

ADDICTION  
TREATMENT CENTER  
OF NEW ENGLAND

**CLIENT POLICY MANUAL**  
**OPIOID TREATMENT PROGRAM**  
**REVISED JUNE 2020**

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**ATCNE Client Policy Manual**

Revision 17.1.3: June 2020

**WWW.ATCNE.NET**  
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## **INTRODUCTION**

This client policy manual (CPM) has been prepared for clients of the Addiction Treatment Center of New England, Inc. (ATCNE). It includes descriptions of policies, procedures, clients' rights, and services provided. It replaces any previously-issued Client Policy Manual dated prior to the date of this manual.

This information is presented to aid client understanding of treatment and of ATCNE's expectations of them. ATCNE's administration reserves the right to modify, revoke, suspend, terminate or change any or all of these policies or procedures, in whole or in part, at any time. When possible, and without compromising the safety of the staff or clients or the integrity of the program, a notice of changes will be posted in the waiting room thirty (30) days in advance of the effective date of change for a period of sixty (60) days. Individual copies of policy changes will be available in writing from the office. It is the client's responsibility to add these changes to their own copy of this manual. The language used in this manual is not intended to create, nor is it to be construed to constitute, a legal contract between the ATCNE and any one or all of its clients.

ATCNE is a clinically operated drug treatment program, designed to provide a safe and therapeutic environment so that clients may gain control over their drug problems and learn alternatives to their addictive behaviors. Methadone services are an effective treatment for narcotic dependence. The administration of methadone helps clients cease illicit narcotic use and begin the process of recovery and abstinence from all drug use. However, outpatient methadone treatment is not always sufficient to achieve this goal. It is the responsibility of ATCNE staff to determine which clients can benefit from outpatient methadone treatment. The policies described in this manual are designed by the administrative, medical, nursing, and clinical staff members to help clients realize these and other treatment goals.

Clients will be asked to sign a receipt indicating that they have received a copy of this manual. It is their responsibility to review its contents. Decisions regarding any matters not covered specifically in this client policy manual are left to the discretion of the Chief Executive Officer or their designee. If anything is unclear, clients should consult their clinician for clarification.

A copy of this manual will be kept in the Clinic Office at all times and will be available for review upon request. Replacement copies are available on request.

## **DEFINITION OF TERMS**

ATCNE and the Center refer to the Addiction Treatment Center of New England, Inc. BMHC refers to the Brighton Marine Health Center, the property on which ATCNE is located.

Vicinity refers to the Warren Street area between Cambridge Street and Commonwealth Avenue.

## **MISSION STATEMENT**

**ATCNE Client Policy Manual**

Revision 17.1.3: June 2020

ATCNE's mission is to provide the highest quality of personalized and holistic care and services to individuals seeking treatment with substance use disorders and/or mental health issues. We assist our clients in alleviating the physical, psychological, social, and spiritual anguish of substance use disorders as experienced by the individual, the family, and the community. We utilize all available modalities, including prevention, intervention, psychoeducation, and collaborative treatment planning so that the client served may lead a healthier and more productive life.

ATCNE is committed to our work as an organization. We utilize best practices in delivering services to our clients and focus on improving their quality of life. We continuously work on client-centered treatment in the delivery of our services. We remain dedicated to our goals and objectives as an agency.

#### GOALS:

- Provide the highest quality of personalized care.
- Support the recovery, health, and wellbeing of the people served to enhance their quality of life.
- Commit to continuous improvement and growth, both personally and professionally.
- Operate in an efficient, effective, and ethical manner in order to best serve our clients.

#### OBJECTIVES:

- Assume a professional image and positive attitude while always utilizing compassion and empathy.
- Provide relationships and rapport which facilitate healing.
- Treat our clients with respect and dignity, and advocate choice and control to the best of our ability. Help our clients recognize their strengths and abilities, understand their unique needs and potentials, and develop treatment plans which consider and address these.
- Provide an environment that feels physically and emotionally safe and welcoming for everyone.
- Offer resources and information that encourage self-care, harm-reduction, and safe judgment.
- Practice in a culturally-competent, trauma-informed, and person-centered manner. Observe, listen for, and honor differences among our clients, staff, and the community. Support opportunities to appreciate and advance diversity, address discrimination, and transcend shame and stigma. Maintain awareness of our behavior, attitudes, and emotions, and adjust our responses to positively impact those around us.
- Facilitate staff advancement by offering professional development, and continually seek ways to improve our work. Recognize strengths and abilities among staff, and maintain an atmosphere of teamwork and trust.
- Encourage our clients to rejoin and rebuild life in the community, including what has been lost or never gained due to personal conditions and consequences. Promote the presence and involvement of people who evoke hope and support positive change, including peers, family members, allies, and support systems.

## **TYPES OF PROGRAMS & SERVICES PROVIDED**

All clients are required by ATCNE to complete a treatment orientation workshop during the initial weeks of treatment. ATCNE provides the following outpatient treatment services:

### **BEHAVIORAL HEALTH**

Behavioral health services, including individual, group, couples, and family therapy, are available to clients who have problems with drugs and/or other addictive behaviors (i.e., gambling, internet, food, sex) but do not need methadone detoxification or maintenance at ATCNE. This can include individuals who are receiving medication-assisted therapy for substance use disorders from other providers. Medical and social service referrals are also available to these clients. Behavioral health services are encouraged as a form of aftercare for clients who have successfully detoxified from methadone treatment.

### **MEDICAL CARE**

The ATCNE Medical Director or physician will perform a physical examination on each client prior to admission. The physician will confer with the client to prescribe a dose level according to state and federal regulations and admit the client. Any lab tests required by State and/or Federal regulations and any additional lab tests and follow-up care deemed necessary will also be ordered.

By accepting admission to ATCNE, each client makes a commitment to obtain necessary medical care, as determined by the ATCNE medical staff. The Medical Director or program physician does not serve as the client's primary physician. ATCNE recognizes a client's right to refuse unwanted tests or medical care. However, ATCNE also retains the right to discontinue provision of services (including methadone) to any client who, in the informed opinion of the Medical Director or program physician, is not benefiting from treatment. This includes, but is not limited to, situations in which a client's health status may be jeopardized by receiving methadone without the recommended, and adequate medical care or the lack of medical attention to an identified problem jeopardizes the health of others who may come into contact with that individual.

Clients with significant medical and/or psychiatric problems will be referred to appropriate providers for care. If a client repeatedly or consistently fails to access or follow-up with such treatment, ATCNE medical staff, with the approval of the Medical Director, may determine that continued treatment with methadone constitutes a risk to the client. In such cases, continued failure to access and/or follow-up with necessary treatment may result in detoxification and termination from the program.

Clients who are taking prescribed medications, including but not limited to tranquilizers, sedatives, sleeping pills, antidepressants, antipsychotic drugs, and over-the-counter medications, must inform ATCNE Nursing staff of the medication and dosage of every prescription and refill. Clients are responsible for informing the ATCNE Nursing staff of any changes in their medication. The Center medical staff, with the approval of the Medical Director, may determine that the use of such medication, whether prescribed or non-prescribed, constitutes a danger to the client who is receiving methadone. In such cases, ATCNE staff, after discussion with the prescriber and the client, will attempt to achieve a mutually satisfactory solution, which may include a recommendation for outpatient or inpatient detoxification. Client failure to follow such a recommendation may result in termination from the program after detoxification. Clients who refuse to sign releases authorizing ATCNE staff to speak with their physician or other prescribers may be denied methadone service and/or terminated from the program.

### **METHADONE DETOXIFICATION**

This service is available to clients who are addicted to opioids and desire detoxification from them. The medical director prescribes an initial stabilizing dose of methadone, which is then decreased over a period of 180 days to gradually reduce the client's physiological need for opioids. Decisions as to the length of time needed to complete detoxification will be made by the clinical, medical, and nursing staffs based on the individual's addiction history, physical condition, and other related factors. A minimum of one individual and two group therapy sessions per week are required while the client is being detoxified. These sessions may continue at the client's request and at the discretion of the ATCNE staff, once detoxification is completed. Decisions about the need for additional weekly individual and group therapy will be made on a case by case basis. Medical care, family therapy, and social service referrals are also available to clients. Transfers between detoxification and maintenance programs will only be made with the Medical Director's authorization.

### **METHADONE MAINTENANCE**

This service is available to clients who need longer-term methadone treatment than that offered for detoxification. In maintenance treatment, the client receives an initial dose of methadone, which is increased to a level where the client feels stable. Weekly individual and group therapy at ATCNE is required of all clients. The clinical team will determine the need for additional individual and group therapy sessions. Medical care and social service referrals are also available.

### **VIVITROL (NALTREXONE)**

ATCNE is now offering Vivitrol (Naltrexone) for the treatment of opioid dependency. Vivitrol is an extended-release Medication-Assisted Treatment (MAT) which has been proven to be an effective treatment for opioid addiction. The active ingredient in Vivitrol, Naltrexone, works as a "blocker." It attaches to certain opioid receptors in the brain and blocks the pleasurable feelings

associated with taking opioid, helping a person get ready for recovery. ATCNE will offer individual and family counseling in combination with the medication. When working to overcome an addiction to opioids, individual therapy sessions can be an extremely beneficial aspect of treatment. During these times, program participants are afforded the opportunity to meet in a confidential one-on-one setting with a clinician.

This medication has no withdrawal symptoms when it is no longer needed, is covered by many prescription plans and is very well tolerated with minimal side effects. This medication allows patients to take effective medication monthly as opposed to the daily medications for opioid treatment and opens the opportunity for more change with counseling.

Our staff is available to discuss this treatment option with you to determine if this is appropriate. We will also offer education on how Vivitrol works and its impact on other medication. ATCNE is committed to MAT education, and staff is available to ensure the effectiveness of treatment, which will be explained to each individual.

Treatment of opioid dependence is a priority of ATCNE, and our highly trained professional staff is here to help. If you would like to learn more about this medication or would be interested in becoming a client at ATCNE, please contact our intake coordinator at 617-254-1271 ext. 119.

### **VOLUNTARY PRE- & POST-TEST HIV COUNSELING AND ANTIBODY TESTING**

Confidential pre-test and post-test counseling and HIV rapid testing is available to any and all clients on a voluntary basis. The counseling component includes a risk assessment to evaluate client behavior that may lead to a risk of exposure to infection and to educate the client about behavioral changes that reduce the risk of exposure. Once pre-test counseling is completed, the client will be referred for testing at the mutual agreement of the client and their clinician. Clients are expected to continue meeting with their clinician upon receiving the result. HIV infection is a reportable condition in Massachusetts. Positive HIV results will be reported to the Department of Public Health.

### **ORIENTATION & HEALTH EDUCATION GROUPS**

ATCNE requires that all new clients complete a 3-session orientation/education series. During session one, new clients will review their Client Policy Manual, becoming familiar with ATCNE's policies/procedures. Session two offers strategies for healthy behaviors, decreasing the risk of contracting HIV and HEPATITIS and provides written materials and handouts on these subjects. Session three presents information about Methadone, its Facts, and Myths as well as its safe storage.

**FAILURE TO COMPLY IN COMPLETING THIS 3-SESSION ORIENTATION SERIES MAY LEAD TO A HEARING RESULTING IN A NON-EMERGENCY INVOLUNTARY TERMINATION.**

ATCNE may also offer other health maintenance educational groups such as Health and Nutrition Issues, Stress Management, Medical Aspects of Substance Abuse, and other health-related concerns, based on client need.

## **CASE MANAGEMENT**

Case management services are available to all ATCNE clients. Case management services include referral for benefit programs, vocational training, job placement, housing, legal services, childcare, psychiatric services, self-help programs, HIV services, medical and dental care, detoxification and alternative substance abuse programs.

## **AFTERCARE PLANNING**

It is the policy of ATCNE to make available aftercare and transition services to clients following participation in treatment. Aftercare/Transition is important in providing needed support and contact for those clients whose treatment has progressed to the point where they can be discharged from the program either directly or through referral. The goal of aftercare/transition is developed with the client to allow the client to maintain the progress they have made in leading a sober and/or "drug free" lifestyle, and to encourage them to strive towards a satisfying and productive existence in which they can experience a sense of self-respect, dignity, and purpose of life. In addition to aftercare planning, ATCNE shall provide follow-up services and activities to assist all clients in an effective transition from services. Follow-up contact provides ATCNE with a mechanism for maintaining contact with the client following any type of discharge or missed appointment or following referral to an outside program. It also simultaneously affords the client an ongoing support system for sustaining their treatment plan.

## **SERVICE DELIVERY STAFF**

Decisions about qualifications to deliver services are made by the ATCNE Administrative Staff. ATCNE employs staff, which is, by virtue of their experience, training, and/or education, qualified to deliver treatment services. Physicians and nurses must hold current and valid Massachusetts licenses to practice in their respective professions.

## **CRITERIA FOR RECEIPT OF SPECIFIC SERVICES**

1. Clients must be 18 years or older to receive methadone treatment.
2. ATCNE gives priority consideration for admission to treatment to applicants who are:
  - A. Pregnant women who can document an addiction treatment history that meets federal and state regulations required for admission to methadone treatment;
  - B. HIV infected individuals;
  - C. Prospective clients who are Allston or Brighton residents (proof of Allston or Brighton residency is required);
  - D. Persons with serious medical and/or psychiatric problems;

- E. Persons referred through agencies with which ATCNE has an agreement to provide services on a priority basis;
  - F. Former clients who voluntarily completed an ATCNE methadone treatment program.
3. ATCNE reserves the right to refuse treatment to any prospective client whom, in the opinion of the Center's Medical Director, Clinical Director and/or Chief Executive Officer, would not benefit from Center services.
  4. Client agrees to 90 days of treatment before eligible for transfer.

## **SCHEDULING AND PROGRAM HOURS**

Program hours are designed to meet the needs of clients. ATCNE makes every effort to accommodate all clients, specifically regarding dosing and therapy appointments. We ask clients to schedule outside obligations such as work, school, childcare, medical and dental appointments, job interviews, etc. so as not to conflict with their appointments at ATCNE. ATCNE staff will review accommodation requests on an individual basis. However, if such scheduling is impossible, ATCNE will offer referrals to other treatment programs.

ATCNE hours of operation for DOSING:

**Monday – Friday**

**Priority: 5:15 AM      Regular 6:45 AM to 1:00 PM**

**Saturday, Sunday and Observed Holidays**

**Priority: 7:15 AM      Regular 7:45 AM to 12:00 PM**

Priority (early) dosing is available to clients who provide documentation that demonstrates the need for dosing early.

A list of observed holidays for the current year is posted on both bulletin boards located in building #2 and #5 waiting areas.

## **ATCNE hours of operation for the OFFICE:**

**Monday – Friday      6:00 AM – 2:00 PM**

Inclement Weather:

ATCNE will make every effort to keep the dosing clinic open 365 days per year regardless of the weather. In the case of a severe weather emergency, clients are encouraged to call the agency and listen to the voice mail recording which will update any changes to the dosing hours schedule and/or the postponement of groups for that day.

When the Center is closed, and staff cannot be reached, an answering service system is available at (617) 254-1271 for messages.

In an emergency, clients should contact 911 or go to their nearest emergency room.

## **ADMISSION REQUIREMENTS**

1. For methadone detoxification services, applicants must meet the following Federal and program criteria:
  - A. Voluntary application for treatment.
  - B. Eighteen (18) years of age or over.
  - C. Display signs of current physiological addiction as evidenced by withdrawal signs and symptoms (see "Physiological Addiction Standards," page 8).
  - D. Completion of all parts of the intake process (p. 9-10).
2. For methadone maintenance services, applicants must meet the following Federal and program criteria:
  - A. Voluntary application
  - B. Eighteen (18) years of age or over;
  - C. A verifiable history of opioid addiction dating back at least one (1) year
  - D. Display signs of current physiological addiction as evidenced by withdrawal signs and symptoms (see Physiological Addiction Standards below)
  - E. Complete all parts of the intake process (p. 9-10).
3. For admission to drug-free treatment, a prospective client must be applying for treatment voluntarily and complete the required parts of the intake process (p. 9-10).

### **PHYSIOLOGICAL ADDICTION STANDARDS**

The mere use of a narcotic cannot be equated with narcotic addiction. Applicants to the methadone maintenance program are carefully screened to ensure that only individuals who have been opioid-dependent for at least one (1) year prior to application are admitted. An unsupervised urine sample will be required; however, a sample that tests positive for opioids is not sufficient evidence of opioid addiction. The one-year drug history and evidence of current physiologic dependence on opioid drugs must be documented. For applicants to methadone maintenance or methadone detoxification, evidence of early withdrawal symptoms detected during the applicant's physical examination will indicate physiologic dependence.

### **EXCEPTIONS TO PHYSIOLOGICAL ADDICTION STANDARDS**

Exceptions to the requirement for evidence of current physiologic dependence on opioids may be allowed under exceptional circumstances, including the following:

1. Applicants from a penal or chronic-care institution may be admitted within six (6) months after release from a stay of one (1) month or longer in the institution, provided that they would have been eligible for admission prior to incarceration or institutionalization. Verifiable documentation of incarceration or hospitalization must be provided and treatment approved in the reasonable clinical judgment of a program physician.
2. Pregnant clients, regardless of age, who have a documented opioid dependence and who are currently using or may be in jeopardy of returning to narcotic use. A program physician or an appropriate designee must confirm the pregnancy and, in his or her reasonable clinical judgment, find treatment to be safe and medically justified. Each pregnant woman shall be fully informed of the possible risks to herself and to her unborn child.

ATCNE will assist in the referral for the provision of prenatal and delivery services. The guarantee of ATCNE services does not extend beyond the termination of the pregnancy.

3. Previously treated clients who have voluntarily completed detoxification from ATCNE or who can provide documentation of voluntary completion of detoxification from methadone treatment from another licensed methadone program within the past two (2) years.
4. Clients transferring directly from another methadone maintenance program with appropriate documentation and verification.

## **INTAKE PROCEDURES**

Intake interviews are arranged with an intake coordinator who will answer any questions, determine if services are appropriate and, set up the initial appointment. If no appointment is available, the prospective client will be given the numbers of other programs and/or be put on the waiting list, if so desired. (In the case of former clients, any outstanding fees must be paid before being considered.) An intake coordinator will contact the prospective client to schedule an appointment for an intake interview as soon as a time is available.

1. The prospective client must provide at least one unsupervised urine specimen for pregnancy testing and drug screen for opioids, methadone, amphetamines, benzodiazepines, buprenorphine, cannabinoids, oxycodone, cocaine, fentanyl, and methamphetamines.
2. At the intake interview, clients should have:
  - A. Positive verification of age and picture identification (preferably a Massachusetts driver's license or other government ID.);
  - B. Written documentation of addiction treatment history;
  - C. Insurance information to determine whether these can be used to cover the cost of applicable clinic fees;
  - D. For self-paying clients, a copy of the most recent pay stub documenting income level to determine weekly treatment fees or for persons without verifiable income, documentation of means of support.
3. The intake coordinator and a clinician will record the client's history to assess their appropriateness for treatment and conduct the intake interview. This report will include: social and economic histories, educational and vocational achievement, legal history, brief psychosocial history, as well as medical, drug use, and drug treatment histories.
4. Qualified medical personnel will conduct the physical. Routine lab work is done in compliance with all Federal and State regulations, as are Prescription Monitoring Program checks. New clients must exhibit clear signs of physical withdrawal in order to be eligible for treatment (see "Exceptions to Physiological Standards").
5. Clients who are deemed eligible for treatment are expected to pay any applicable fees established by the Center according to existing fee and payment policies (See "Fee Policy").

6. Clients will meet with the appropriate staff member(s) to discuss and sign the Client/Program treatment agreement and methadone consent forms, and to receive the client policy manual. Authorizations to collect and release the necessary treatment planning information from other agencies and/or to verify addiction and previous treatment history may also be obtained at this time.

Once the above steps have been completed, dosing may begin.

### **PRESCRIPTION MONITORING PROGRAM**

ATCNE utilizes the Massachusetts Online Prescription Monitoring Program, a secure website that supports safe prescribing and dispensing. A licensed prescriber or pharmacist may obtain authorization, through completion and submission of an enrollment form, to view the prescription history of a patient for the past year. The MA Online PMP also assists state and federal investigative agencies in addressing prescription drug diversion by supporting ongoing, specific controlled substance-related investigations. The ATCNE Medical Director has the ability to go online and observe what medications clients are taking from community-based physicians. In the case of clients being prescribed additional methadone, opioids, and/or other problematic medications, an emergency medical detox can be implemented. A client may be given a release of information to allow contact with the prescribing physicians. Refusal to sign a release may result in the client's termination from the program.

### **NON-DISCRIMINATION AND ACCOMMODATION**

ATCNE ensures that all aspect of the agency and program operation comply with requirements of the Americans with Disabilities Act and with Section 504 of the Rehabilitation Act of 1973. This includes the following policies and procedures:

1. No qualified person with a disability shall, on the basis of such disability, be excluded from participation in, be denied equal benefit of, or otherwise be subjected to discrimination under any ATCNE program, service or activity.
2. ATCNE programs and services are accessible to individuals with disabilities, including accommodation to ensure that communication with persons with disabilities is as effective as it is for other program participants.

### **SPECIAL COMMUNICATION NEEDS**

ATCNE is committed to aiding clients and/or their family members with special communication needs. Such needs include clients who have difficulty making their service needs known, clients who have hearing or visual impairment, and those who require interpretation or translation services.

Client and/or their family member's special communication needs are assessed during the intake process, and arrangements are made to service those needs. Examples of such arrangements are the provision of a bilingual member of the staff as an interpreter or access to an amplified telephone.

Where ATCNE is unable to meet the special communication needs of a client, every effort will be made to refer them to an appropriate provider with the facilities and services they require. This includes individuals who are unable to read. ATCNE will provide information for translating the client policy manual for these individuals.

## **NEONATES**

Although ATCNE does not provide methadone to infants and children, it will provide liaison and consultation to health care providers who care for neonates born to methadone clients, since these infants may suffer significant opioid withdrawal symptoms.

## **ACCESS TO TREATMENT RECORDS**

All clients have the right to review their treatment records. To arrange an appointment to review the chart, a client should call their clinician or, in the absence of a clinician, the Clinical Director. An appointment will be scheduled to review the record in the presence of a member of the clinical team. Appointments to review charts should not exceed one hour. If more time to review the record is necessary, additional appointments can be arranged.

ALL TREATMENT RECORDS ARE PRIVILEGED AND CONFIDENTIAL. On written request, specified portions will be made available, to specified sources authorized by prior informed consent of the client.

Exceptions can be made under the following conditions:

1. Pursuant to an agreement with a qualified service organization/business associate;
2. For research, audit or evaluations;
3. To report a crime committed on the premises or against ATCNE personnel;
4. To medical personnel in a medical emergency;
5. To appropriate authorities to report suspected child abuse or neglect, disabled person abuse or neglect, elderly abuse or neglect or suicidal/homicidal plans or actions;
6. As allowed by a court order

Authorization to release information shall have duration no longer than necessary to relay the purpose for which it is given. The release of HIV sensitive material will require a specific authorization.

Requests for the release of information should be made through the client's clinician. No material will be released to anyone, including the client to whom it pertains, without client authorization. A written request is required from any third party to whom information is to be released. A fee will be charged to cover copying costs incurred by the agency. ATCNE cannot guarantee that the recipient will not re-disclose treatment information to a third party.

## **UNAUTHORIZED DISCLOSURES OF CLIENT INFORMATION**

ATCNE shall protect the confidentiality of all clients in compliance with Federal Regulations. Should professional staff determine a client's degree of danger to self or others; it will be reported immediately by the counselor to the Clinical Director or designee for review and compliance with mandated reporting requirements. Information will be released to others as mandated by law if deemed necessary and documented in the clinical record.

All service providers of ATCNE are mandated to report suspected cases of client abuse and/or neglect of minor children, disabled persons and the elderly to the local Department of Children and Families, Disabled Person Protection Committee or the Department of Elder Affairs for action. In cases of extreme emergencies, the matter is to be referred to the appropriate law enforcement agency for immediate action.

## **PROGRAM RULES AND DISCIPLINARY PROCEDURES**

The following rules and disciplinary procedures have been designed by ATCNE to ensure the safe and therapeutic delivery of the program's services for all clients. It is the prerogative of ATCNE to determine if and when a violation occurs.

### **A. EMERGENCY INVOLUNTARY TERMINATIONS**

Massachusetts regulations state that, in an emergency situation, the program may suspend a client's treatment immediately and without provision for detoxification. An appeal hearing will be afforded in accordance with program and Department of Public Health rules and regulations (105 CMR 164.309.A).

The following conditions will result in emergency involuntary terminations.

1. Any act or threat of physical violence, any behavior or language which can be reasonably perceived or interpreted as an act or threat of violence or assisting in an act or threat of violence toward ATCNE staff, property, or any other person in the vicinity of BMHC. Any behavior or language suggesting a substantial threat of harm to persons or property, threatening the safety of Center clients, staff or visitors, or interfering with the delivery of services will also be cause for an emergency termination.
2. Possession of, display and/or threats to use a weapon or any object being used as a weapon in the Center or in the vicinity of the BMHC. Note: "weapon" includes but is not limited to: clubs, guns, knives, swords including replicas and toy weapons.
3. Any act of destruction or vandalism of personal or program property.
4. The existence of any condition under which continued treatment of a client presents a serious medical risk, as determined by the program's Medical Director.
5. Driving impaired. Any client of ATCNE who appears impaired and is observed driving recklessly may be terminated immediately. If it is deemed

that a client is impaired and drives in a reckless and dangerous manner, this will be grounds for Emergency Discharge.

6. If an impaired client is requested and refuses to hand over the keys of their vehicle the client will be informed that staff will call the local police to report that an impaired individual is driving a car off ATCNE property. Also, the vehicle will no longer be allowed onto ATCNE grounds. Please see **ATCNE Policy N 307** for additional information regarding Impairment Assessment.

The rate of detoxification for clients who are involuntarily terminated from treatment will be determined by ATCNE's Medical Director and will follow state and federal regulations. A client involuntarily terminated may reapply for admission to the program two (2) weeks after discharge. Clients that are terminated due to acts or threats of violence, drug dealing, or diversion of methadone will be considered for readmission only at the discretion of the clinical, medical, and administrative staff.

## **B. NON-EMERGENCY INVOLUNTARY TERMINATIONS**

Violations of any ATCNE policies listed in the following section may result in involuntary discharge with detoxification, if, in the clinical judgment of the staff, such violation jeopardizes or interferes with a client's treatment at ATCNE.

1. Possessing, displaying, giving, taking, buying, selling, or exchanging any alcohol, drug, or drug paraphernalia in the BMHC vicinity is prohibited. "Drug" refers to any prescribed, over-the-counter, or illicit substance.
2. Sale, the discussion of sale, or exchange of money, goods or property on or in the BMHC vicinity.
3. Theft or attempted theft from clients, staff, other people, program, or property in the BMHC vicinity.
4. Any unauthorized attempt to remove methadone from the clinic or to divert any amount of methadone in any way including, but not limited to, ignoring or refusing to follow instructions to ensure the proper ingestion of one's dose.
5. Any attempt to alter, dilute, modify or falsify a urine sample including, but not limited to failing to follow staff instructions while providing a urine sample.
6. Unauthorized entry into restricted areas (e.g., staff offices, storage areas, etc.) without supervision, accompaniment, or permission of staff.
7. Refusal to inform other treatment providers that active involvement in an opioid replacement treatment program is ongoing and/or refusal to sign informed consents authorizing two-way communication. If outside treatment involves prescription medication, the use of this medication will be considered illicit unless it is reported to the nursing staff through written documentation.
8. Non-compliance with specific elements of the treatment plan designed to address behavior that substantially interferes with progress in treatment.

9. Any behavior that threatens to or undermines the integrity of the program or the efficacy of the clinical treatment of the client. This includes violation of the ATCNE Good Neighbor Agreement (see Addendum #5).
10. Violation of any ATCNE policy while on probationary, contract, or warning status. See Addendum I.

## **ATCNE POLICIES**

The following ATCNE policies have been developed to help ensure the smooth operation of this program and to provide an environment that is most conducive to recovery. Unless otherwise indicated, failure to comply with program policies will result in a warning, alerting the client that they are on probationary status, and will receive specific attention in treatment planning. Repeated policy violations or failure to comply with specific elements of the treatment plan growing out of a failure to comply with program policies will result in involuntary discharge. Some exceptions may be made based on clinical judgment.

1. Timely attendance at all clinical appointments, including individual, group, and medical appointments is mandatory, unless otherwise explicitly indicated. Lateness to a therapy appointment may result in the session being counted as a missed session. Continual or habitual lateness to therapy appointments may result in involuntary discharge from ATCNE. Unexcused absences will result in warnings. Clients who are absent from a group or counseling session are to provide the group leader or primary counselor proper documentation on letterhead, including: date, time, and reason for missing group. Clients have 24 hours to provide this documentation. If documentation does not provide the information stated above a warning will be issued.
2. Clients are not to attend clinical therapy appointments under the influence of any psychoactive substances. If in the clinical judgment of the clinician, a client is determined to be under the influence of any substance, the client will be asked to leave, and the session will be counted as a missed appointment. All clients who appear to be sedated will be referred to nursing for assessment and will automatically receive a dose decrease of 5 mg. Clients will not be allowed to return to the group. Clients must also participate in 4 days of "sit," which requires 20 minutes of medical observation prior to dosing to determine if the client is medically appropriate to receive their dose. Clients who arrive at the clinic and do not provide adequate (20 mins) observation time may have their dose automatically denied. After 4 consecutive days of "sit," participation and dosing clients will automatically receive a 5 mg dose increase on the 5<sup>th</sup> day, returning them to their original medication level.
3. Any client, who appears under the influence of any psychoactive substances, including alcohol, will be evaluated by ATCNE medical staff to determine if methadone will be dispensed that day. Under these circumstances, the decision of the dosing nurse will not be reversed by any member of the staff. If the decision is made not to medicate, the client is expected to leave the premises, but should not drive their vehicle from the grounds until they are no longer intoxicated.

4. Any client missing three (3) or more consecutive doses of medication will have their dose reduced according to medical protocol unless they can provide written documentation of receiving methadone while hospitalized or incarcerated. After ten (10) consecutive days, a client that has not presented to the clinic for dosing will be discharged:

Consecutive missed doses:

- **3** consecutive missed doses = decrease by **10 %**.
- **4** consecutive missed doses = decrease by **25 %**.
- **5** consecutive missed doses = decrease by **50 %**.
- **6** consecutive missed doses = decrease by **75 %**.
- **10** consecutive missed doses = **discharged from the clinic**.

On the 4<sup>th</sup> day following 3 consecutive days of dosing, a client's dose will be increased by 10 mg and will be increased up to 10 mg after each consecutive 3<sup>rd</sup> day of uninterrupted dosing to reach their initial dose level.

5. All admitted clients are scheduled for random breathalyzer testing once a month for three months and additional random u/a testing for 6 weeks as part of the admission, safety, and dosing protocol.
6. Clients who are hospitalized or incarcerated must contact ATCNE's Nursing Department to inform the staff regarding their absence from the clinic. Failure to inform the staff within (10) ten days will result in automatic discharge from the program. In order to return to ATCNE for treatment, clients are required to provide written documentation from the facility where they received treatment. Such documentation must confirm a consistent continuation of care, including treatment dates and dosing history. Clients absent from treatment due to incarceration will remain suspended from treatment for up to thirty (30) days if the clinic receives prior notification.
7. Client's Prescriptions:
  - A. Clients are to hand in documentation of all over-the-counter and prescription medication to nursing / medical staff within forty-eight (48) hours of filling the prescription. Prescriptions are accepted in the form of medication pharmacy printouts or medication pamphlets/brochures. Do not bring in the medication bottle to show to staff. Do not bring any medications bottles or herbal products into the clinic at any time. The NP will check the PMP to check on prescription fill dates and medications written by external providers. It is not permitted to bring any prescribed medication, over the counter medication or any illicit substance to the clinic or on the campus at any time.
  - B. PRN Policy ("*Use as Needed*"): Because some medications prescribed by physicians are not appropriate for long term use by our clients and recognizing that circumstances may arise which require use of these for a short period, i.e., narcotics for injuries, it is ATCNE's policy that use of narcotics (Percocet, Vicodin, and others) and benzodiazepines (Klonopin, Xanax, and others) will only be **permitted for a 3-10 day period** after

the first date of the prescription. Urine results should be negative eighteen (18) days after the first date of the prescription. A urine or swab specimen testing positive for these substances after thirty (30) days will be considered illicit.

- C. All prescriptions will be assessed for contraindications or drug interactions with methadone. Prior to prescribing, dispensing, or administering methadone, the medical staff will ensure that the approved medication is not contraindicated by the patient's current prescribed medication or health status. Some prescription medications may necessitate an EKG (**Electrocardiogram is a recording of the electrical activity of the heart**). Depending on the clinic medical staff assessment, a cardiac evaluation by an external provider may be needed in advance for any potential methadone dose change at this clinic.
8. Benzodiazepines (Xanax, Klonopin, Valium, etc.) and opioid prescriptions may pose a significant risk for clients taking methadone due to safety concerns and the addiction potential of this medication. Within three (3) business days of receiving a new benzodiazepine prescription, clients must sign a Release of Information to allow communication between ATCNE and their prescribing physician/provider. Having an active benzodiazepine or a concurrent opioid prescription will affect the client's ability to obtain take homes with methadone.
9. Clients may be instructed by the dosing staff to meet with specific program staff prior to methadone dosing. Clients must meet with the designated staff member before receiving their dose. Clients that refuse to meet with staff will receive their medication but will be issued a warning.
10. Any client suspected by ATCNE staff of being under the influence of alcohol will be administered an alcohol Breathalyzer test by a member of the nursing staff. Clients will remain on a daily breathalyzer for one (1) month after every positive reading (anything other than 0.00) Clients who breathalyze greater than 0.000 will be denied their dose for that day. Car keys will be requested of the client who drives to the clinic and registers a result exceeding the legal limit for Massachusetts (.08). The client will be requested to arrange for a licensed driver to transport them from the clinic. Clients will need to make arrangements for their vehicle. Clients should return to the clinic the following day to resume treatment.  
If a client refuses to hand over the car keys the license plate and vehicle description will be given to local police.  
Any client that refuses to surrender the keys to their vehicle will automatically be emergency discharged from the program without the benefit of a detox.
11. To ensure a smooth, efficient, and safe operating clinic, clients are required to abide by the following dispensing clinic procedures.
- A. Avoid overcrowding at the door to the clinic and follow the monitor's instructions.

- B. When entering dosing Building # 5, nothing should be in your mouth, including gum, candy, etc.  
Drinks and food are not allowed in Buildings # 5 and # 2.
- C. Remove dark glasses and sunglasses, headphones, hoodies, and gloves upon entering the facility. Do not wear sunglasses inside the clinic or during counseling.
- D. Upon entering the clinic, please check in with the monitor staff by giving your profile identification number.
- E. Refrain from disruptive behavior, including shouting and profanity.
- F. If requested, please provide a picture I.D.
- G. Personal business with the office (i.e., paying fees, leaving notes for staff, etc.) needs to be completed prior to dosing.
- H. Refrain from socializing or conversing with staff or another client while ingesting dose.
- I. Face the dosing nurse at the dispensary window. To avoid spills, clients should not take the dose from the nurse's hand; The nurse will place the cup on the counter for the client to pick up. All doses must be consumed with water. Dispose of the cup at the dispensing window. Clients must speak after dosing to demonstrate that their dose has been swallowed. Diversion (cheeking medication) is a serious offense and may result in program termination.
- J. If a client drops or spills their dose prior to consuming any portion of it, and this is observed by nursing, that client may be re-dosed at the discretion of the nurse. Clients who are witnessed by medical staff vomiting their dose immediately after ingestion will receive a full replacement of their dose.
- K. Leave grounds once dosing and group attendance is completed.

12. The following rules are to ensure the integrity of the urine collection process:

- A. All clients must come to the clinic prepared daily to give a urine or swab sample upon request.
- B. Clients will not be excused from a group session or another commitment in order to complete drug testing.
- C. Clients will have twenty (20) minutes to provide a sample. If after 20 minutes a client is unsuccessful in providing a urine, they will be given a swab. All specimens must be received by 11:00 AM when dosing closes.
- D. Jackets, bulky clothing, backpacks, and pocketbooks are not allowed in the bathroom when giving a urine. Clothing and belongings must be locked up in one of the lockers in the waiting area. Do not bring excessive clothing or belongings to the clinic at any time.
- E. Clients, who refuse to complete drug testing when required will be marked as "Unable to Obtain" (UTO) - refused. A UTO counts as a positive specimen result. Clients who receive a UTO will also receive a warning and may be subject to further disciplinary action.
- F. Children are NOT allowed in the bathroom while clients are providing a urine sample.
- G. ATCNE does not accept third party drug test results.

13. At staff discretion, children under age 12 may be allowed in the Center during dosing hours if accompanied by a parent or guardian. They cannot be left

unattended by the adults they accompany. Parents are responsible for their children's behavior while in the clinic. Staff will not take responsibility for children waiting in the ATCNE waiting rooms. Children under the age of 24 months can attend the parenting groups. Children are not allowed in any other group. Please Do NOT leave your children unsupervised in a parked car in the clinic parking lot. Clients will be held responsible for the behavior of all people (children and adults, relatives and acquaintances) they bring with them onto the BMHC campus and its surrounding vicinity.

14. ***Loitering on the BMHC campus is prohibited. Clients are expected to leave the grounds immediately following dosing or scheduled appointments.*** Clients should not arrive more than fifteen (15) minutes prior to the start of any scheduled appointment. Clients are not allowed in the cafeteria or bathrooms in building one (1).
15. Individuals who are not ATCNE clients or do not have an appointment with ATCNE staff may not be in the Center (Bldg. 2 and 5). Security will be notified to address these clients.
16. No notes, packages, belongings, other articles, or phone messages can be brought into or left at ATCNE to be held for or delivered to other clients.
17. No client is allowed in any part of the BMHC Building One (1) without permission unless accompanied by an ATCNE staff member or seeking treatment through another BMHC health care provider.
18. Animals are not allowed in the Center or on BMHC grounds
19. Every client is required to sign a client/program treatment agreement prior to the onset of treatment. Compliance with this document is mandatory.
20. Requests for methadone dose changes must be made to the client's individual clinician. Mandatory dose adjustments may be imposed at the discretion of the Medical Director. Clients who wish to adjust their dose against clinical/medical advice, or who do not wish an adjustment deemed appropriate by the medical staff, may request to meet in person with the Medical Director or Nurse Practitioner.  
  
Approved dose adjustments or changes in pick-up schedules for take-home clients will be effective within 24 hours after approval by the Medical Director.
21. Physical examination, lab tests, tuberculosis screenings, syphilis tests, and indicated follow-up tests are required at the time of intake. Physical examinations and tuberculosis screenings will be performed annually for the duration of treatment. Failure to complete all required tests and/or to comply with medical procedures will result in actions ranging from warnings to detoxification until all requirements are met. Scheduled appointments for annual physicals require a minimum 24-hour notice to reschedule.

22. Supportive services (e.g., medical or psychiatric evaluation) may be deemed necessary for clients. When receipt of these services is made part of the client's treatment plan, they are considered mandatory.
23. Any change in demographic information (e.g., address, telephone number) must be reported to the counselor and/or office staff for emergency contact within 72 hours.
- 24. The entire grounds of the Brighton Marine campus (BMHC) is considered Smoke-Free/Tobacco-Free. Tobacco-free means no tobacco use of any kind is permitted on the campus/grounds by clients and visitors. This includes the use of e-cigarettes (vaping). Violations will receive immediate disciplinary action from this clinic.**
25. Clients must observe all posted parking and driving signs and regulations on BMHC property. Do not drive unsafely or with excessive speed in the car lot. Do not operate a vehicle while under the influence of alcohol or other substances
26. Clients are not allowed to use ATCNE phones under any circumstances. Client use of cellular phones and electronic devices is prohibited on ATCNE premises. You may not use your phone in any waiting area of building 2 or building 5. Do not give your phone to staff or clients for charging or safekeeping.
27. Client use of cameras, recording devices, taking photographs of staff or clients is never allowed at any time.
28. Please dress appropriately when you come to the clinic. The dress code is a matter of safety. This is a medical facility, and both staff and clients must be prepared for several situations, such as cuts, vomiting, chemical spills, and other accidents. It is important that shirts and shoes are always worn.

### **MEDICATION HOLD POLICY**

1. There are two types of medication holds: Hard Holds, and Soft Holds. A Hard Hold will not allow the client to dose until the hold is removed by a staff member. A Soft Hold allows the client to receive their dose first, but then you expected to follow up on the with the ATCNE staff member who placed the Soft hold.
2. Medication Holds are placed on clients for several reasons: a counselor may put a client on medication hold to check in with them, to sign documents, or inform them of changes in their treatment schedule. The nurse practitioner may put a client on medication hold to go over lab results. The dosing nurses may place a medication hold for the client to give a random urine or return take-home bottles. The front office puts people on medication hold for payments, to give clients paperwork, or have the client sign documents.

There may be other circumstances which require an ATCNE staff member to speak with a client urgently, and therefore, a medication hold is placed on that

client to be sure that they are seen that same day. There is always a reason for a client being placed on medication hold.

3. It is important that all clients arrive at the clinic early to avoid pressures of seeing ATCNE staff members before dosing hours close for the day.
4. Dosing Nurses and front office personnel cannot and will not lift a medication hold placed by a counselor and vice versa. For example, if a counselor places a client on medication hold, the client must see their clinician to get the hold lifted.
5. If an ATCNE Clinician places a client on medication hold, and that staff member is unable to see the client at that moment, the client should speak with the Clinical Director or another clinician. This staff member can address the issue for being put on medication hold, and the client's medication hold can be lifted.

### **TAKE HOME POLICY**

Clients who are on the maintenance program and meet specific criteria may be eligible for take-home medication in accordance with agency, State, and Federal regulations. Take-home medication will be given only to clients who, in the clinical judgment of the program physician, are responsible for the handling and safe storage of narcotic drugs. According to current Massachusetts Regulations, 105 CMR: 164.303 (B5), take-home medications will not be provided to Outpatient Detoxification Clients (180 Day Detox.) Subutex clients at this clinic are not eligible for take-home medication.

All requests for take-homes must be raised with the client's clinician during a scheduled therapy appointment. Once the client's clinician is satisfied that the client is meeting the take-homes criteria, a request can be made and will be presented to the Clinical Team. They will review and weigh the rehabilitative benefits to the client making the request against the potential risk of diversion and all other risks associated with take-home status for the client.

1. In order to be eligible for take-home privileges, the client must exhibit complete compliance with ATCNE rules and policies including, but not limited to, rules and policies regarding appointments, urine screens, and fee payments. Specifically, clients requesting take-homes:
  - A. Must meet all therapy commitments.
  - B. Must demonstrate consistently responsible financial management with regards to ATCNE fees.
  - C. Must demonstrate consistently responsible use of over-the-counter and prescribed medications.
  - D. Cannot show evidence of any substance abuse for at least three (3) consecutive months prior to the request for take-homes (to be verified through urinalysis and other drug testing).
  - E. Cannot be on warning for any violation of any ATCNE rule or policy.
  - F. Cannot have any medical condition which, in the opinion of the Medical Director, would prohibit him/her from being eligible for take-homes.

- G. Does not show evidence of behavioral problems at this clinic.
  - H. Must be free of any known recent criminal or illegal activity.
  - I. Must show evidence of a stable home environment and social relationships. No history of crisis psychiatric admissions or overdoses within 12 months.
  - J. Must provide current documentation of all prescribed medications, refills, and over-the-counter medications.
  - K. Must ensure that take-home medication can be safely stored within the client's home. All clients are to review and sign a Methadone Safety Storage Form with their clinician.
2. Take-homes will be dispensed during regularly scheduled clinic dispensing hours only. Clients must possess a locked container at dosing for the purpose of transporting and storing the medication in their home. Clients must return all take-home bottles to the clinic as scheduled. Bottles should be placed on the sill of the dosing window and verified by the dosing nurse. Failure to comply will result in immediate loss of take-home privileges.
  3. The number of consecutive take-home doses available for an individual client will be subject to both existing State and Federal regulations and agency policies. ATCNE allows for clients to become eligible for up to thirteen (13) take-home doses every two weeks after they have followed and completed all the steps in the take-home procedure.
  4. Having achieved take-home status, the client will be expected to maintain compliance with all ATCNE rules and policies. If it comes to the attention of the program that a client, at any time, has failed to continue to meet all the above criteria, take-home privileges will be suspended. Resumption of take-home privileges will only be considered when the client can again demonstrate compliance with the standards of behavior described in #1 above, and when the client's behavior suggests that the rehabilitative benefit of receiving take-homes outweigh any risks associated with the privilege. Requests for the resumption of take-home privileges should be made through the client's primary clinician only.
  5. The use of other substances, whether prescribed or over the counter, must be discussed with the client's primary clinician prior to the onset of use, when practical, or as soon as possible if prior notice is not possible. Use of all medications must be promptly reported to the nursing staff, and documentation handed in to the front office. Failure to properly report the use of other substances to the staff may result in suspension or rescinding of take-home privileges.
  6. The existence of a take-home policy does not mean that a client in treatment for a specific amount of time is automatically entitled to take-home medications. The medical director or physician, clinical director, a client's primary clinician, or nursing staff, may deny or rescind the take-home medication privileges of any client at any time for cause. Continued progress in treatment is necessary for continued eligibility.
    - A. Clients with two (2) or more take-home status will be randomly selected for a medication call-back to the clinic during normal business hours for

nursing assessment, which includes a breathalyzer, observation, and provision of a swab.

- B. The client will be called 24 hours prior to the assessment to allow them to work around any personal business that they may have. Staff will work with clients to make this process go as smoothly as possible.
  - C. Nursing staff will use the authorized telephone number provided by the client on their call-back procedure form.
  - D. The client must bring all empty and full take-home bottles to the clinic. You will be asked to wait until you arrive at the program to take your medication dated for that day.
  - E. The client will be expected to give a supervised swab
  - F. The client will be assessed, and take-home bottles will be returned to them.
  - G. Any client who refuses to come into the clinic, give a swab, breathalyze, or present take-home bottles will lose take-home status.
  - H. Results of all assessments shall be documented in the client chart.
  - I. If a client is phoned for a call-back and does not return to the agency, the client will lose their take-home status for three consecutive months. If it happens a second time, the client will lose his or her take-home status and must start at the beginning of the take-home process.
  - J. Any client who provides a telephone number that is either no longer in service or does not allow voice messages is still responsible for the medication call-back and will have their take homes doses suspended as a result.
7. In extraordinary circumstances, take-home exemptions may be made in conjunction with the FDA and DPH.
- 1. Client's take-home privileges will be immediately rescinded when a laboratory evaluation indicating the presence of illicit substances is received. If a client with take-homes tests positive for an illicit substance or breathalyzes positive for alcohol, take-home privileges will be rescinded for three consecutive months. A client will be given an opportunity to resume their take-homes at the previous level if they test negative and or breathalyzes negative for three consecutive months and continues to be compliant to program rules and policy. If the client is not compliant for three consecutive months, they must start at the beginning of the take-home process. Clients who have a second positive urine screen within one year of having their take-homes reinstated must start from the beginning of the take-home process with one take home. For example, a client with six take-homes who provides a positive urine screen or breathalyzes positive will initially lose their take-homes for three months. After the three months, the client will have all six take-homes reinstated. If a client provides a second positive urine screen or breathalyzes positive within one year from initially losing their take-homes, the client must start from the beginning of the take-home process with one take-home.

If a client wishes to contest the validity of a urine sample, they may pay \$35 in cash within 24 hours of being notified of positive urine to obtain a gas

chromatography-mass spectroscopy confirmation. Monies will be refunded only if the urine sample does not confirm an illicit substance.

2. Clients who receive a warning will lose their take-homes for the 30-day duration of the warning. After 30 days, the client's take-homes will be reinstated in full. If a client receives a 2<sup>nd</sup> warning within one year from the first warning, the client will lose their take-homes for 30 days and begin at the beginning of the take-home process, starting with one-take home.
3. Clients with take-homes who miss dosing without contacting the clinic and providing documentation will receive a warning and lose their take-homes for the 30-day duration of the warning. After 30 days, the client's take-homes will be reinstated in full. If a client misses dosing without contacting the clinic and providing documentation for a second time within one year from the first warning, the client will lose their take-homes for 30 days and begin at the beginning of the take-home process starting with one take home.
4. If a client with take-home status is assessed for impairment for the first time, whether it is during dosing hours, during a group, individual therapy or at any point while the client is on ATCNE grounds, a 30-day loss of take-homes will occur. After the 30 days, the client's take-homes will be reinstated in full. The loss of take-homes is not determined by the result of the assessment.

If a second assessment occurs at any point during a client's treatment at ATCNE, the result of the client's take-home status will be determined by the clinical team.

### **TRIP POLICY**

Any client may request arrangements for courtesy/guest dosing at other clinics as needed for vacations, job-related travel, and family emergencies. Since every city and state does not provide methadone treatment, not all requests can be honored.

1. The client must discuss trip plans with their individual clinician. The request must be submitted and paid for at least ten working days in advance of the start date of the requested trip and/or courtesy/guest dose. The client is also responsible for notifying the group leaders in advance of their trip. Also, in the event of an emergency, clients must notify their primary clinician or designee. It is the client's responsibility to schedule trip reservations after they have informed their counselor and have been approved for trip take-homes. However, this is not a guarantee that a client will receive trip take-homes. The clinic is not responsible for any missed trips.
2. A trip request is to be filled out and signed by the client and clinician and submitted to the front office. The destination and dates of departure and return must be completed at this time.

3. Once the trip request form has been completed, the client must pay a non-refundable trip fee (\$15) to the office staff. The nursing staff will not begin any trip arrangements until the trip fee has been paid.
4. No dose changes will be made once the trip request has been submitted.
5. No alterations can be made to trip arrangements once the trip has been finalized by Nursing. Clients must be sure of dates and plans prior to leaving on their trips.
6. The clinician will provide the client with the necessary information regarding the arrangements made, including fees, address(es), phone number(s) and dosing hours of the visiting clinic(s). All clients will be required to provide a picture identification card to the visiting clinic.
7. ATCNE will not arrange trips or guest dosing requests which are deemed clinically or medically unsafe by ATCNE staff.
8. Trips will not be arranged for any client awaiting an appeal hearing or for a client on any kind of detoxification. Neither incoming nor outgoing trips will be arranged for a client with an outstanding balance.
9. Clients will be responsible for their regular weekly fees at ATCNE if they receive three (3) or more doses during any week of a pre-arranged trip. In addition, the client must pay applicable dosing fees at the visiting clinic. Clients who take trips not arranged or approved by ATCNE will incur normally charged fees.
10. Clients with take-home privileges are required to pay their regular ATCNE treatment fees prior to obtaining the trip take-home doses. The maximum number of take-home doses allowed for a trip is thirteen (13). Clients are allowed a maximum of twenty-four (24) vacation take homes per year.
11. Clients are eligible for take-home doses for trips only if they are eligible for two (2) take-homes under ATCNE policies.

## **TREATMENT TERMINATION**

### **A. SUCCESSFUL COMPLETION OF PROGRAM**

A client has successfully completed the program when they have achieved all program treatment goals. Specifically, the client and the treatment team agree that the client has achieved significant stability and functioning. The client no longer uses illicit substances and uses prescribed and over-the-counter medications in an appropriate manner. The client detoxifies (if using methadone) or otherwise appropriately terminates treatment. A client who successfully completes their treatment at ATCNE may reapply for treatment at any time following their discharge.

### **B. VOLUNTARY TERMINATION PRIOR TO PROGRAM COMPLETION**

Voluntary termination from the program may be initiated at any time even if the client does not meet the criteria for successful completion of the program listed above. If receiving methadone, the client shall be afforded medically supervised withdrawal. If program staff determine that such a withdrawal is contraindicated, a recommendation to remain in treatment will be discussed this with the client. If the client ultimately decides to terminate treatment, the request will be noted in the client's record as granted against medical advice. A

client voluntarily discharged from ATCNE program prior to completion may reapply for admission to the program two (2) weeks after their discharge.

### **C. INVOLUNTARY TERMINATION**

A client may be involuntarily terminated from ATCNE for any one or more of the following reasons:

- A. Non-compliance with the Client/Program Treatment Agreement.
- B. Repeated non-compliance with ATCNE rules and/or policies.
- C. Non-compliance with ATCNE payment policies or non-compliance with treatment contracts.
- D. For medical reasons, as determined by the Medical Director.

The rate of detoxification for clients who are involuntarily terminated from treatment will be determined by ATCNE's Medical Director and will be in compliance with all state and federal regulations.

### **D. MEDICAL DISCHARGE**

A client may be medically discharged from ATCNE if, in the opinion of the Medical Director, continued use of methadone presents a risk to the client's health or safety.

### **E. TRANSFERS AND REFERRALS**

Any client wishing to transfer to another program may do so but is required to make their own arrangements for the transfer. Referrals to other programs will be given to clients upon request. However, the client will be responsible for initiating contact with the new agency and for providing ATCNE with the name(s) and title(s) of the individual and agency to which any information is to be released. ATCNE will provide requested information currently in its possession to the new program, only with proper authorization signed by the client.

**All clients must complete 90 days of treatment before being eligible for transfer.**

These termination procedures have been established and are maintained by ATCNE in compliance with Commonwealth of Massachusetts regulations governing drug treatment programs.

### **ATCNE TERMINATION APPEAL PROCEDURE**

The procedure detailed below has been established to allow clients to appeal disciplinary measures, which may result in involuntary termination from the program. Any client who meets conditions for involuntary termination will be informed, in writing, of the reasons for the proposed termination. This notice will indicate whether or not the client will continue to receive medication, and if not, when the detoxification will begin and when the client is eligible to reapply for

treatment. If the client wishes to appeal their termination, they may request a hearing. Appeal Hearing Request forms will be signed at the ATCNE main office.

The request must be submitted in writing within two (2) business days of the date of the detoxification notice. If the notice is not received within this time period, treatment termination will proceed as indicated in the detoxification notice. If a hearing is requested following the procedure described above, the following shall apply:

1. A hearing will be scheduled, within ten (10) business days, or as soon as it is practical. The client will be informed, in writing, of the date, time, and place of the hearing.
2. The client may request and receive, at the discretion of the program, one (1) postponement of the hearing. The client's request to postpone the hearing must occur within one (1) business day of their receipt of the notice of the scheduled hearing. The client may postpone the hearing not to exceed one (1) week if it is possible to accommodate that request.
3. The hearing officer will be a staff member not directly involved in either the facts of the incident giving rise to the disciplinary proceeding or in the decision to commence the proceeding. The hearing officer will remain impartial during the proceedings.
4. The client shall have the right to be represented by an adult of their choosing and to call witnesses to appear on their behalf. Clients who choose to be represented by someone other than himself/herself/them-self shall sign the program's standard form authorizing the release of information to that representative.
5. The client and/or counsel shall have the right to examine any documentary evidence in the possession of the Program. The client may exercise such right of inspection prior to the hearing at a pre-arranged time in the presence of an ATCNE staff member.
6. The client shall have the right to present their evidence.
7. The client may voice record the hearing by any means of their choosing at their expense, provided that the means of recording does not interfere with the order of the proceedings, and that consent to record is obtained from all of the parties involved with the hearing.
8. The hearing officer will record the hearing by means of an audiotape recorder. Once the results of the hearing are entered in the client's treatment record, the written notes of the hearing will be destroyed. The tape recording will be kept by the hearing officer as part of the record.
9. On the basis of the information presented at the hearing, the hearing officer will make a decision regarding the client's status in the Program, in writing, within five (5) business days (for a non-emergency hearing) and within 1

business day (for an emergency hearing). A copy of the notice will be entered into the client's treatment record. If the client had a representative at the hearing, the representative will also receive a written copy of the decision, if requested.

10. If a client requests a hearing and does not appear within fifteen (15) minutes of the scheduled time and has not appropriately requested a postponement, the hearing may be canceled, and termination of the client's treatment will proceed as indicated in the detoxification notice.
11. If a client refuses a hearing, they will need to sign a form acknowledging they have refused their right to a hearing. The detoxification process will start three (3) business days from the day after the client receives their notice at a rate determined by ATCNE's Medical Director. The client will be officially discharged on the day after their last dose.
12. Please note that the documentation (hearing notice) signed by you (the client) stipulates that an unexcused miss of the hearing forfeits the DPH appeal process. Clients may still file complaints through DPH's complaint line, but you forfeit the DPH Appeal process. Under these circumstances, a discharge decision means your administrative detox will begin [immediately] on the following business day.

Clients who do not believe their hearing has been conducted in accordance with ATCNE rules or state regulations may request a review by the Bureau of Substance Abuse Services (BSAS), 250 Washington St. 3<sup>rd</sup> Floor, Boston, MA 02108-4619. A written request for review must be submitted to the Bureau within three (3) business days from the date of the appeal hearing decision letter by following the instructions on the Client Appeal of Opioid Treatment Program Termination. This form is given to the client, along with the Hearing Officer's decision. The BSAS will contact ATCNE to hold the client's detoxification, and ATCNE will forward all relevant material to the Bureau for its review within five (5) business days of the Bureau's receipt of the request for review. Clients who have requested a review will be maintained on the agency according to their treatment protocol until otherwise directed by the Bureau.

13. Emergency terminations may take place prior to an appeal hearing if the client's continuance in the program presents a serious risk to him/her/them and/or others. In such cases, an appeal hearing will be afforded within one (1) business day of the date of the discharge notice. The hearing will follow the procedures detailed above. The decision shall be made within one (1) business day.

### **GRIEVANCE PROCEDURE FOR RESOLUTION OF ANY CLIENT-RELATED CONFLICT OTHER THAN PROPOSED TREATMENT TERMINATION**

Any client who has a conflict with an ATCNE staff member should address the issue with their clinician, who will help the client decide how to best proceed to resolve the dispute. Preferably, the client and staff member should meet to try to resolve the problem. If the problem is not resolved to either parties' satisfaction, the

clinician will arrange a meeting with the Clinical Director, who will attempt to facilitate a resolution to the conflict. The Clinical Director, after discussion with all parties directly involved, shall decide what action, if any, is necessary. This meeting is not open to third parties. The Clinical Director's decision will be in writing and will be final.

If the complaint cannot be resolved by the Clinical Director, the client can file a grievance with the designated grievance officer. Provisions for a hearing on the matter are presided over by the grievance officer. The client can obtain a grievance form from the grievance officer and is to be completed within three (3) days. An agreed-upon meeting time will then take place between the grievance officer and the client. A decision will be formed in writing to the client and staff involved within five (5) working days.

Clients are also encouraged to bring these issues to the attention of the ATCNE client council for discussion at the next regularly scheduled council meeting.

If a client has gone through the above steps and the issue is not resolved, they may contact the BSAS Complaint line at 617-624-5171.

## **CLIENT RIGHTS**

ATCNE will always safeguard the legal and civil rights of each client regarding the Treatment and Discharge process. All client rights have been established in accordance with 105 CMR 164.079, Department of Public Health (DPH).

### Specific Client Rights.

1. Freedom from physical and psychological abuse
2. Freedom from strip searches and body cavity searches
3. Control over their appearance provided, however, the staff may prohibit attire or personal decoration which may interfere with treatment
4. Access to the client record in the presence of an administrator unless there is a determination that access to parts of the record could cause harm to the client
5. The right to challenge information in their client record by inserting a statement of clarification or letter of correction signed by both the clinician and the client
6. The right to obtain a copy of the client's records as specified in 105 CMR 164.083
7. The right to have the confidentiality of client records secured as required by 105 CMR 164.084
8. The client has the right to terminate treatment at any time
9. Freedom from coercion
10. Treatment without regard to race, ethnicity, creed, national origin, religion, sex, sexual orientation, gender identity, ability to speak English, age, or disability
11. Treatment in a manner sensitive to individual needs and which promotes dignity and self-respect

12. Full disclosure regarding fee schedule
13. The right to grieve actions or decisions regarding the client's treatment
14. Freedom to practice religious faith
15. The right to request a referral to a facility which provides treatment in a manner to which the client has no religious objection
16. Drug screens conducted in a manner which preserves the client's dignity and accommodates any medical inability to give urine by providing an oral swab toxicology screen.
17. The right to contact the Department of Public Health (DPH) Address: 250 Washington St, Boston, MA 02108. Phone: (617) 624-6000

ATCNE will provide written grievance procedures for the resolution of any client-related problem or dispute which arises within the program. The grievance procedures shall include the process by which clients have the right to grieve

- Clinical decisions affecting their treatment
- Any incident or condition that the client believes violated their rights.

### **FEE POLICY**

Rates for ATCNE services are set in accordance with those established by the Commonwealth of Massachusetts Rate Setting Commission. For methadone clients, these rates reflect those currently in effect for reimbursement, for the administration of methadone as well as individual, family, and group therapy sessions.

ATCNE has a contract with the Department of Public Health, which supplements client fees, allowing this agency to offset the cost of services. Our ability to continue to provide sliding fees is greatly dependent on maintaining this contract with the Department of Public Health.

### **SELF-PAY**

Treatment fees for self-paying clients are set on a sliding fee scale taking into account a client's annual family income and family size. At intake, and prior to each subsequent fiscal year, clients must present one or more of the following: a copy of their preceding year's Form 1040, a W-2 Statement of Wages and Earnings form and most recent pay stub to verify income level. Other forms of proof of income may be acceptable, but must first be cleared through the ATCNE Front Office. Any client unable to produce these documents will be charged the maximum fee on the sliding fee scale.

### **MEDICAID**

ATCNE is a MassHealth provider. If a client loses their MassHealth eligibility, they should notify the front office immediately so that financial arrangements can be made. All fees accrued after the loss of eligibility will be the responsibility of the client.

## **OTHER 3<sup>RD</sup> PARTY INSURANCE**

ATCNE can bill other private insurance carriers for some services provided. If a client has other insurance, they must notify ATCNE immediately so it can be determined whether that insurance company covers ATCNE services. To the extent that coverage is available, this will further reduce the portion of the fee for which the client is responsible. Clients will not be required to allow ATCNE to file a claim with their insurance companies, but ATCNE may provide letters to clients so that they may seek reimbursement from their insurance companies.

## **PAYMENT POLICY**

1. Weekly treatment fees are due each week by 2:00 PM Monday and represent the client's weekly financial obligation for treatment services provided by ATCNE.

If a client wishes to pay on a day other than Monday, they may submit a written letter to the Office Manager. The letter will be reviewed by the financial staff. If approved, the client will be notified, and the letter will become part of the client's chart. The same rules will apply to payments due, including fees.

2. Payments will be accepted from 6:00 AM to 2:00 PM Monday through Friday by office staff only. No payments will be accepted on weekends or holidays.
3. In a week with a Monday holiday, payments are due by 2:00 PM on Tuesday. If a holiday falls on a day other than Monday, payments are still due by 2:00 PM Monday.
4. All clients must pay an initial fee on the day of admission prior to dosing. This fee is kept to cover the last month of treatment. If on the client's discharge date, there is a credit balance in their account, under ordinary circumstances, this balance will be mailed to them. It is the client's responsibility to make sure that ATCNE has their accurate address on file.
5. An administrative fee will be charged if ATCNE arranges a trip for a client to another program.
6. A fee may be charged for photocopying information from a client's chart and for replacing this manual. Fees for these and like services will vary depending upon costs for materials and labor incurred by the agency.
7. Payment will be accepted in the form of a credit card, bank check, money order, or cash. Payments are also accepted by mail (money order only). Personal checks will not be accepted. ATCNE will not make change. If a payment exceeds the required fee, the excess will be credited toward future fees. Upon payment, the client will be given a receipt for the amount paid. It is the client's responsibility to keep receipts. If a question arises with regard to payments, the receipt for the payment in question will serve as proof of payment.

8. The week begins on Sunday and ends on Saturday. Clients who receive two (2) or less days of service in a week with reasonable cause and documentation of absence, or who have made appropriate arrangements in advance, will not be charged out of pocket fees for that week. Clients receiving more than two (2) days of service in a week will be charged for a full week. Guests/visitors who receive dosing must pay out of pocket for every day of service they receive.
9. Any client may pay treatment fees on a monthly, rather than weekly, basis. Monthly payments are calculated by multiplying the client's weekly treatment fee by four (4), regardless of the number of weeks in the month. However, clients may not start their monthly payment privileges with a five (5) week month. In order to qualify for monthly payment privileges, a client must make a monthly payment for a four (4) week month preceding the five (5) week month for which they will receive the fee savings. Monthly payments are due on the first Monday of the month (except in months where the first Monday is a holiday, in which case the payment is due the next business day). If payment is not made by the due date, a \$10.00 late fee will be assessed for the first week of the month. If the entire monthly fee is not paid by the Wednesday following the first Monday, an Administrative detoxification notice will be issued the following day (Thursday). Once payment is made, and the client's detoxification (decrease dosage) is reversed, the client will not be able to resume monthly payments until they have again met the above conditions.

### **DELINQUENT PAYMENTS**

1. If a client's weekly treatment fee has not been paid by Monday at 2:00 PM (Tuesdays in weeks with Monday holidays), a \$10.00 late fee will be assessed. If all fees owed have not been paid by 2:00 PM Wednesday (Thursday in weeks with Wednesday holidays), an administrative detoxification notice will be issued on Friday. It is each client's responsibility to monitor their own payments and balances.
2. Once an administrative detoxification for non-compliance with ATCNE payment policies has begun, it can be reversed only upon payment of all outstanding fees. As with proposed detoxification for any reason, it is the client's right to appeal this action, following the procedure detailed in the section of this manual headed, "ATCNE Termination Appeal Procedure." Payments must be made by 9 AM Tuesday to be reversed on Wednesday, or by 9 AM Friday to be reversed on Saturday.
3. At the discretion of ATCNE, non-compliance with payment policies resulting in the initiation of three (3) administrative detoxification proceedings for a client during any six (6) month period can lead to irreversible detoxification.
4. If a client is terminated for non-payment of fees, medically supervised withdrawal may begin immediately upon providing written notice of termination and continue concurrent with the client's appeal, if any.

### **ATCNE CLIENT COUNCIL**

ATCNE client council consists of up to seven (7) ATCNE clients who meet with the members of the ATCNE administrative staff quarterly. The purpose of council meetings is to address the concerns and interests of the client population regarding clinic policies and procedures and other issues pertaining to the services provided by ATCNE. Clients interested in the client council can request further information from their counselor.

The agenda for each meeting is determined by the client members of the council. A suggestion box is located in both buildings. In Bldg # 5, it is located just outside the waiting area. In Bldg # 2, the box is located just as you enter (from the stairwell) on to the 2<sup>nd</sup> floor. These boxes are available for clients who wish to convey their concerns to the Council. Written suggestions are encouraged and may be signed or anonymous. Appropriate suggestions will be added to the next meeting's agenda.

The ATCNE Board of Directors encourages the ATCNE Client Council to communicate with them regarding any issue(s) that they feel need to be addressed. At least annually, a member of the ATCNE Client Council attends a Board of Directors' meeting and reports on the status of the clinic on behalf of the client population.

It is not the role of the Client Council to present appeals or dispute disciplinary sanctions imposed upon any individual ATCNE client. The Appeal Procedure described in this manual delineates the process to be followed in such cases.

### **EMERGENCY EVACUATION PROCEDURE**

In the event of fire or other emergency requiring the evacuation of the building, all clients are to leave the building immediately. It is the responsibility of staff members to lead clients to safety.

No staff member or client is to place him/her/them or others at risk by remaining in the building to fight fire or other dangerous situations.

#### **EVACUATION ROUTES BUILDING FIVE- FIRST FLOOR**

- Main entrance, between waiting room and main office.
- Rear door, at foot of rear stairway.
- Rear door, through kitchen.

#### **EVACUATION ROUTES BUILDING FIVE- SECOND FLOOR**

- Use stairwell to 1<sup>st</sup> level and follow the evacuation procedure for the first floor listed above. If unable or route blocked, use fire escapes in Vernon's or Kyle's offices. If those routes are inaccessible, proceed to Janet's office or the Bldg. # 5 conference room. Use the window and exit on to first-floor roof and make your way down to ground level.

#### **EVACUATION ROUTES BUILDING TWO – SECOND FLOOR**

- Use the main stairway or the emergency exit stairways (2) located at the end of the hallways.
- Do not use the elevator during an emergency.

**ADDICTION TREATMENT CENTER OF NEW ENGLAND, INC.**  
**CLIENT/PROGRAM TREATMENT AGREEMENT**

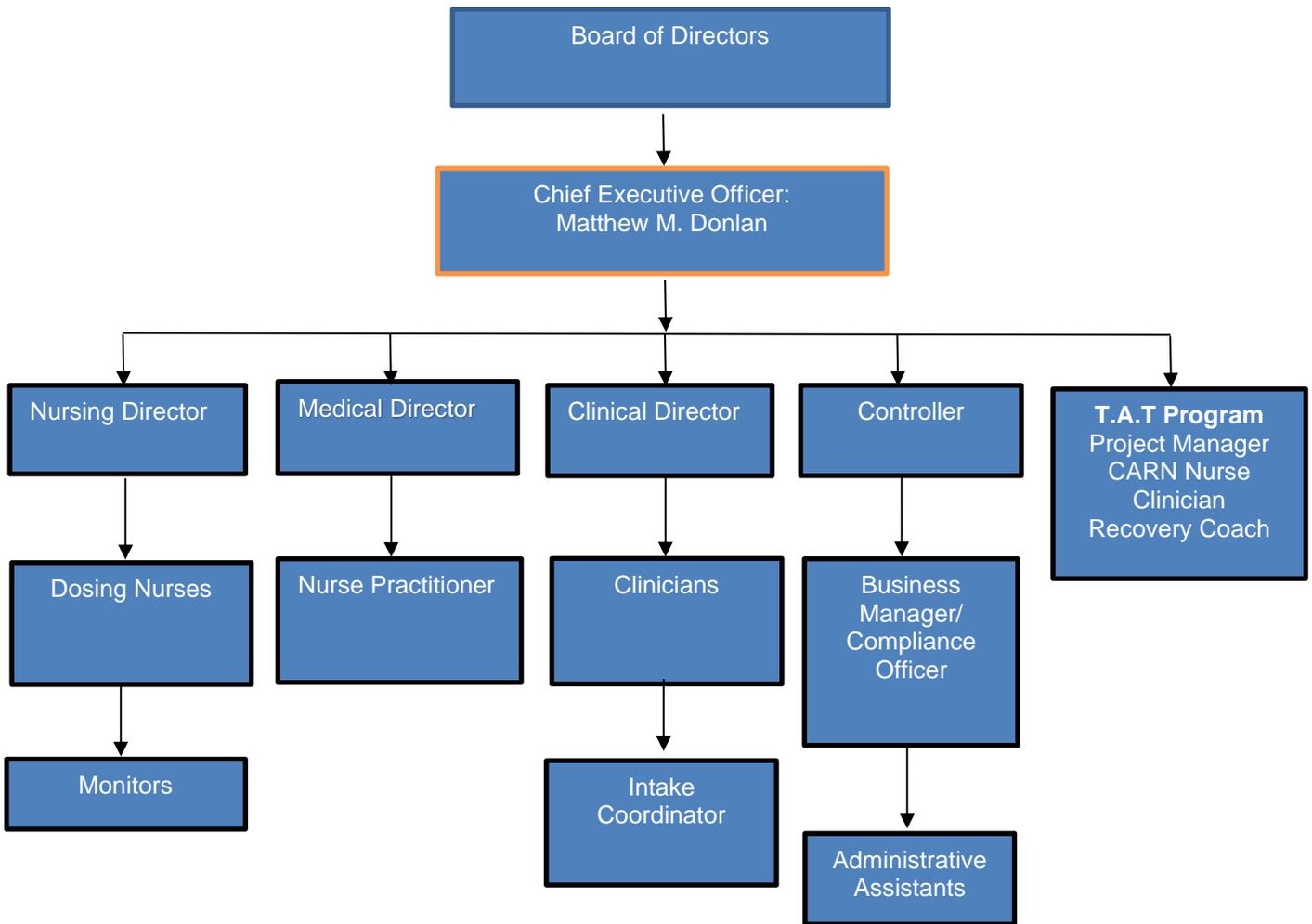
**THE ADDICTION TREATMENT CENTER AGREES TO:**

- A. Keep the client's identity, diagnosis, prognosis, and/or treatment plan fully confidential except where authorized by the client or legally mandated or allowed by Federal or State statute. The client will be notified of any disclosure of this information.
- B. Provide group, couples, family and/or individual therapy, medical and other services or referral, as deemed necessary and to make such services available to the client's family if appropriate, and with the client's consent.
- C. Dispense medication, if the client is receiving methadone or buprenorphine or Naltrexone/Vivitrol, at regularly scheduled daily clinic hours under qualified supervision.
- D. Provide detoxification, if the client is receiving medication, for any client desiring to voluntarily and involuntarily withdraw from the program.
- E. Hold a hearing, in accordance with the established ATCNE Appeal Procedure, for any client requesting such a hearing.
- F. Sign all release of Information forms, including medical providers and other sources as appropriate.
- G. Provides a copy of the Client Policy Manual to each client upon admission, which includes a referral/resource listing in case of early or unexpected termination from treatment.

**THE CLIENT AGREES TO:**

- A. Attend all scheduled clinical and medical appointments at ATCNE.
- B. Report regularly to ATCNE at the scheduled hours for medication dispensing, and to understand that medication will not be dispensed at any times other than those regularly scheduled.
- C. Receive an annual medical evaluation by the program physician or nurse practitioner and to follow through on medical care recommendations. Medical clearance from an external medical provider may be necessary for next day dosing should an acute medical concern be identified.
- D. Submit an unsupervised urine specimen or swab for toxic screens and an alcohol breathalyzer on the day designated and to submit blood or urine specimens for medical tests as may be requested by program staff.
- E. Pay for treatment, including late fee if any, at the regularly scheduled times, and in the manner established.
- F. Sign all Release of Information forms including medical provider and other sources as appropriate.
- G. Abide by all ATCNE rules, regulations, and policies.

# ATCNE's Organizational Chart September 2019



# ADDENDUM I

## CLIENT WARNINGS AND CONTRACTS:

### PROCEDURE:

1. The warning system will follow the following sequence:

<i>1<sup>st</sup> Violation</i>	⇒	<b>Warning 1</b>		
<i>2<sup>nd</sup> Violation</i>	⇒	<b>Warning 2</b>		
<i>3<sup>rd</sup> Violation</i>	⇒	<b>Warning 3</b>	⇒	<b>Contract 1</b>
<i>4<sup>th</sup> Violation</i>	⇒	<b>Warning 4</b>	⇒	<b>Contract 2</b>
<i>5<sup>th</sup> Violation</i>	⇒	<b>Warning 5</b>	⇒	<b>Contract 3</b>
<i>6<sup>th</sup> Violation</i>	⇒	<b>Non-Emergency Detoxification Notice</b>	⇒	<b>Non- Emergency Detoxification Hearing</b>

2. Each Warning and Contract will last for a period of four weeks/one month or until it has been violated and the client is placed on another contract and/or warning.  
**(Note: Contracts supersede warnings).**
3. If the client violates the last treatment contract (Contract 3), the client will be given a non-emergency detoxification hearing to determine if the client should be discharged from the program.
4. Once a client has completed the four weeks/one month for either a warning or a contract without obtaining another warning, they will return to the beginning of the sequence, and their following violation will result in a Warning 1.
5. Warnings and contracts can be signed "electronically," but clients may request a paper copy of the form.
6. Clients can refuse to sign a warning, but the warning remains in the client case record unless addressed with proper documentation and received within 1 day of the infraction or with the approval of the clinician.
7. Emergency Detoxification Hearing is held the next business day after it's issued.
8. Non-Emergency Detoxification Hearing is held within 10 business days of the signed notice.

# ADDENDUM II

## GROUP RULES

1. Clients must respect the confidentiality of other clients within groups. Clients are not permitted to discuss the information shared by other group members outside of the group with any individual. This is necessary to create a safe and respectful environment within group sessions
2. You are expected to attend groups weekly as scheduled. If you are absent, you are to provide to group leader proper documentation on letterhead, including- date, time, and reason for missing group. You have 24 (twenty-four) hours to provide this documentation. If documentation does not provide information (stated above), a warning will be issued.
3. Clients must respect the group facilitator and group members. This includes body language. If you are being disruptive, you will be asked to leave the group and will be given a warning. If you are not using the group to help yourself, remember others are. Listen to others. Identify problems but focus on solutions.
4. One person speaks at a time to show respect for your fellow group members (no cross-talking). If required by the group facilitator, please raise your hand to be recognized before speaking.
5. Clients must remain alert and participate in the group process. You will be referred to nursing for an assessment if you appear sedated. This is a therapeutic intervention and a safety requirement of ATCNE. A warning will be given to all clients asked to leave the group for assessment.
6. No food or beverages in group rooms.
7. Do not pass any items as per ATCNE policy. Please refer to the Client Policy Manual (page 13).
8. Be sure all electronic devices are silenced prior to the group. Cell phone use is not allowed during groups.
9. Please remove reflective glasses/sunglasses, listening devices, and hats (if requested). Part of group participation is eye contact.
10. Using the restroom and making transportation arrangements must be done before or after group.

# ADDENDUM III

## **ATCNE – Brighton Good Neighbor Policy**

ATCNE remains committed to treating substance abuse and ensuring that we are viewed as partners in the community. The intent of this notice is to inform you of activities in the community, which may result in discharge from the program. It is our goal to retain clients by making our expectations clear to avoid any possible actions that would impact your treatment.

These activities include:

- Reckless driving to and from the program, around the program, and in the community.
- Parking and traffic violations.
- Disturbing the peace (i.e., loud music, squealing tires, verbal altercations).
- Shoplifting
- Drug-related activities or possession of illicit drugs.

The above activities are not acceptable, present a safety risk to patients, staff and the community at large and will be dealt with in an effort to keep everyone safe and free from these activities to the best of our ability. ATCNE will be responding to complaints and/ or concerns from local businesses by assessing the reported behavior and determining the impact your behavior will have on your treatment here at ATCNE up to and including possible discharge from treatment. Please note that these violations are not an addition to existing policy but merely a clarification.

## ADDENDUM IV

# METHADONE STORAGE SAFETY

### CLIENT TAKE-HOME RESPONSIBILITIES

Take-home doses of methadone are a privilege, not a right.

Clients who have earned the privilege of take-homes need to have a clear understanding of their responsibilities

1. Methadone should always be kept in its ATCNE labeled take-home bottle, which is childproof, and must be stored in a safe place.
2. Methadone medication take-home bottles, full or empty, must always be kept in a locked box and out of the reach of children. Preferably, store methadone in its locked box in a locked cabinet/drawer. Methadone does not need to be refrigerated and will not spoil when taken as directed.
3. **Avoid drinking your methadone dose in front of children. Children have no tolerance for even the smallest amount of methadone; it can kill them.** The same applies to animals. Contact 911 immediately and administer Narcan if methadone is ingested by children. Narcan scripts are available via the Nurse Practitioner.
4. **Clients need to fully understand the legal consequences** of losing/misplacing, sharing or diverting their take-home dose/doses of methadone.
5. All take-home bottles must be returned to ATCNE in their original condition.

## **ADDENDUM V**

### **FAMILY SUPPORT SERVICE RESOURCES**

#### **Family/Parent/Guardian Resources:**

- Bureau of Substance Abuse Services [www.mass.gov/dph/bsas](http://www.mass.gov/dph/bsas)
- Learn To Cope [www.learn2cope.org/](http://www.learn2cope.org/)
- Massachusetts Organization For Addiction Recovery [www.moar-recovery.org/](http://www.moar-recovery.org/)
- Massachusetts Al-Anon and Alateen [www.ma-al-anon-alateen.org/](http://www.ma-al-anon-alateen.org/)
- The Partnership at [www.drugfree.org/](http://www.drugfree.org/)
- Parents: The Anti-Drug [www.theantidrug.com/](http://www.theantidrug.com/)
- Join Together [www.jointogether.org/](http://www.jointogether.org/)
- NIDA for Teens [www.teens.drugabuse.gov/](http://www.teens.drugabuse.gov/)
- SAMHSA'S Mental Health Information Ctr. [www.mentalhealth.samhsa.gov/cmhs/](http://www.mentalhealth.samhsa.gov/cmhs/)

#### **Family Intervention Programs:**

Family Intervention programs utilize SAMHSA approved evidence-based models (A-CRA/ACC, ARISE) to engage adolescents, young adults, and families. Presently there are five programs, supported by MDPH/BSAS, in the Commonwealth, which provide support services focused both on engaging the adolescent or adult with a substance use disorder into treatment and/or recovery services, as well as providing ongoing support, skill-building, and resource development for the individual's family. Call the family intervention program directly to make a referral or to find out more information.

- Gosnold, Inc. (Falmouth) 508-540-6550 [www.gosnold.org/](http://www.gosnold.org/)
- Inst. for Health & Recovery (Cambridge) 617-661-3991 [www.healthrecovery.org](http://www.healthrecovery.org)
- LUK Crisis Center, Inc. (Fitchburg) 978-345-0685 [www.luk.org/](http://www.luk.org/)
- Phoenix Houses of NE (Providence) 401-331-4250 [www.phoenixhouse.org/](http://www.phoenixhouse.org/)
- Stanley St. Treatment & Resources (Fall River) 508-324-3599 [www.sstar.org](http://www.sstar.org)

## **ADDENDUM VI**

### **AFTERCARE REFERRAL RESOURCES**

#### **Opioid Treatment Programs**

- North Charles Institute 617-864-0941 - 955 Massachusetts Ave, Cambridge, MA
- Spectrum Health Systems 781-290-4970 - 210 Bear Hill Rd, Waltham MA
- Bay Cove Human Services 617-371-3030 66 Canal Street Boston, MA
- Comprehensive Tx Ctr (Habit OPCO) 617-442-1499 - 99 Topeka St, Boston, MA
- HCRC (CSAC) 617-318-6480 - 23 Bradston St, Boston, MA
- HCRC (CSAC) Jamaica Plain 617-477-4279 - 170 Morton St, Jamaica Plain, MA

#### **Inpatient Treatment / Detox Programs**

- SECAP (St Elizabeth's Medical Center) - 617-789-2574 - Brighton, MA
- McLean Hospital - 617-885-2000 - Belmont, MA
- Boston Treatment Center (CAB) - 617-247-1001 - Boston, MA
- Dimock Ctr. - 617-442-9661 - Roxbury, MA
- Brigham & Women's Faulkner Hospital - 617-983-7003 - Boston, MA
- Spectrum Health Systems - 508-898-1570 / 800-366-7732 - Westborough, MA

# ADDENDUM VII

## Medication-Assisted Treatment

**Medication-assisted treatment** is a treatment for addiction that includes the use of medication along with counseling and other support. Treatment that includes medication is often the best choice for opioid addiction.

The choice to include medication as part of your recovery is a personal, medical decision. The following gives you information about medication options so you can talk through your concerns with a treatment provider and make informed decisions.

*There are three main choices for medication.*

The most common medications used in the treatment of opioid addiction are **methadone**, **buprenorphine**, and **naltrexone**.

Methadone and buprenorphine trick the brain into thinking it is still getting the problem opioid. The person taking the medication feels normal, not high, and withdrawal does not occur. Methadone and buprenorphine also reduce cravings.

Naltrexone helps overcome addiction in a different way. It blocks the effect of opioid drugs. This takes away the feeling of getting high if the problem drug is used again. Naltrexone is a good choice to prevent **relapse** (falling back into problem drug use).

All three medications have the same positive effect: they reduce problem addiction behavior.

### **What Is Methadone?**

Methadone is a long-acting opioid that has been used for decades to treat people who are addicted to heroin and narcotic pain medicines. When taken as prescribed, it is safe and effective. Methadone can be started at any time. There is no need to wait after the last use for withdrawal symptoms to begin. However, providers will not begin methadone treatment with anyone who seems to have just used or appears intoxicated.

### **How Does Methadone Work?**

Methadone works by changing how the brain and nervous system respond to pain. It lessens the painful symptoms of *opioid withdrawal* and blocks the euphoric effects of opioid drugs such as heroin, morphine, and codeine, as well as semi-synthetic opioids like oxycodone and hydrocodone.

Methadone is offered in pill, liquid, and wafer forms and is taken once a day.

Note: Side effects of methadone include constipation, sexual problems, swelling, and sweating. It can also cause heart problems or make them worse.

Warnings:

High dosages may stop a person's breathing

The highest risk of methadone overdose occurs at the start of treatment

There is a substantial risk of methadone overdose when combined with benzodiazepines (e.g., Valium, Ativan, Xanax) or with other substances, including alcohol, due to a toxic build-up that occurs because methadone stays in the system so long

There is an increased risk of driving impairment at the start of treatment and during dosage adjustments

There is an increased risk of serious heart problems and sudden cardiac death

### **What Is Buprenorphine?**

Buprenorphine is used to help people reduce or quit their use of heroin or other opioids, such as pain relievers like morphine.

### **How Does Buprenorphine Work?**

Buprenorphine is a partial opioid agonist. This means that, like opioids, it produces effects such as euphoria or respiratory depression. With buprenorphine, however, these effects are weaker than

those of full drugs such as heroin.

Buprenorphine's opioid effects increase with each dose until at moderate doses they level off, even with further dose increases. This "ceiling effect" lowers the risk of misuse, dependency, and side effects. Buprenorphine is usually taken daily and must be dissolved under the tongue or in the mouth.

Note: Some common side effects are headache, nausea, and constipation.

Warnings: The same warnings for Methadone apply to Buprenorphine.

### **What Is Naltrexone?**

Naltrexone is a medication approved by the Food and Drug Administration (FDA) to treat opioid use disorders and alcohol use disorders. It comes in a pill form or as an injectable. The pill form of naltrexone (ReVia, Depade) can be taken at 50 mg once per day. The injectable extended-release form of the drug (Vivitrol) is administered at 380 mg intramuscular once a month. The extended-release injectable form has been much more effective for opioid use disorder. Once administered, the blocking effects are active for one month.

Naltrexone can be prescribed by any health care provider who is licensed to prescribe medications. To reduce the risk of precipitated withdrawal, patients are warned to abstain from illegal opioids and opioid medication for a minimum of 7-10 days before starting naltrexone.

### **How Does Naltrexone Work?**

Naltrexone blocks the euphoric and sedative effects of drugs such as heroin, morphine, and codeine. Naltrexone binds and blocks opioid receptors and is reported to reduce opioid cravings. There is no abuse and diversion potential with naltrexone.

Naltrexone works for highly motivated people who can get through opioid withdrawal and remain opioid-free for at least seven to ten days prior to beginning treatment. It is a good option for those who want to eliminate all opioids right away. If a person relapses and uses

the problem drug, naltrexone prevents the feeling of getting high. People using naltrexone should not use any other opioids or illicit drugs; drink alcohol; or take sedatives, tranquilizers, or other drugs.

Note: Naltrexone does not help with withdrawal symptoms. Most people do not have many side effects from naltrexone, but soreness in the area of the injection is very common. Other side effects can include stomach pain or nausea, diarrhea, and difficulty sleeping.

**Warning:**

There is a risk of causing severe withdrawal symptoms if administered to opioid-dependent patients without waiting seven to ten days from last use.

Patients on naltrexone may have reduced tolerance to opioids and may be unaware of their potential sensitivity to the same, or lower, doses of opioids that they used to take. If patients who are treated with naltrexone relapse after a period of abstinence, it is possible that the dosage of opioid that was previously used may have life-threatening consequences.

Overdose risk is high for people who use large amounts of opioids while taking naltrexone and for those who return to opioid use after a period of taking naltrexone, due to a decrease in tolerance.

People with liver disease should check with their doctors before deciding to use naltrexone. Very large doses of naltrexone can cause liver damage, but studies show the recommended dose has been used safely, even with people being treated for Hepatitis C (HCV).

There is the risk of canceling effects of opioid pain medications given in a medical emergency.

There is a risk of depression and suicidal thoughts.

There is a risk of injection site reactions, some severe.

## **Client Manual Change and Revision History:**

<b>Date</b>	<b>Description of Change</b>	<b>Manual Or Supplement</b>	<b>Manual Revision Date</b>	<b>Comments</b>
3/8/2017	Weekend dosing hours changed.	Manual	Rev 17.0.6 March '17	Revision of manual completed.
6/27/2017	Mission Statement updated, AWOL chg'd 14 to 10 days. New #5 for Emergency Termination and other minor changes.	Manual	Rev 17.0.7 July 2017	Revision of manual completed.
10/18/17 – 11/8/17	Updating the CPM with multiple changes including client right's changes, MAT (new addendum # 8) and other items.	Manual	Rev 17.0.8 December 2017	Revision of manual completed.
1/8/2018	Medical updates applied, including dose adjustments, intake procedure, and annual physical process updated.	Manual	Rev. 17 January 2018	Revision of manual completed.
2/26/2018	Medical updates applied including u/a collection from supervised to unsupervised	Manual	Rev. 17.1.0 February 2018	Revision of manual completed.
7/1/2019- 8/30/2019	Complete revision to CPM including format, structure, org chart, addendum listings, etc. Added in TAT Program.	Manual	Rev. 17.1.1 September 2019	Revision of manual completed.
9/11/2019	Merged Drug Free into Behavioral Health, Parenting groups now allow kids up to 24 months to attend. Fixed spacing on pages 15-21.	Manual	Rev. 17.1.2 September 2019	Revision of manual completed
6/9/2020	Changed hours for dosing, office, and payments	Manual	Rev. 17.1.3 June 2020	Revision of manual completed.