful or fatal in combination with methadone. Inform the Medical Director of all drugs – illicit, prescribed, or over-the-counter – that you take.

Until you know how methadone will affect you, use caution before operating a motor vehicle or heavy equipment. When starting methadone, you may experience lightheadedness, dizziness, or fainting when standing after sitting or lying down; please take care.

PROHIBITED BEHAVIOR

The following behavior is prohibited at all times on Program premises. Any violation may result in an immediate administrative taper and/or transfer, as well as notification of authorities. Furthermore, you will NOT be allowed to return to this Program (or any of our other programs).

1. Abusive or threatening language;
2. Any type of physical violence;
3. Possessing or carrying any type of weapon;
4. Use, sale, or distribution of drugs (whether legal or illegal), including methadone;*
5. Diversion of methadone (attempting to take an in-program dose off the premises);
6. Loitering, whether in or around the Program, parking lot(s), or surrounding areas;
7. Theft; and
8. Any other crime or behavior that is dangerous or inappropriate.

*For your protection, you should NOT exchange *anything* with another person while in or on Program premises, as any behavior that looks suspicious must be treated accordingly.

PROGRAM DESCRIPTION

This Program provides opioid (methadone) maintenance therapy for the treatment of opioid use disorder, along with individualized substance abuse counseling services, in a Level I outpatient setting. Opioid maintenance therapy is a form of medication-assisted treatment that uses a legal prescription medication (methadone) to replace illicit opiates (such as heroin or oxycodone), and thereby eliminates the withdrawal symptoms that would otherwise be experienced if one tried to stop using opiates cold-turkey. At the same time, our counseling and other services are designed to support your recovery, health, and well-being; enhance your quality of life; reduce your symptoms or needs, and build resilience; restore or improve your functioning; and maximize your integration into the community. The overall goal of opioid maintenance therapy is improved quality of life and freedom from illicit drugs.

Opioid dependence is defined in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) as a “Substance Use Disorder,” characterized by three or more of the following criteria within a one-year period: (1.) Tolerance; (2.) Withdrawal; (3.) Substance use in larger amounts or over a longer period than was intended; (4.) Unsuccessful efforts to cut down or control substance use; (5.) Great deal of time spent in activities necessary to obtain the substance, use the substance, or recover from its effects; (6.) Important social, occupational, or recreational activities are given up or reduced because of substance use; and (7.) Continued use despite knowledge of physical or psychological problems likely caused by the substance.

Opioid maintenance therapy generally takes place over an extended period, ranging from a few months to several years or more. Of course, you are free to discontinue your treatment any time you choose, though you should never feel compelled to do so based on a preconceived or arbitrary timeline. For some, the aim of treatment is the eventual detoxification from methadone; while for others, maintenance therapy may be a life-long commitment. The question of when or if to discontinue treatment is a personal one that is best answered: Only when you feel ready.

ABOUT METHADONE

Methadone is an opioid analgesic (painkiller) that is used to treat pain, as well as opioid withdrawal. It works by interacting with opiate receptors in the brain. Federal law requires that when methadone is used in maintenance or detoxification treatment of opioid dependence that it be dispensed by a licensed and accredited Opioid Treatment Program (“OTP”).

When used properly in maintenance treatment, methadone will eliminate opioid withdrawal symptoms without inducing euphoria or sedation. Methadone is longer acting than other opiates, such as heroin or oxycodone. It generally works for 24-36 hours (as opposed to 4-6 hours for other opiates), and thus needs to be taken only once a day. It is administered in oral (liquid) form, and generally begins to take effect in 30 minutes.

Just as insulin does not cure diabetes, methadone does not cure opioid dependence. Instead, methadone replaces illicit opiate use with a legal prescription medication. In doing so, methadone can greatly reduce or eliminate the health risks (HIV/AIDS, hepatitis, overdose, etc.) and legal risks (arrest, prosecution, incarceration, etc.) associated with illicit opiate use.

The most commonly reported side effects of methadone are constipation and sweating/flushing. It may also cause dizziness, especially after sitting or lying down; drowsiness; mood changes; vision problems; difficulty falling or staying asleep; and sexual side effects. Report all side effects to the Medical Director.

Serious, and sometimes fatal, side effects include seizures; severe allergic reaction; slowed or difficult breathing; and irregular heartbeat, especially in patients with certain existing heart conditions (known as prolonged QT interval). If you experience any of these, seek emergency medical help immediately.

To avoid complications, tell the Medical Director of all drugs (prescription, illicit, or over-the-counter), vitamins, herbal products, and nutritional supplements you are taking or plan to take. Also, tell the Medical Director if you have or have ever had a head injury, brain tumor, stroke or any other condition that caused high pressure inside your skull; irregular heartbeat; asthma, lung disease, or breathing problems; urethral stricture, enlarged prostate, or any other condition that causes difficulty urinating; Addison's disease; or thyroid, heart, liver, or kidney disease.

If you are having surgery, including dental surgery, tell the doctor or dentist that you are taking methadone, as it can have potentially life-threatening interactions with anesthesia.

While stabilization on methadone may help to reduce other drug use, it is NOT a treatment for other drugs, such as cocaine, alcohol, benzodiazepines, or amphetamines. The use of other drugs while on methadone can complicate treatment greatly. If you find that you are struggling with other drugs, please see your counselor for appropriate clinical services to help you address it.

PREGNANCY AND METHADONE

While methadone is approved by the FDA for opioid maintenance treatment in pregnant patients, there are no conclusive data regarding the safety of methadone in human pregnancy and it may be harmful to unborn babies. Tell your doctor and the Program's Medical Director if you are pregnant or plan to become pregnant. After delivery, babies may experience withdrawal symptoms. A small amount of methadone is transmitted through breast-milk; therefore, discuss breastfeeding with your doctor.

METHADONE WITHDRAWAL

As with any other opioid, if you suddenly stop taking methadone you are likely to experience severe withdrawal symptoms. Because methadone is longer-acting than other opioids, it may take longer for the symptoms of withdrawal to appear than it would with other opioids, such as heroin or oxycodone. If you are thinking about stopping methadone, see the section on Tapering.

MISSION STATEMENT

This Program is committed to providing the highest quality methadone maintenance therapy, by employing competent, qualified, and courteous staff and adhering to the best practices in the field, in order to enhance the lives of the people we serve.

PATIENTS' RIGHTS AND RESPONSIBILITIES

Patients have the right:

1. To receive accurate, easily understood information;
2. To be treated fairly and impartially, regardless of race, ethnicity, national origin, religion, sex, age, mental or physical disability, sexual orientation, genetic information, or source of payment;
3. To be treated with considerate, respectful, humane, and adequate care from all staff members, at all times, and under all circumstances;
4. To treatment, care, and services that are adequate, humane, and appropriate, in compliance with relevant State, local, and federal laws and regulations;
5. To be informed of their rights and responsibilities at the time of admission and annually thereafter, and have those rights available at all times for review and clarification;
6. To provision of care in the least restrictive environment, free from seclusion or restraint;
7. To have access or referral to legal entities for appropriate representation, self-help support services, and advocacy support services;
8. To evidence-based information about alternative treatments, medications, and modalities;
9. To give informed consent (or refusal) or expression of choice regarding service delivery, release of information, concurrent services, composition of the service delivery team, and involvement in research projects;
10. To protection from the behavioral disruptions of other persons served;
11. To have access to review (with staff supervision) their own records, and to receive copies in a timely fashion;
12. To privacy in their interactions with Program staff;
13. To confidentiality in accordance with State and Federal regulations, including HIPAA and 42 CFR Part 2 (confidentiality of alcohol and drug abuse patient records), and to be informed of the extent and limits of confidentiality;
14. To freedom from physical, mental, or sexual abuse; financial or other exploitation; retaliation; humiliation; or neglect by Program staff;
15. To have access to pertinent information in sufficient time to facilitate decision making;
16. To make formal grievances or complaints to the Program, including investigation and resolution of alleged infringements of these and other legal rights, to have access to grievance/compliant procedures posted in conspicuous places, to receive a decision in writing, and to appeal to unbiased sources; and
17. To provide input to the Program, when appropriate, through a variety of mechanisms to improve service delivery.

Patients' responsibilities include:

1. Taking an active role in the formulation and ongoing reviews of their treatment plan;
2. Meeting with their counselor for and participating in required counseling sessions;
3. Complying with drug screen requests and other Program interventions;
4. Paying all charges in full when due or maintaining active, valid insurance coverage without interruption; and
5. Treating all staff members and other patients with respect at all times.

CODE OF ETHICS AND PROFESSIONALISM

The Program maintains a strict Code of Ethics, which is applicable to all employees. They are expected to treat you with respect and dignity at all times, while maintaining the highest standards of politeness and professionalism. If you feel that a staff member has not lived up to these standards, please report it to a supervisor immediately. Please be aware that while we encourage open and honest professional relationships within the Program, staff members are discouraged from having personal relationships with patients outside of the Program setting.

CONFIDENTIALITY & HIPAA

Federal law and regulations (see 42 CFR Part 2) protect the confidentiality of alcohol and drug abuse patient records. A program may NOT disclose a person's status as a current or former patient or any information that could identify that person as a patient, absent an express written consent, a court order, or an applicable legal exception (such as a medical emergency or research, audit, or program evaluation). Violation of the Federal law and regulations by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations. Federal law and regulations do NOT protect any information about (1) a crime committed by a patient either at the program or against any person who works for the program or about any threat to commit such a crime, or (2) suspected child abuse or neglect from being reported under State law to appropriate State or local authorities.

Federal law and regulations (commonly known as "HIPAA") also protect the use and disclosure of your Protected Health Information (PHI) with respect to healthcare treatment, payment, and operations by covered entities, such as this Program. PHI is any information that is held by a covered entity regarding health status, provision of health care, or health care payment that can be linked to a particular individual. Covered entities may disclose PHI to certain parties to facilitate treatment, payment, or health care operations without a patient's express written authorization. Any other disclosures require written authorization.

Should you desire that this Program coordinate or discuss your care with anyone outside of the Program, you will need to sign a "Consent to Release of Information" form before we can do so. Please see your counselor for help with this, and allow at least five (5) business days for any written letters you may require.

RECOMMENDED MEDICAL TESTING

In the interests of promoting your overall health, you are strongly advised to have a complete and comprehensive blood test (including for sexually transmitted diseases), if you have not recently done so, as well as a baseline EKG as soon as possible after starting methadone and a follow-up EKG in 60-90 days. To better manage your healthcare, you should provide the results to the Program and your primary care physician.

INFECTIOUS DISEASE EDUCATION

HUMAN IMMUNODEFICIENCY VIRUS (HIV)

Human Immunodeficiency Virus, or HIV, is the virus that causes AIDS, a condition in which the immune system fails, leading to other serious infections and diseases that ultimately result in death. HIV is found in and spread through exposure to bodily fluids, such as blood, semen, vaginal fluid, and breast milk. The most common causes of HIV infection are unsafe sex, sharing of needles, and transmission from mother to baby (at birth or through breast milk).

HIV can be detected through a simple blood test, and we recommend that everyone get tested. There are treatments available for those with HIV that can slow the progression of the virus, treat associated infections and cancers, and greatly extend life expectancy.

HIV is preventable. Always practice safe sex (use latex condoms). Never share needles for any reason. Use “universal precautions” whenever there is a risk of coming into contact with bodily fluids (wear latex gloves, use bleach to clean up, etc.).

HEPATITIS

Hepatitis refers to inflammation of the liver. It can be caused by a variety of factors, including alcohol or drugs, immune cells attacking the liver, or by a viral infection (Hepatitis A, B, or C). Hepatitis B and C are transmitted primarily through exposure to blood or other bodily fluids, including through unsafe sex, sharing of needles (whether for injecting drugs or for tattoos, piercings, etc.), and transmission from mother to child. Left untreated, Hepatitis B and C can cause cirrhosis (scarring of the liver), which can lead to liver failure, other serious complications, and ultimately death.

Hepatitis B and C can be detected by simple blood tests, and we recommend that everyone get tested. There are treatments available for Hepatitis B and C that can eliminate or minimize the virus and slow or even reduce liver damage.

Vaccines are available for Hepatitis A and B, but not for Hepatitis C. Therefore, it is important to always practice safe sex, never share needles for any reason, and avoid contact with blood and other bodily fluids.

SEXUALLY TRANSMITTED INFECTIONS (STIs)

Sexually transmitted infections, or STIs, are diseases that are mainly passed from one person to another through sexual activity. The most common include Chlamydia, gonorrhea, syphilis, herpes, genital warts, and HPV. Left untreated, STIs can lead to serious complications, including infertility, severe infections in babies of infected mothers, and even death.

While common symptoms include burning while urinating and pain, swelling, sores, itching, or discharge from the genitals, many STIs often occur without any initial symptoms. Therefore, it is possible to be infected with or spread an STI without even realizing it. However, STIs can be

detected through simple lab tests, and most can be easily cured. We recommend that everyone get tested.

All sexual activity carries some risk of STI transmission or infection. While condoms are effective at preventing the spread of some STIs, they are not effective against all STIs. To minimize risk, one should always practice safer sex including the use of an appropriate latex barrier (condom, dental dam, medical glove) for all sexual contact, limiting the number of sexual partners or practicing monogamy, obtaining available immunizations, effective communication with sexual partners, and periodic STI testing.

TUBERCULOSIS

Pulmonary tuberculosis, or TB, is a contagious disease caused by bacteria that is spread through the air when an infected person coughs, sneezes, or spits. TB normally affects the lungs, but may spread to other organs. While most TB infections lie dormant in the body, they can lead to active TB, which can cause serious permanent damage to affected organs and death. Anyone can get TB, but those at higher risk include anyone in contact with infected persons, drug users who share needles, infants, the elderly, people with weakened immune systems (such as those with HIV or diabetes, those who are underweight or malnourished, and those on chemotherapy or certain medications), people who live in crowded or unsanitary conditions, those with kidney failure on hemodialysis, those born or who have lived in foreign countries with high rates of TB, and the homeless. All patients are screened at admission to determine their risk of TB.

PROGRAM HOURS

Medication hours are posted near the Program entrance. Please make careful note of them as you will be medicated only during those hours.

If you have an emergency that prevents you from arriving at the Program before medication hours end, you should contact the nursing staff as early as possible. Arrangements may be made for late medication or medication at another program, but this cannot be guaranteed. Anyone arriving late without prior approval will NOT be medicated.

FEE SCHEDULE

The current fee schedule is posted at the front desk. Please be aware that it is subject to change.

FINANCIAL RESPONSIBILITY

FOR SELF-PAY AND PRIVATE INSURANCE PATIENTS:

You are responsible for keeping your account current and in good standing by paying the weekly fee in full by the close of business on Friday. Failure to do so may result in an Administrative Taper from the Program.

If you encounter an unanticipated hardship that will prevent you from paying in full or on time, see your counselor immediately. It may be possible to work out a short-term solution. Nonetheless, this Program is a privately owned and operated, for-profit program; thus, if financial issues present an ongoing problem, it may be more appropriate to seek treatment at a publicly funded/sliding-scale program.

This Program does NOT accept private insurance. If you are relying on private insurance to pay for your treatment, you are still responsible for paying all fees up-front. Upon request, this Program will supply a statement of services rendered and associated charges, so that you may seek reimbursement from your insurance.

No adjustments will be made to your account nor any part of the weekly fee refunded for missed days or appointments. You are responsible for paying the weekly fee in full at all times that you are enrolled on this Program, including if you are seeking to transfer to another program or if you are tapering from the Program, whether voluntarily or involuntarily.

Your account must be current and in good standing in order for you to receive any take-homes. Furthermore, for those patients who qualify for more than one week's worth of take-homes at a time (*i.e.* Take-Home Levels 7 and 8), all take-homes must be paid for in advance; otherwise, the number of take-homes you receive will be limited to the number of weeks for which you pay.

FOR MEDICAL ASSISTANCE PATIENTS:

You are responsible for ensuring that your Medical Assistance stays active without interruption and remains your primary insurance. Should your coverage lapse, you are responsible for the full cost of your treatment (see above). Failure to abide by these criteria may result in an Administrative Taper from the Program. The Program reserves the right to limit the types of Medical Assistance coverage it accepts.

ATTENDANCE / ABSENCES

Regular attendance is an integral part of treatment. It is also one of the criteria that must be considered before granting any take-homes. Irregular attendance may result in loss of take-homes, as well as other disciplinary action, including Administrative Taper from the Program.

For your safety, if you miss two (2) or more days, your dose will be decreased (generally by half) upon your return, and then gradually increased back to its previous amount. If you miss seven (7) days, you are automatically discharged from the Program, and may NOT return unless you are re-admitted.

If you miss days because you were incarcerated or hospitalized, you should bring any discharge paperwork with you upon your return to ensure continuity of your care.

If you come to the Program under the influence of alcohol or drugs, you will NOT be medicated that day. Furthermore, if you drove to the Program, you will need to find another way home. If you attempt to drive under the influence of alcohol or drugs, the Program will contact the police.

DRUG TESTING

This Program is required by State regulations to administer random monthly drug screens to all patients. The primary means of drug screening is through the collection of a urine sample. You should be prepared to leave a urine sample each time you visit the Program. Collection of urine samples may be supervised by clinical staff as necessary to prevent tampering.

Failure or refusal to leave a urine sample upon request is grounds for an Administrative Taper from the Program.

Alternative means of drug testing (*e.g.* oral swabs) may be offered, but as the cost of these tests is NOT included in the weekly fee, they may cost extra should you choose to use them.

The Program uses an independent, federally-licensed and State-approved laboratory to test specimens. All results are presumed accurate. In the event that you believe a laboratory result is inaccurate, you may request a confirmation test at your own expense.

PRESCRIPTION DOCUMENTATION & MONITORING

In order to coordinate care and to explain any positive drug screens, you should disclose all prescriptions to the nursing staff. You should bring **ONLY** the paperwork you receive from the pharmacy when you get a prescription filled or refilled. For your protection, do **NOT** bring the actual prescription (pills or pill bottles) to the Program.

The Program may access the State's Prescription Drug Monitoring Program (PDMP) at any time while you are in treatment to investigate any prescriptions for controlled substances that you may have received. Discrepancies in information contained in the PDMP versus what you have previously disclosed could result in disciplinary action.

You may be required to sign a Coordination of Care Letter, so that the Program can coordinate your care with the prescribing physician. Even though you may have a valid prescription, if a signed Coordination of Care Letter is not on file, any positive drug screens will be treated the same as non-prescription (illicit) drug use, which may result in loss of take-homes or other disciplinary action, including Administrative Taper from the Program.

BENZODIAZEPINE USE

Benzodiazepines (“benzos”), such as Xanax (alprazolam), Valium (diazepam), Klonopin (clonazepam), and Ativan (lorazepam), are central nervous system depressants (like methadone). **THE COMBINATION OF BENZODIAZEPINES AND METHADONE HAS BEEN LINKED TO SERIOUS SIDE EFFECTS, INCLUDING DEATH.** Do not mix non-prescription benzodiazepines with methadone.

While we are committed to your recovery, our first and foremost concern is your health and safety. For this reason, if you have a benzodiazepine prescription or obtain one in the future, you will be required to sign a Coordination of Care Letter (see above). Failure to do so could result

in Administrative Taper from the Program.

If you choose to discontinue your benzodiazepine use, we recommend that you do so only under the supervision of a qualified physician. The sudden cessation (stopping) of benzodiazepines can result in serious consequences, including seizures or even death. Please consult your counselor if you require a referral for a benzodiazepine taper.

TAKE-HOMES

LOCK-BOX REQUIREMENTS

Pursuant to State regulations, before you can receive any take-homes, you must have a lock-box that is large enough to accommodate all take-homes, as well as secure enough to prevent unauthorized access. By accepting any take-homes you acknowledge that you have and will use an appropriate lock-box, even if you choose not to bring it with you to the Program.

FEDERAL REGULATIONS AND SCHEDULE OF TAKE-HOMES

Take-homes may be earned by demonstrating responsibility and stability (generally through two or more consecutive negative random drug screens), as well as complying with all Federal regulations and Program requirements. Pursuant to Federal regulations, the following criteria must be considered before granting any take-home doses: (1.) Absence of recent abuse of drugs (opioid or non-narcotic), including alcohol; (2.) Regularity of Program attendance; (3.) Absence of serious behavioral problems at the Program; (4.) Absence of known recent criminal activity (e.g. drug dealing); (5.) Stability of the patient's home environment and social relationships; (6.) Length of time in comprehensive maintenance treatment; (7.) Assurance that take-home medication can be safely stored within the patient's home; and (8.) Whether the rehabilitative benefit derived from decreasing the frequency of Program attendance outweighs the potential risks of diversion. In accordance with Federal regulations, take-home doses may only be earned at a pre-determined rate. The schedule of take-homes is listed below.

LEVEL ONE: All patients will receive a single, unearned take-home dose for days that the Program is closed, including Sundays and State and Federal holidays. No other take-homes will be given.

LEVEL TWO: One (1) earned take-home dose per week, in addition to the unearned Level One take-homes. You may qualify for Level Two after seventy (70) days in treatment.

LEVEL THREE: Two (2) earned take-home doses per week, in addition to the unearned Level One take-homes. You may qualify for Level Three after one-hundred forty (140) days in treatment.

LEVEL FOUR: Three (3) earned take-home doses per week, in addition to the unearned Level One take-homes. You may qualify for Level Four after two-hundred ten (210) days in treatment.

LEVEL SIX: Six day supply of take-home medication. You may qualify for Level Six after two-

hundred eighty (280) days in treatment.

LEVEL SEVEN: Two-week supply of take-home medication. You may qualify for Level Seven after one (1) year of continuous treatment.

LEVEL EIGHT: One-month supply of take-home medication. You may qualify for Level Eight after two (2) years of continuous treatment.

Take-homes may be revoked, suspended, or reduced for failure to comply with Program requirements. These include, without limitation, positive drug tests (including undocumented prescriptions), Failure to Provide a specimen for a drug test, non-compliance with a take-home recall, non-compliance with any take-home requirements, irregular attendance, and failure to keep your account current and in good standing. Take-homes may also be revoked, suspended, or reduced in the event that you no longer meet any of the Federal criteria listed above, or if another valid documented treatment concern exists.

If you lose some or all of your take-homes, you will need to demonstrate compliance with all Program requirements and Federal regulations listed above, as well as responsibility and stability (generally through two or more consecutive negative random drug tests), before you will be eligible to receive any additional take-homes.

Your account must be current and in good standing in order for you to receive any take-homes. Furthermore, for those patients who qualify for more than one week's worth of take-homes at a time (*i.e.* Take-Home Levels 7 and 8), all take-homes must be paid for in advance; otherwise, the number of take-homes you receive will be limited to the number of weeks for which you pay.

Please schedule an appointment with your counselor to discuss your take-home status. When you qualify for a higher level, your counselor will complete a "Take-Home Request" form with you and submit it to the Clinical Supervisor and Medical Director, who will consider all applicable criteria listed above in determining whether to approve or deny the request.

Keep all take-homes upright and unopened in their original bottles, locked inside of your lock-box, and separate from the key, until you are ready to take them. Before leaving the medication window, you should check all take-home caps to ensure that they are tightly sealed. Once you leave the Program, take-homes will NOT be replaced if they leak. Ideally, take-homes should be refrigerated until use. If this is not possible, store take-homes in a cool, dry place, away from excess light, heat, or humidity.

By accepting take-homes, you agree NOT to sell them or give them to anyone else. Failure to abide by this may result in disciplinary action(s), as well as criminal penalties.

Take-homes may be recalled at any time, in accordance with the Program's Diversion Control Plan and to ensure compliance with Program requirements. When take-homes are recalled, a staff member will contact you at the number you provided. It is important that you keep your contact information up-to-date, as failure to reach you could result in disciplinary action(s), including loss of take-homes. You must return any and all remaining take-homes to the Program by the next business day. Failure to do so may result in disciplinary action(s). After you return

your take-homes, you may need to attend daily until compliance with Program requirements can be ascertained; replacement take-homes may be given in the sole discretion of the Program.

VACATION / GUEST DOSING REQUESTS

Vacation requests must be made at least two (2) weeks before the start of a vacation, in order to schedule take-home doses accordingly and/or to arrange for guest dosing at another program. Failure to do so could result in the Program being unable to accommodate your vacation request. If you qualify for take-homes, you may be given as many take-home doses as you are eligible for. If you do NOT qualify for take-homes (or if your vacation would exceed the number of take-homes you are eligible for), the Program will make every effort to arrange for guest dosing at another program. Please note that there is an administrative fee to set-up guest dosing at another facility. NO EXCEPTION REQUESTS WILL BE SUBMITTED FOR VACATIONS.

EMERGENCY EXCEPTION REQUESTS

In the event of a DOCUMENTED family or medical emergency, you may be given a maximum of three (3) additional take-home doses beyond those you qualify for. The Program is required to submit all such requests to Federal and State regulatory bodies, which make the final determination whether such emergency take-homes may be given.

MEDICATION TRANSPORTATION ARRANGEMENTS

Please provide us with at least three (3) business days advance notice in writing if you intend to go to an inpatient facility that does not supply methadone so that we may arrange for the transportation of medication. Failure to do so may result in an interruption of your treatment (*i.e.* you may be without methadone for some or all of your stay). Please note that while we will make every reasonable attempt to arrange for medication transportation, we can NOT guarantee that another facility will accept delivery and disclaim any liability if they fail to do so.

LOST OR STOLEN TAKE-HOMES

Please safeguard your take-homes carefully. Lost or stolen take-homes will NOT be replaced, and you will NOT be medicated in the clinic until your next scheduled return date.

INCLEMENT WEATHER (EMERGENCY CLOSURES)

When the forecast calls for inclement weather, the Program may decide to close. Generally, this decision is made a day ahead of time so that take-homes may be given for the day(s) the Program is closed. The Program will make an attempt to contact you at your current contact number. For this reason, it is important that you keep your contact number up-to-date at all times. The Program takes no responsibility if your number is out-of-service or disconnected.

DOSE CHANGES

If you feel that you require a dose increase or decrease (beyond your current order), please see

your counselor to request a medication evaluation and management. Please note that all medical decisions, including diagnosis and treatment, are made by the Medical Director, who is a licensed physician acting as an independent contractor for the Program.

PHASES OF TREATMENT MODEL

The Program utilizes a Phases of Treatment model, as recommended by the consensus panel established by the Center for Substance Abuse Treatment (CSAT), to match interventions to levels of patient progress and intended outcomes (see Chapter 7 of *Medication-Assisted Treatment for Opioid Addiction in Opioid Treatment Programs*. Treatment Improvement Protocol (TIP) Series 43. HHS Publication No. (SMA) 12-4214.). The goal of this model is to help patients and staff better understand that medication-assisted treatment is an outcome-oriented treatment approach comprising successive, integrated interventions, with each phase built on another and directly related to patient progress.

This model comprises five patient-centered phases for planning and providing services and evaluating outcomes, including the (1) acute / rehabilitative, (2) supportive-care, (3) medical maintenance, (4) tapering (optional), and (5) continuing care phases, of which only the first four occur in the OTP. The model is not one-directional; at any point, patients can encounter setbacks that require a return to an earlier treatment phase. The primary objective is improved quality of life and freedom from illicit drugs, even if that requires ongoing medication-assisted treatment.

The phase model recognizes that the types and intensity of services that patients need vary throughout treatment and should be determined by individual circumstances. Therefore, there are no fixed timeframes for any particular phase. Patients will progress according to their individual capacity – some rapidly and others more gradually. Some patients may never progress past the first phase, while others may move back and forth between different phases many times. The duration of any particular phase is determined by the multidisciplinary team and based on the patient's participation in treatment. As a shorthand for understanding what phase of treatment they are in at any given time, patients may refer to their current take-home level.

ACUTE / REHABILITATIVE PHASE (Level 1) – Most Frequent Counseling (every 1-2 weeks)

The acute phase, ranging from days to months, focuses on eliminating illicit opioid use and other psychoactive substances, while lessening the intensity of co-occurring disorders and medical, social, legal, family and other problems associated with addiction. This is the period with the highest intensity of services (most frequent counseling), which begins at admission for patients who are new or returning to MAT or as soon as possible after relapse for existing patients. The ultimate goal of this phase is to empower patients to cope with their major life problems – drug or alcohol abuse, medical problems, co-occurring disorders, vocational and educational needs, family problems, and legal issues – so that they can pursue longer-term goals, such as education, employment, and family reconciliation.

SUPPORTIVE-CARE PHASE (Levels 2 thru 6) – Less Frequent Counseling (every 2-4 weeks)

After discontinuing illicit drug use and stabilizing or alleviating co-occurring disorder, patients progress to the supportive-care phase. During this phase, patients continue to receive opioid pharmacotherapy and participate in counseling, but with less frequency, while assuming primary responsibility for their lives. This is the phase in which patients begin to receive take-home medication and make fewer OTP visits during each week.

MEDICAL MAINTENANCE PHASE (Level 7 or 8) – Least Frequent Counseling (every 4-6 weeks)

The medical maintenance phase is characterized by longer term supplies of take-home medication and further reductions in the frequency of treatment visits. Counseling occurs with the least frequency for these patients, and is generally limited in scope – patients should no longer need the full suite of services, so counseling is focused on monitoring life domains for stability and preventing relapse. Patients are generally eligible for this phase after two years of continuous treatment and four-to-six months of stability and progress in the supportive-care phase.

SCHEDULED COUNSELING

Counseling is an integral part of medication-assisted treatment. It promotes better outcomes by developing and enhancing coping skills, building resilience, and preventing or minimizing relapse. For simplicity and consistency, you will have a regularly scheduled counseling appointment (same day of the week and same time). You are expected to attend all scheduled counseling sessions.

TREATMENT PLANS

Treatment plans addressing your individual needs and goals are essential to your success in treatment. Accordingly, they are developed through a collaborative effort by you and your counselor. You should take an active part in their formulation, being open and honest with your counselor during the process, and make every effort to follow them. One of the primary goals of your first treatment plan will be stabilization on methadone; other problems are addressed and goals developed as treatment progresses.

TAPERING (DETOXIFICATION) PROCEDURES

You may initiate a voluntary taper (detoxification) from methadone at any time. You are strongly encouraged to consult with the Medical Director before initiating a voluntary taper, to discuss taper-related issues, as well as work out a rate or schedule of dose decreases that will minimize any withdrawal symptoms. Furthermore, non-compliance with Program rules and regulations may result in an involuntary (Administrative) taper.

VOLUNTARY TAPERS

When the Medical Director writes a taper order at your request, it is known as an Elective Taper. Elective Tapers generally take place over an extended period to allow your body time to adjust to each gradual dose decrease. To minimize any withdrawal symptoms and make you feel as comfortable as possible during the process, dose decreases are generally limited to 1% or 2% per week. At 2% per week, it takes approximately one year to taper completely off of methadone. You may put an Elective Taper on hold (remaining at your then current dose) at any time upon request, or stop the taper and return to your maintenance dose after seeing the Medical Director.

If the Medical Director does NOT approve your taper request or if you choose NOT to consult with him, you may only proceed with an Against Medical Advice (“AMA”) Taper. As the name implies, this taper is contrary to medical advice. You understand that there may be negative or

harmful consequences, including severe withdrawal symptoms, high risk of relapse, possibly even death, as well as premature labor or miscarriage in pregnant females. By choosing to proceed, you agree to hold the Medical Director and Program harmless from any negative outcomes that may result. AMA Tapers shall be implemented using a standardized 21-day schedule (see below). You will lose all take-homes if you choose to proceed with an AMA Taper.

ADMINISTRATIVE (INVOLUNTARY) TAPERS

An Administrative Taper is the result of non-compliance with Program rules and regulations, including non-payment of fees. In accordance with State regulations, Administrative Tapers take place over a twenty-one (21) day period, with daily dose decreases not exceeding five percent (5%) of the original dose. If warranted, you may be transferred to another program to complete an Administrative Taper.

If you are placed on an Administrative Taper and miss three (3) consecutive days, you will be automatically discharged from the Program, and may NOT return unless you are re-admitted.

If you are placed on an Administrative Taper for non-payment of fees, the taper will not be removed unless the outstanding balance is paid in full by cash, credit card, or money order only.

GRIEVANCES, COMPLAINTS, SUGGESTIONS

A grievance procedure is in place to ensure that you are treated fairly and impartially, in accordance with Program policies and procedures. Grievances are limited to changes in take-home status and involuntary tapers. If you believe that your take-home status was changed or that you were placed on an administrative taper arbitrarily or unfairly, please complete a grievance form, which is available at the front desk. Grievances must be submitted within three (3) business days of the action that you are grieving. Any grievance submitted after this time will be deemed waived. You will receive a written response with a final determination within five (5) business days. Under no circumstances will you be penalized for filing a grievance.

GENERAL PROGRAM POLICIES

DRESS CODE

This Program is no different from any other doctor's office, and you are expected to dress appropriately. This includes a shirt, pants or skirt, and shoes or sandals. Pajamas, bedroom slippers, bathing suits, halter tops, and provocative or offensive clothing are inappropriate. You may be asked to remove any sunglasses or hats at the medication window so that the nurse may verify that you are not impaired.

WEAPONS

Weapons are prohibited at all times on Program premises. Failure to abide by this will result in an immediate Administrative Taper and notification of authorities.

ILLEGAL DRUGS

Illicit drugs are prohibited at all times on Program premises. Failure to abide by this will result in an immediate Administrative Taper and notification of authorities.

LEGAL DRUGS / PRESCRIPTION MEDICATION

For your own safety and protection, you should NOT bring any legal drugs or prescription medication to the Program. Failure to abide by this may result in an Administrative Taper.

TOBACCO PRODUCTS

The use of tobacco products is prohibited on Program premises.

CELL PHONES

The use of cell phones is prohibited inside of the Program.

FOOD AND BEVERAGES

Food and beverages are NOT permitted inside of the Program.

CHILDREN

You should make every effort to leave your children with a responsible adult when you come to the Program. If, however, this is not possible and you must bring your child with you, you must supervise them at all times. Do NOT leave children unattended in cars or within the Program. Any abuse or neglect will be reported to authorities.

TRANSITION / DISCHARGE PLANNING

Aftercare planning refers to planning for life following discharge from the Program. Generally, you will want to be involved in some form of social support, such as a 12-Step program or other self-help group, religious or community involvement, or functional family relationships and friendships, to ensure that you have the support you need to avoid old patterns of behavior and triggers for drug use.

Also, please be aware that you do NOT have to wait for a relapse to be re-admitted to the Program. Even though you may have had to document a one year history of dependence (through a positive drug test and drug use history) to be admitted to the Program, Federal law and regulations provide that you may be re-admitted to the Program without having to meet such criteria (provided the Medical Director determines that it is medically appropriate). Such a re-admission is available for patients released from penal institutions (within six months after release), for pregnant patients, and for previously treated patients (for up to two years after discharge) who feel that a relapse is imminent.

QUESTIONS AND COMMENTS

If you have any questions or concerns not addressed by this handbook, please see your counselor and they will be answered. We are intent on satisfying the needs of our patients in a timely, efficient, and courteous manner. We value your comments and suggestions, as your input contributes to our continuous quality improvement in patient-oriented treatment.

ADDITIONAL RESOURCES

Department of Health and Human Services,
Substance Abuse and Mental Health Services Administration,
Center for Substance Abuse Treatment
5600 Fishers Lane
Rockville, MD 20857
240-276-2700
www.samhsa.gov/medication-assisted-treatment

Maryland Behavioral Health Administration
ATTN: State Opioid Treatment Authority
Dix, Mitchell and Vocational Rehabilitation Buildings
55 Wade Avenue
Catonsville, MD 21228
410-402-8600
bha.health.maryland.gov

American Association for the Treatment of Opioid Dependence, Inc. (AATOD)
225 Varick Street
4th Floor
New York, NY 10014
212-566-5555
aatod.org

National Alliance of Methadone Advocates (NAMA)
435 Second Avenue
New York, NY 10010
212-595-NAMA (212-595-6262)
methadone.org