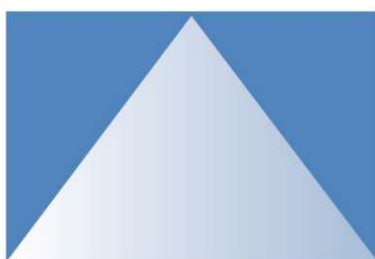


**CLIENT POLICY MANUAL**  
**OPIOID TREATMENT PROGRAM**

**REVISED DECEMBER 2024**



**ADDICTION**  
**TREATMENT CENTER**  
OF NEW ENGLAND

**ADDICTION TREATMENT CENTER OF NEW ENGLAND, INC.**  
**77 WARREN STREET • BRIGHTON • MASSACHUSETTS •**  
**02135**  
**CLINIC (617) 254-1271**  
**BUSINESS FAX (617) 782-7668**

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## **INTRODUCTION**

This client policy manual (CPM) is 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 Manuals 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. ATCNE will make every effort to provide as much time possible regarding notification of any changes, with a minimum of 30 days-notice.

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 anyone or all of its clients. 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.

ATCNE is a clinically operated substance use treatment program, designed to provide a safe and therapeutic environment so that clients may gain control over their substance use problems and learn alternatives to their maladaptive behaviors. Medicated assisted treatment is an effective treatment for opioid dependence. The administration of medication can assist clients in decreasing and ceasing use of opioids and begin the process of recovery. At times the medication provided may not be sufficient for an individual and ATCNE staff will evaluate the effectiveness of treatment.

Clients will be asked to sign a receipt indicating that they have received a copy of this manual upon admission to the program. 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 refers 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'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 with a focus on social justice 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 counseling, are available to clients who have problems with drugs and/or other addictive behaviors (i.e., gambling, internet, food, sex) but do not need medication-assisted treatment at ATCNE. This can include individuals who are receiving medication-assisted counseling treatment 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 provider will perform a physical examination on each client prior to admission. Medical personnel 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 ATCNE medical staff. The medical provider 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 provider, 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 provider, 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. ATCNE medical staff, with the approval of the medical provider, 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 provider 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 staff based on the individual's addiction history, physical condition, and other related factors. Weekly individual counseling is required while clients are 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 counseling will be made on a case by case basis. Group counseling, medical care, family counseling, 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 counseling at ATCNE is required of all clients. Group counseling is optional for all clients. The clinical team will determine the need for additional counseling sessions. Medical care and social service referrals are also available.

## **SUBUTEX (BUPRENORPHINE)**

Subutex (Buprenorphine) is available to clients with opioid use disorder in need of medication-assisted treatment where methadone may not be necessary or wanted. This program requires daily dosing at ATCNE as well as weekly individual counseling. Group counseling is optional for clients.

## **VIVITROL (NALTREXONE)**

ATCNE offers Vivitrol (Naltrexone) for the treatment of opioid and alcohol use disorders. Vivitrol is an extended-release medication. The active ingredient in Vivitrol, Naltrexone, works as a "blocker." It attaches to certain receptors in the brain and blocks the pleasurable feelings associated with taking opioids and alcohol, helping individuals maintain abstinence from these substances. This allows the medication to be administered by ATCNE medical staff on a monthly basis, as opposed to the daily dosing requirements of methadone and buprenorphine. ATCNE will offer counseling in combination with the medication.

## **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 an orientation/education series. During orientation, new clients will review their Client Policy Manual, becoming familiar with ATCNE's policies/procedures. ATCNE will offer strategies for healthy behaviors, decreasing the risk of contracting HIV and Hepatitis and provides written materials and handouts on these subjects. Clients will be provided information about Methadone, its Facts, and Myths as well as its safe storage.

**FAILURE TO COMPLETE THIS 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.

## **RECOVERY COACHING AND CASE MANAGEMENT**

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

## **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.

## **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 counseling 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 DOSING hours of operation:**

**Weekdays (Monday – Friday)**

**Early Dosing: 5:15 AM to 6:00 AM**

**Regular Dosing: 6:00 AM to 1:00 PM**

**Saturday**

**6:00 AM to 11:00 AM**

**Observed Holidays and Sundays**

**Closed**

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

Priority (early) dosing is available on **weekdays** to clients who provide documentation that demonstrates the need for dosing early. Those hours are 5:15 AM to 6:00 AM.

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

**Weekdays (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 automated recording which will update any changes to the dosing hours schedule and/or the postponement of groups for that day. **As of February 2023, clients may opt-in for emergency closure notifications via text message at intake or after.**

When ATCNE 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.



## **SERVICE DELIVERY STAFF**

Decisions about qualifications to deliver services are made by the ATCNE Administrative Staff. ATCNE employs staff, which, by virtue of their experience, training, and/or education, are 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**

- Clients must be 18 years or older to receive medication-assisted (methadone, naltrexone, buprenorphine) treatment.
- ATCNE gives priority consideration for admission to treatment to applicants who are:
  - Pregnant clients who can document an addiction treatment history that meets federal and state regulations required for admission to methadone treatment;
  - HIV infected individuals;
  - Prospective clients who are Allston or Brighton residents (proof of Allston or Brighton residency is required);
  - Persons with serious medical and/or psychiatric problems;
  - Persons referred through agencies with which ATCNE has an agreement to provide services on a priority basis;
  - Former clients who voluntarily completed an ATCNE methadone treatment program.
- 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.
- Client agrees to 90 days of treatment before being eligible for transfer.

## **ADMISSION REQUIREMENTS**

- For methadone detoxification services, applicants must meet the following Federal and program criteria:
  - Voluntary application for treatment.
  - Eighteen (18) years of age or over.
  - Display signs of current physiological addiction as evidenced by withdrawal signs and symptoms.
  - Completion of all parts of the intake procedures (see Intake Procedures below).
- For methadone maintenance services, applicants must meet the following Federal and program criteria:
  - Voluntary application for treatment.
  - Eighteen (18) years of age or over.
  - Display signs of current physiological addiction as evidenced by withdrawal signs and symptoms.
  - Complete all parts of the intake procedures.
- For admission to drug-free or behavioral health treatment, a prospective client must be eighteen (18) years of age or over, have a verifiable history of substance use (or other addictive) disorder, apply for treatment voluntarily, display an absence of any withdrawal symptoms, and complete the required parts of the intake procedures.

## **EXCEPTIONS TO PHYSIOLOGICAL ADDICTION STANDARDS**

Evidence of current physiologic dependence on opioids including the following:

- 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 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.
- Pregnant clients, regardless of age, 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 their reasonable clinical judgment, find treatment to be safe and medically justified. Each pregnant client shall be fully informed of the possible risks to themselves and to their 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.
- 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.
- Clients transferring directly from another methadone maintenance program with appropriate documentation and verification.

## **INTAKE PROCEDURES**

Intake interviews are arranged with the 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.) The intake coordinator will contact the prospective client to schedule an appointment for an intake interview as soon as a time is available.

1. For MAT programs, 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:
  - Positive verification of age and picture identification (preferably a Massachusetts driver's license or other government ID.)
  - Insurance information to determine whether these can be used to cover the cost of applicable clinic fees
  - 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. An intake clinician or designee 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 and/or applicable risk assessments. Routine lab work is done in compliance with all Federal and State regulations, as are Prescription Monitoring Program checks.
5. Clients who are deemed eligible for treatment are expected to pay any applicable fees established by ATCNE 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, confidentiality agreement, statement of understanding, applicable medication consent forms, and to receive the client policy manual. Authorizations to verify dosing history, assess multiple enrollment, collect and release the necessary treatment planning information to and 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, admission to ATCNE may commence and, for MAT programs, 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 provider is able 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:

- No qualified person with a disability will, 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.
- 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.

- ATCNE provides equitable treatment to all persons with consideration of their identity with respect to race, ethnicity, national origin, religion/spirituality, gender, gender identification, sexual orientation, age, or disability.

### **SPECIAL COMMUNICATION NEEDS**

ATCNE is committed to aiding clients and/or their family members with special communication needs. These needs may include individuals who are hard of hearing, visually impaired, unable to read, as well as in need of interpreter 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. 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.

### **NEONATES**

ATCNE does not provide methadone to infants and children, however on request may provide liaison and consultation to health care providers who care for neonates born to methadone clients.

### **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:

- Pursuant to an agreement with a qualified service organization/business associate
- For research, audit or evaluations
- To report a crime committed on the premises or against ATCNE personnel
- To medical personnel in a medical emergency
- 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
- 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 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.

## **DISCLOSURES OF CLIENT INFORMATION**

ATCNE shall protect the confidentiality of all clients in compliance with Federal Regulations. If a client is determined to be a danger to self or others, it will be reported immediately to the Clinical Director or designee for review and compliance with mandated reporting requirements. If deemed necessary, relevant information will be released to the appropriate authority as mandated by law 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 to the local Department of Children and Families. 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 a violation occurs.

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

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

The following conditions will result in emergency involuntary terminations.

- 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.
- 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.
- Any act of destruction or vandalism of personal or program property.
- Engages in any form of harassment. Harassment refers to any behavior that is personally offensive, violates boundaries, or interferes with an employee's ability to effectively provide services.

- 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.
- Impaired/sedated clients (with a score of 4 or more) who have driven to the clinic, will be asked to hand their car keys over to the attending nurse, if a sober friend or family member cannot be located to drive the client home in their car. The client will be informed that the keys will be returned the following morning if they present unimpaired. BMHC Security will be notified that the vehicle will be on the grounds overnight to avoid towing involved, informed of the resulting outcome. If a client is unwilling to part with his/her keys, the attending nurse will inform the client that they will be obligated to alert the local police. Authorities will then be notified that an impaired individual has driven their car from the premises against nursing advice and will provide a description of the client's vehicle and registration number.
  - For more information on Impairment Assessments see Policy N 307.

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.

- 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.
- Sale, the discussion of sale, or exchange of money, goods or property on or in the BMHC vicinity.
- Theft or attempted theft from clients, staff, other people, program, or property in the BMHC vicinity.
- 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.
- 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.
- Unauthorized entry into restricted areas (e.g., staff offices, storage areas, etc.) without supervision, accompaniment, or permission of staff.
- 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.
- Non-compliance with specific elements of the treatment plan designed to address behavior that substantially interferes with progress in treatment.

- 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).
- 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 notice, alerting the client that they are required to change or improve their behavior and engagement, and will receive specific attention in treatment planning. Repeated policy infractions or failure to comply with specific elements of the treatment plan may result in involuntary discharge.

- Timely attendance at all clinical appointments, including individual, group, and medical appointments is mandatory, unless otherwise explicitly indicated. Lateness to a counseling appointment may result in being counted as a no-show. Continual lateness and/or unexcused absences will result in notices. If a client provides appropriate documentation they will not receive a notice.
- Clients are not to attend counseling or group sessions under the influence of any psychoactive substances. If in the 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.
- 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.

### **I. General Medication Management**

#### **A. Medication for Opioid Use Disorder information**

- The medications used in the treatment of opioid addiction by Addiction Treatment Center of New England provide the following to person's served: a desired response, freedom from adverse abstinence symptoms for the desired length of time, and a blockade of euphoria if opiates, such as heroin, are injected.
- The medications used are approved by the U.S. Food and Drug Administration for the treatment of opioid addiction and are dispensed according to product labeling.
- The medications for the treatment of opioid addiction are managed to ensure secure storage and adequate dosage.
- The Medical Director takes the following factors into consideration when setting dose levels: results of the physical examination, history of narcotic dependence, current standards of practice, dosage required for stable function, evaluation of continued unauthorized drug use, withdrawal, use of

prescribed medication.

- Follow-up accounting for an unsupervised dose is required per DEA regulations.
- The following clinical effects are the goals of Opioid treatment: prevention of the onset of abstinence symptoms for at least twenty-four (24) hours; reduction/elimination of drug craving; blockage of the effects of other opiates without producing euphoria or other undesired effects.

### **B. Dispensing of Opioid Agonists**

- When opioid agonists are dispensed Addiction Treatment Center of New England ensures that the Medical Director or designee or other medical staff member legally authorized to dispense opioid agonists, orders the medication and/or dosage, and signs for the medication and/or dosage change.
- Addiction Treatment Center of New England also ensures that each dose is recorded in the individual record of the person served ensuring that an accurate inventory of all medications in stock is available.

### **C. Medication Documentation**

- Medication documentation requires signature or initials of the qualified person administering medication, the exact number of milligrams of the substance dispensed, the daily totals of substance dispensed, and a calibration of medication dispensing instruments that is consistent with the manufacturer's recommendations and ensures accurate dosing and tracking.

## **II. Provider ordered dosages: Initial, Increases, Decreases**

A. **Admission/Initial dose** of Methadone is individually determined by the medical provider after the initial examination. An initial dose does not exceed forty (40) milligrams for the first day unless otherwise prescribed by the medical provider.

- The client may be started on a higher dose at ATCNE if they have a last dose letter confirming that they received a higher dose within the last 24 hours or when applicable a collaboration of care with transferring/current medical provider indicates that forty (40) milligrams did not suppress the opioid abstinence symptoms of the person served.
- During the admission process if the Patient appears to be sedated or unable to complete the intake process no Methadone dose order will be written and no methadone will be dispensed, even if the Patient brings a last dose letter.

B. **Stabilization dose** is determined on an individualized basis by the medical provider to ensure stabilization during detox/MSW. Dosage adjustments are always guided by outcome criteria, which include but are not limited to:

- Cessation of withdrawal symptoms;
- Cessation of illicit opioid use as measured by negative drug screens, and client's subjective reporting



- Establishment of blockade dose of an agonist;
  - Absence of problematic craving as measured by subjective report and clinical observations;
  - Absence of signs and symptoms of too large an agonist dose after an interval adequate for the person served to develop complete tolerance to the blocking dose.
  - Addiction Treatment Center of New England provides opportunities for persons served to discuss dosing with any member of the Interdisciplinary Team. These discussions regarding dosing amounts are documented in the records of person's served.
- C. **Dose Increases** may be requested by the client for continued cravings and "hard" withdrawal symptoms (e.g., achiness, GI upset, nausea, diarrhea). To determine the level of increase to provide a patient, the medical provider will utilize the Clinical Opiate Withdrawal Scale (COWS).
- Methadone dosage may be increased by 1-10 mg at once. 10 mg is the maximum dose increase on any single day.
  - Patients should receive a daily dose at the same medication level for 3 consecutive days, minimum, before a dose increase should be considered. This is due to the long half-life and accumulation of methadone. Medical Providers have the discretion to increase the dose after 2 consecutive days, on a case-by-case basis, up to doses of 60 mg daily for rapid stabilization.
  - No dose increases will be considered if the Patient has missed dosing (AWOL) for 2 or more of the three days prior to their increase request. Clients may miss 1 dose (AWOL) and still be considered for rapid stabilization on a case-by-case basis
  - The medical provider may request a serum methadone level for those clients who are on doses greater than 100mg and are not actively using illicit substances but continue to complain of "soft" withdrawal symptoms (e.g., insomnia, sweating, anxiety, fatigue).
- D. **Dose Decreases** may also be requested by the client at any point in their treatment.
- Methadone dosage may decrease by 1-10 mg at once. Client must be seen by either the medical provider to have a discussion surrounding the request and a new medication order.
  - Medical provider may order a scheduled or incremental decrease in their dose level to a specific milligrams target.
  - A decrease in dose level does not make a patient ineligible for take-home medication.
- E. **Absence Without Leave (AWOL) dose reduction protocol** will be implemented as there is a potential for lowering their tolerance from consecutively missed doses which may increase the risk of overdose.

**4** consecutive missed doses = decrease by **10%**  
**5** consecutive missed doses = decrease by **20%**  
**6** consecutive missed doses = decrease by **30%**  
**7** consecutive missed doses = decrease by **40%**  
**8+** consecutive missed doses = **Restart at 40mg**

- Clients that consecutively missed doses will be reduced by the above protocol in most cases unless otherwise specified by the provider. After three (3) consecutive days of receiving reduced dosing, the client's dose may be increased by the medical provider at their discretion. There may be times that a client's dose is increased by the provider after less than three (3) days of receiving the reduced dose.
- Any client who misses four (4) or more non-consecutive or consecutive doses in one calendar month without an approved exemption such as hospitalization, incarceration, or travel, will be referred to their clinician by nursing which may or may not result in a notice on a case-by-case basis. Further missed doses may require a higher level of care, as well as further notices and/or contracts.
- 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.
- 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 (30) 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 sixty (60) days if the clinic receives prior notification.
- Client's Prescriptions:
  - 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. Clients should never bring the actual medication bottles to the clinic. 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.
  - 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.
- 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.

- 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 may be issued a notice.
- 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 who breathalyze greater than 0.000 will be denied their dose for that day. If the breathalyzer exceeds the legal limit of .08 they will be asked to turn in their car keys and arrange for alternate transportation. The client can return to the clinic the following day to retrieve their car keys and resume treatment.
- If a client refuses to hand over the car keys the license plate and vehicle description will be given to local police and the client will be emergency discharged from the program without benefit of detox. Any client that refuses to surrender the keys to their vehicle will be emergency discharged from the program.
- To ensure a smooth, efficient, and safe operating clinic, clients are required to abide by the following dispensing clinic procedures.
  - Avoid overcrowding at the door to the clinic and follow the monitor's instructions.
  - When entering dosing Building # 5, nothing should be in your mouth, including gum, candy, etc. Drinks and food are not allowed in Buildings # 5.
  - Remove dark glasses and sunglasses, headphones, hoodies, and gloves upon entering the facility. Do not wear sunglasses inside the clinic.
  - Upon entering the clinic, please check in with the monitor staff by giving your client identification number.
  - Refrain from disruptive behavior, including shouting and profanity.
  - If requested, please provide a picture I.D.
  - Refrain from socializing or conversing with staff or another client while ingesting dose.
  - Face the dosing nurse at the dispensary window. 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.
  - 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.
- The following rules are to ensure the integrity of the urine collection process:
  - All clients must come to the clinic prepared daily to give a urine or swab sample upon request.
  - Clients will not be excused from a group session or another commitment in order to complete drug testing.
  - 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 1:00 PM when dosing closes.
  - 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 receive a notice and may be subject to further disciplinary action.
  - ATCNE does not accept third party drug test results.

- Clients are not allowed to request a drug test be conducted for an outside agency or for their own purposes.
- Children under age 12 are allowed in the clinic 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.
- ***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 1.
- Individuals who are not ATCNE clients or do not have an appointment with ATCNE staff may not be in the program (Bldg. 2 and 5). Security will be notified to address these clients.
- 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.
- No client is allowed in any part of the BMHC Building 1 without permission or unless accompanied by an ATCNE staff member or seeking treatment through another BMHC health care provider.
- Animals are not allowed on BMHC or in ATCNE buildings. Service animals will only be permitted with a letter of medical necessity from an authorized medical provider.
- Every client is required to sign a client program treatment agreement and consent to receive methadone prior to the onset of treatment. Compliance with this document is mandatory.
- Requests for changes to methadone dose may be made through the counselor, Nurse Practitioner, or Medical Director. 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.
- 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 notices to detoxification until all requirements are met. Scheduled appointments for annual physicals require a minimum 24-hour notice to reschedule.
- 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.
- 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.

- **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.**
- Clients must observe all posted parking and driving signs and regulations on BMHC property. Unsafe driving and/or excessive speeding may result in discharge.
- Clients may only use ATCNE phones under staff supervision and monitoring. 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.
- Client use of cameras, recording devices, and taking photographs of staff or clients is not allowed. A client may request to record a hearing for their own records.
- 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**

- 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 an appropriate staff member. A soft hold allows the client to receive their dose first, but then you are expected to follow up with the ATCNE staff member who placed the soft hold.
- Medication holds are placed for several reasons: a Clinician may place a client on medication hold to check in with them, to sign documents, or inform them of changes in their treatment schedule, etc. The nurse practitioner may place a medication hard hold to review lab results. The system automatically generates a medication hold for the client to give a random urine or return take-home bottles. Front office staff place medication holds for accounts payable, to give clients paperwork, or have the client sign documents, etc.
- There may be other circumstances which require an ATCNE staff member to speak with a client urgently, and therefore a medication hold is placed to be sure that they are seen that same day. There is always a reason for placing a medication hard hold for a client.
- It is important that all clients arrive at the clinic early enough to resolve any holds that need to be addressed before dosing.
- Dosing nurses and front office staff are not permitted to remove a hard medication hold placed by a Clinician and vice versa. For example, if a Clinician places a client on a hard medication hold, the client must see a Clinician to have the hold lifted.
- In the event an ATCNE Clinician places a client on a hard medication hold, and that Clinician is unavailable to see the Client at that moment, the Client should speak with the Clinical Director or any other available Clinician. This staff member can address and lift the hold so that the Client can be medicated.

### **TAKE-HOME POLICY**

**POLICY:** It is the policy of Addiction Treatment Center of New England (ATCNE) to provide procedures for take-home (TH) medication used for the treatment of opioid addiction.

## **DEFINITIONS:**

**Intermittent Use Take-Home (IU)-** Clients that have reoccurrences of taking non-prescribed medication and/or illicit drug use while attending treatment at ATCNE. Evidence of trending towards less usage will be considered in the TH evaluation.

**Earned Take-Home doses-** Clients that have consistent negative urine drug screen/oral swab/breathalyzer and follow the treatment guidelines, displaying appropriate behavior and returns bottles when applicable.

**Treatment Agreement-** An agreement between client and ATCNE staff when changes in the client's behavior are required to continue treatment. This agreement is written by the clinician with the client's participation to help hold the client accountable to making the identified changes.

**Blind Dose-** Some clients request to not know their dose therefore we do not use this as one of the identifying factors when administering their supervised doses.

**Interdisciplinary Team (IDT)-** This consists of the ATCNE medical director, medical provider, clinical director, director of nursing, dosing nurse(s), clinicians, intake coordinator, recovery coach, business manager and CEO. A weekly meeting is held with these members of the client's care team to discuss TH eligibility as well as any concerns, etc.

## **RESPONSIBILITIES:**

**Clinical Director** has overall responsibility for overseeing the process with the clients through the clinical staff including advocating for take home privileges/concerns over current take home status to the interdisciplinary team (IDT), obtaining consent for all call back procedures and updating contact information on these forms when applicable.

**Medical Provider (MD, NP, PA)** has the final decision regarding take home medication allowance based on the clinical staff's take-home medication eligibility assessments, input from nursing and other factors.

**Director of Nursing** ensures call back procedures are being followed, informs medical provider(s), clinical and assigned clinician of any clients who have violated any rules of the take home policy such as a failed call back, positive drug screen, etc.

**Dosing Nurses** contribute to the IDT meeting on take-home status, enters new orders, distribute take-home doses, receives the returned take home bottles, obtains U/A, oral swab and breathalyzer tests from the client, performs the call back procedure, and when applicable will witness the client disposing of their medication in addition to completing incident report(s) for all dose(s) requiring replacement

## **PROCEDURE:**

- I. Licensed OTP staff assess each client's eligibility for take-home medication upon admission and monthly throughout the duration of treatment.**

*\*Exception:* All clients will receive one (1) take-home dose on days ATCNE is closed such as every Sunday, all federally recognized holidays and inclement weather when applicable. In situations where the client is considered unstable/unsafe to receive any take-home dose by licensed staff, the client will be referred to an alternative clinic.

**A. Take-Home privilege minimum requirement for all ATCNE clients regardless of what step they are on in their treatment. [refer to I.B for specific guidelines for step 0,1, & 2)**

1. Take-home Orientation completed [in-person or virtual offered weekly]
  - i. May be required to repeat orientation per clinician or medical provider [refer to section III.]
2. Compliance with all program requests for medical testing and further information/Release of information (ROI) completed and updated from outside providers when necessary for safety and continuity of care per the medical provider
  - i. Urine drug screens(UDS): Upon admission, monthly or a minimum of eight(8) per year and as requested by clinician &/or medical provider.
    - If a urine is unable to be produced, the client will be given twenty(20) minutes and water to drink. If still not able to void after 20 minutes, client may be tested via supervised oral swab
    - If the client is unable to wait 20 minutes and still unable to provide a urine sample, it will be documented as an Unable To Obtain (UTO) which may impact their TH eligibility.
  - ii. Oral Swabs are supervised and are required throughout treatment and to obtain take-home privileges per step process
  - iii. Breathalyzer: One (1) negative test anytime in the preceding 30-day period
  - iv. EKG is required when methadone dose is 120mg or greater and on an annual basis. There may be other medical reasons the provider requires this cardiovascular testing
  - v. Admission hematology labs are required to be drawn no more than 14 days of admission date. May provide lab reports from outside provider if drawn within 180 days of admission.
    - Clients unable to be drawn may still be considered for THs
    - Clients who decline blood draw may be considered on a case-by-case basis
3. Absence of serious behavioral problems that endanger the client, the public or others.
  - i. If client is on a treatment agreement, the treatment agreement should be revisited before approving THs and amended to allow for THs when applicable.
4. If a dose was denied for sedation &/or impairment, THs may only be considered at least 30 days after being denied a dose.
5. No more than one (1) AWOL in 30 days of supervised medication administration
  - i. Clients may call their clinician if they feel their absence was unavoidable and the clinician will determine if it is excused.
6. Counseling and recovery coaching participation may be encouraged as agreed upon by the client and is recommended by the IDT on a case-by-case basis
7. Absence of known diversion activity within one (1) year
8. It must be demonstrated by the client that they can transport and store the medication safely [refer to section II. A]
9. No blind dosing is permitted for take-home doses and client is aware their dose will be printed on all labels of take-home bottles
10. Annual physical completed for clients who are 1+years in treatment
11. PMP check is performed when indicated

12. Medication lists are required to be updated as needed and are provided to the OTP. It is the responsibility of the client to update the OTP medical provider, clinician &/or dosing nurse when there are any changes to medications prescribed or how the client is taking them.
13. Client must be in contact with their clinician as per individual agreement.
14. To initiate the TH process, clients must contact their assigned clinician or designee
15. The clinician will bring specific recommendations to IDT meeting.
16. All decisions will be made on a case-by-case basis in accordance with BSAS & SAMHSA guidelines

## **B. Take-Home privilege requirement based on the stage the client is on in their treatment**

Stage 0: Intermittent Users (Initiation of 1 TH, increase to a max of 2 THs)

- Attendance: Has completed at least 30 days of treatment at ATCNE for stability evaluation.
- Drug Screening (UDS & Oral swab): Demonstrate trending to less illicit substance use, rather than no use.
  - Fewer illicit substances are positive on sequential UDS or swab.
  - May retain take-homes as long as there are not two consecutive positive screens
- Protective factors: If screens remain positive, clinicians may advocate for this level of THs based on the presence of protective factors (eg: stable housing, employment, engagement in peer recovery, support group/persons in place, etc.)
  - In the event of changes in protective factors, the IDT may suspend TH privileges at the discretion of the licensed OTP staff on a case-by-case basis

Stage 1: Earned TH (Initiation of 4-6 THs)

- Attendance:
  - It is recommended that the client has completed at least 30 days of treatment at ATCNE if in unsupervised setting
  - Has completed at least 14 days of treatment at ATCNE if in a residential program
    - When/If discharged from residential to independent living may have TH number reevaluated which could result in the client required to be supervised for daily dose administration for a period per medical provider.
  - Those who transfer to ATCNE from another OTP on a stable dose may be considered earlier than 30 days
- Drug Screening: Minimum of 2 consecutive, negative drug screens, within the 30-day period. At least one of the screens must be a supervised oral swab
  - No positive or abnormal screens [examples below].
    - Creatinine – without medical explanation
    - Amphetamines – non prescribed
    - Benzodiazepines – non prescribed
    - Buprenorphine
    - Cocaine
    - Fentanyl



- Methamphetamines (swab)
- Opiates – non-prescribed

Stage 2: Earned TH (13+ THs) \*Must complete Stage 1\*

- Attendance: Clients must be in treatment at least 31 days with existing earned take homes, though it is recommended that the client has completed 60 days of treatment at ATCNE to assess stability
- Increase may occur every 14 days for increments from 13 to 20 to 27 THs.
- Incremental increases are customized on a case-by-case basis.
- Breathalyzer: Additional (1) negative breathalyzer in second 30-day period, required on case-by-case basis.
  - If ongoing alcohol use is determined to be a problem at IDTM, the client may be reduced /capped at 13 THs max.
- Drug Screens: One (1) additional negative drug screen in the second 30-day period
  - \*\*\* may be either urine or swab.
    - Creatinine – without medical explanation
    - Amphetamines – non-prescribed
    - Buprenorphine
    - Cocaine
    - Fentanyl
    - Methamphetamines (swab)
    - Opiates – non-prescribed OR long term prescribed.
    - Benzodiazepines – non-prescribed
      - \*Note: Long-term prescribed benzo will be capped at 13 THs. Some clients on long-term benzodiazepines may be grandfathered in under earlier guidelines and/or are waived from this requirement.

II. ATCNE provides services that maintain safety and prevent diversion for take-home medication

- A. Proper medication storage including during transporting medication take-home doses is educated to the client on an annual basis and clients sign acknowledging this education was received and understood. In the event they do not have a container that locks to bring dose(s) home, one will be provided by ATCNE.
- B. Scheduled drug screening is performed to also ensure the MOUD medication is being consumed [*refer to III.F*]
  1. Positive drug screen in accordance to Stage 0-2 process may result in a modification or suspension of take-home doses. [*refer to section III. C*]
  2. Client will bring all remaining doses to the bathroom of the OTP and nursing will witness the client dispose of the medication remaining in take-home bottles.
  3. Nursing is to notify the provider of positive drug screen and upon arrival of the client, nursing will perform an impaired/sedation assessment and a withdrawal assessment (COWs) reporting this as well to the provider. All assessments will be documented, and incident reports will be completed for all doses replaced from the disposed doses
- C. Medication call backs are performed at least twice annually and may be performed more often.
  1. Clients are aware of the call back process once they are granted take-home doses and they must have the call back procedure form completed

providing permission for nursing to call/leave voice mail when a call back is scheduled.

2. Client has 24 hours to come to the OTP during open hours with that day's dose to take supervised and nursing will inspect remaining take-home bottles both full and empty
  - i. Failure to attend the call back will result in 30-day suspension for first occurrence and 60-day suspension for second occurrence. *[refer to section III. for more on the suspension process]*
  - ii. If any doses &/or bottles are missing, doses were not taken per orders, bottles appear to be tampered with; this is considered a failed call back and the client will be required to dispose of all remaining doses at the OTP *[see II.C.3]*
  - iii. Failed call backs require the medical provider to be notified. In the event doses are missing, nursing is to perform an impaired/sedation assessment as well as a withdrawal assessment (COWs) and report this to the medical provider promptly for orders how to proceed. Assessments by both nursing and medical provider will be documented, and incident reports will be completed for all doses replaced. Doses will be replaced on a case-by-case basis, based on an assessment of the client.

D. Safe disposal of medication is performed onsite when necessary

- i. When medication is returned to the OTP after it was taken home by the client, it will be disposed of by the client with nursing/staff witnessing. The following situations may result in the wasting of medication onsite but not limited to: Failed call-back, positive drug screen results after client has take-home doses in their possession, when a client is inpatient during a period when they have take-home doses, any unused take-home doses.
- ii. Medication that is disposed of will be poured into the toilet and flushed by the client with two(2) nurses as a witness or in the event there are not two nurses available, any staff at ATCNE may suffice as the second witness. One of the witnesses must be a nurse. The nurse will enter an incident report electronically in SMART and document the exact amount of medication in milligrams disposed of and dates on the bottles when applicable as well as who the second witness is.

III. Take-home privileges may be suspended by the medical provider in conjunction with the IDT when the client fails to follow the policy & procedures of ATCNE or when an increase to their daily dose is ordered for the safety of the client. A note will be placed in the electronic record at the time of the TH suspension documenting type of occurrence and start date, if first/second occurrence (when violation of a policy occurs), duration of suspension, and what a subsequent suspension may result in.

The inclusive time frame for sequential infractions is 6 months but may be adjusted on a case-by-case basis up to a max of 1 year. The clock resets to zero automatically at 12 months for all. Repeat orientation may be required on a case-by-case basis.

A. Supervised dose administration duration for dose increases (Not due to a policy violation)

- 3 days face dosing, if increase is  $\leq 5$ mg. May resume/pickup THs on the 3<sup>rd</sup> day.
- 7 days face dosing, if increase is  $>5$  mg – no exceptions. May resume/pickup THs on the seventh day.

B. Hospitalization

- Any hospitalization will require medical document review, medical exam if indicated.
- May be required to face dose for up to 14 days prior to reinstatement
- MD or NP must clear for reinstatement of THs and may discuss at IDTM.

C. Impairment / Positive drug screen/ Refusal to provide specimen/ Overdose/ AWOL

For this category, THs may be suspended and/or modified based on the clinician's and medical team's recommendations. After discussing this event with the client, clinicians may present/advocate for their recommendations at the scheduled IDTM or offline with the IDT to determine the decision to suspend and/or modify take home status. The medical director and clinical director will provide the ultimate approval of the decision made by IDT. The Clinician will notify the client of the outcome and when necessary, will request they bring back all THs within 24hours which will begin their modification or suspension. In the event the client is unable to do so within 24 hours and returns them on a later date such as their regular pick-up day, the modification or suspension begins on the date of returned bottles.

Supervised dosing countdown begins the first day the client doses in person.

- 1<sup>ST</sup> occurrence
  - 14-day suspension
  - Routine Random screening continues monthly – not required before reinstatement.
  - Reinstatement requires:
    - Forced UDS or swab between 7-14 days. Must be negative before resuming THs.
- 2<sup>nd</sup> occurrence
  - 30-day suspension
  - Routine Random UDS monthly as per normally scheduled.
  - Reinstatement requires:
    - Monthly Random or forced UDS - Must be negative before resuming THs.
    - Forced swab obtained within 14 days after resuming take homes - must be negative to keep THs.
- 3<sup>rd</sup> occurrence
  - 30-day suspension + TH number reduction
  - For non-consecutive occurrences, the client returns to Step 1 with dose range is 4-6 THs upon reinstatement.
  - If 3 consecutive monthly occurrences – client moves to IU Category with cap of 1-2 THs.
  - Reinstatement requires:
    - Monthly Random screen (urine or swab) – must be negative before resuming earned THs.
    - Forced swab obtained within 14 days after resuming THs – must be negative to keep THs.

- TH increases can be requested 14 days after reinstatement, even if swab is still pending.

#### D. Positive Breathalyzer

- Client will not be dosed if impaired [*refer to policy N 307: Impairment Assessment*].
- A 14-day suspension of THs may apply, and the methadone dose will be assessed for client sedation.
- Seven (7) consecutive breathalyzers will be automatically ordered.
- Additional breathalyzers will be ordered as indicated, with up to seven(7) consecutive.
- The client may resume same quantity or a modified amount of THs after 14 days ends, depending upon negative breathalyzers.
- Eligibility for increase in TH quantities may be considered 30 days after the end of this suspension.
- For Recurrent ETOH abuse, modifications to dosing or THs will be determined at IDTM.

#### E. Medication Mismanagement

- Early Return Infraction  
Client returns a day early but still has their dose available for consumption.
  - First occurrence verbal notice only
  - Second occurrence 14 days suspension of take-homes
- Late Return Infraction  
Client returns a day later than expected but still has all their empty TH bottles.
  - First occurrence 14 days suspension of take- homes
  - Second occurrence 30 days suspension of take- homes
  - If client has contacted the clinician to discuss late return, suspension waiver may be considered.
- Missing bottle(s) (or Incorrect Number) Infraction  
Client returns without all their empty TH bottles, or incorrect number of empty bottles. CLIENT HAS 24 HOURS TO RETURN TO THE CLINIC WITH THE REMAINING MISSING BOTTLE(s). If all bottles are returned:
  - First occurrence 14 days suspension of take- homes
  - Second occurrence 30 days suspension of take- homes
  - If all bottles are not returned - automatic 30-day suspension.
  - NOTE: For Sunday and Holiday bottles - *clients have until Thursday 1 pm to return bottles, and will be subject to a verbal 1<sup>st</sup> notice, written 2<sup>nd</sup> notice, and 3<sup>rd</sup> infraction results in loss of THs. When Sunday/Holiday THs are suspended for at least 30 days. The client will be directed to our assigned collaborating treatment center for supervised dosing. Reinstatement will include review of dosing at the collaborating center, and all other factors.*
- Medication taken out of order (wrong date consumed; did not take a dose; but count correct).
  - First occurrence verbal notice only
  - Second occurrence 30 days suspension of take- homes
- Early Return Infraction  
Client returns a day early but still has their dose available for consumption:

- **First** occurrence **verbal notice**
- **Second** occurrence **14 day** suspension of take-homes

Client returns prior to their regularly scheduled pick-up day per IDT approval however, does not have the correct number of full bottles illustrating the client did not follow the medical provider's order:

- **First** occurrence **30 day** suspension
- **Second** occurrence **60 day** suspension

- Late Return Infraction

Client returns a day later than expected but still has all their empty TH bottles.

- **First** occurrence **14 day** suspension of take-homes (If all bottles not returned=30 day susp)
- **Second** occurrence **30 day** suspension of take- homes
  - If client has contacted their clinician to discuss late return, suspension waiver may be considered

- Earned & IU TH bottle(s) missing (or Incorrect Number)

Client returns without all their empty TH bottles, or incorrect number of empty bottles. Client has 24 hours to return to the clinic with the remaining missing bottle(s) and they will only receive their supervised dose (no THs). If all bottles are returned within 24 hours, THs may be dispensed, and the notices are as follows:

- **First** occurrence **Verbal notification** (Nurse enters soft hold X6 months)
- **Second** occurrence **14 days** suspension of take- homes
- **If all bottles are not returned - automatic 30-day suspension.**

- Sunday/Holiday bottle(s) not returned

Clients have until Thursday 1 pm (after Sunday/Holiday TH bottle dispensed) to return bottle(s). The first occurrence of not returning this bottle will be subject to a verbal 1st notification (Nurse soft hold placed), 2nd occurrence results in written 1st notice by nursing and clinician is formally notified, 3rd occurrence results in written 2nd notice by clinician + client required to attend orientation again. If the client does not attend orientation &/or a bottle is not returned for a 4th time, this will result in a treatment agreement. If the treatment agreement is not followed this may result in no TH bottle(s) for Sundays/Holidays and the client will be directed to our assigned collaborating OTP for supervised dosing on those days for up to 90 days.

- Medication taken out of order (wrong date consumed, did not take extra doses and count correct).

- **First** occurrence **verbal notice**
- **Second** occurrence **30 days** suspension of take- homes

F. Random Screen – negative for both Methadone and Metabolite

In general, the absence of Methadone or its metabolite is an indication that the dose is not being ingested. Lab results will be evaluated on a case-by-case basis to consider the impact of dose tapers, new medications or medical conditions, and any reports of diversion. Client must meet with clinician and medical provider.

- First occurrence 14 days suspension of take- homes
- Second occurrence 30 days suspension of take- homes

UDS required on day 12-14, to confirm Methadone/Metabolite – required before reinstatement.

G. Dual or Recurrent / Infractions

- If a client has two infractions, or more than 3 infractions in a 6-month period the IDTM may choose between applying sequential suspensions or concurrent suspensions, or longer suspension (60 – 90 days) based on client’s track record, engagement, and other factors.

H. Case by Case

- Situations considered on a case-by-case basis:
  - Behavioral issues unrelated to medication management
  - Severe medical concerns
  - Hardship
  - Positive breathalyzers
  - Other issues as raised.

\*\*\*IDT decision required for re-instatement

I. Behavioral Issues

- The Behavioral Protocol reviewed during orientation will apply for any behavioral issues that arise.
- Infractions may result in verbal or written notices, or a treatment agreement.
- All behavioral issues that result in a written treatment agreement will be reported to IDTM.
- Notices may result in TH modification.

If a client wishes to contest the validity of a urine sample, they may pay \$35 in cash within 14 days of the urine test to obtain a gas chromatography-mass spectroscopy confirmation (GCMS). Money will be refunded only if the urine sample does not confirm an illicit substance.

## **TRIP POLICY**

1. Any stable client with a minimum of 30 days of clinic engagement may request arrangements for courtesy/guest dosing at other opioid treatment facilities as needed for vacation, job-related travel, and family emergencies. Since every city, state, and country does not provide methadone treatment, we are unable to facilitate requests for out of state or international travel. ATCNE will not arrange trips or guest dosing requests which are deemed clinically or medically unsafe by ATCNE staff.
2. The client must discuss trip plans with their individual clinician. A trip request is to be filled out and signed by both the client and the clinician. The destination, departure, and return dates must be included.
3. Once approved, the Clinician completes a guest dose form to be faxed to the receiving program. The Client is responsible for paying a non-refundable \$15 service fee at least ten working days in advance of the start date of the requested trip/courtesy guest dose.
4. Clients may not request dose changes after the trip has been faxed and received by the other program. No other alterations can be made to trip arrangements once the trip has been finalized.
5. The clinician will provide the client with the necessary information regarding the receiving program’s fees, address, phone number(s) and dosing hours.
6. All clients will be required to provide a valid picture identification card to the visiting program.

7. 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.
8. 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.
9. Clients with take-home privileges are required to pay their regular ATCNE treatment fees prior to obtaining trip take-home doses.
10. Clients with two or more earned take-home doses may use their take homes for travel with proper notification and approval by the clinical and medical team.

## **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 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:

- Non-compliance with the Client Program Treatment Agreement.
- Repeated non-compliance with ATCNE rules and/or policies.
- Non-compliance with ATCNE payment policies or non-compliance with treatment contracts.
- 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.

#### **A. TRANSFERS AND REFERRALS**

**A client can initiate a transfer only after being in treatment at ATCNE for 90 days.**

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.

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 postponement of the hearing. The client's request to postpone the hearing must occur within one business day of their receipt of the notice of the scheduled hearing. The client may postpone the hearing not to exceed one 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 Addiction 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 Bureau will contact ATCNE to hold the client's detoxification, and ATCNE will forward all relevant material to the Bureau of Substance Addiction Services 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. 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 placed 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.**

- Freedom from physical and psychological abuse
- Freedom from strip searches and body cavity searches
- Control over their appearance provided, however, the staff may prohibit attire or personal decoration which may interfere with treatment
- 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
- 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
- The right to obtain a copy of the client's records as specified in 105 CMR 164.083
- The right to have the confidentiality of client records secured as required by 105 CMR 164.084
- The client has the right to terminate treatment at any time
- Freedom from coercion
- Treatment without regard to race, ethnicity, creed, national origin, religion, sex, sexual orientation, gender identity, ability to speak English, age, or disability
- Treatment in a manner sensitive to individual needs and which promotes dignity and self-respect
- Full disclosure regarding fee schedule
- The right to grieve actions or decisions regarding the client's treatment
- Freedom to practice religious faith
- The right to request a referral to a facility which provides treatment in a manner to which the client has no religious objection
- 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.
- 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 counseling 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**

ATCNE Client Policy Manual

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 Administrative staff. 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 administrative staff 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**

- Payments will be accepted from 6:00 AM to 2:00 PM Monday through Friday by administrative staff only. No payments will be accepted on weekends or holidays.
- A fee may be charged for photocopying information from a client's chart, setting up guest dosing, and purchase of a take home bag and lock. These fees will be determined by administrative staff.
- Payment will be accepted in the form of a credit card, bank check, money order, or cash. Payments are also accepted over the phone (credit card only) and 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.
- Clients should create individual payment plans with administrative staff.

## **OVERDUE PAYMENTS**

- Clients are expected to make every effort to pay their full balance. They can make payments toward their balance if they cannot pay in full. If they are unable to make a payment, they must check in with administrative staff to provide a reason and day to restart making payments. If a client shows no indication of intent to make payments an administrative detoxification may be initiated. Once an administrative detoxification for non-compliance with ATCNE payment procedures has begun, it can be reversed only upon payment of all outstanding fees.

- At the discretion of ATCNE, non-compliance with payment procedures resulting in the initiation of three (3) administrative detoxification proceedings for a client during any six (6) month period can lead to irreversible detoxification.
- All outstanding balances must be paid in full in order for a client to be re-admitted to the program.

### **ATCNE CLIENT COUNCIL**

ATCNE client council consists of up to seven (7) ATCNE clients who meet with the members of the ATCNE management team 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. 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.

ATCNE Board of Directors encourages the ATCNE Client Council to communicate with them regarding any issue(s) that they feel need to be addressed.

### **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 themselves or others at risk by remaining in the building to manage a dangerous situation.

#### **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 offices # and #.
- If those routes are inaccessible, proceed to the Controller's office or the 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**

I, Your Name Here certify that all information that has been provided by me on my initial assessment and intake is true and complete. I understand that any falsification, misrepresentations, or omission of facts in connection with my application may result in my denial of admission to ATCNE or immediate discharge from the program.

I, Your Name Here have received a copy of the ATCNE Client Policy Manual as of date below and understand that it is my responsibility to read the entire Client Policy Manual, that I am responsible for understanding its contents and adhering to the requirements in the Manual.

THE ADDICTION TREATMENT CENTER AGREES TO:

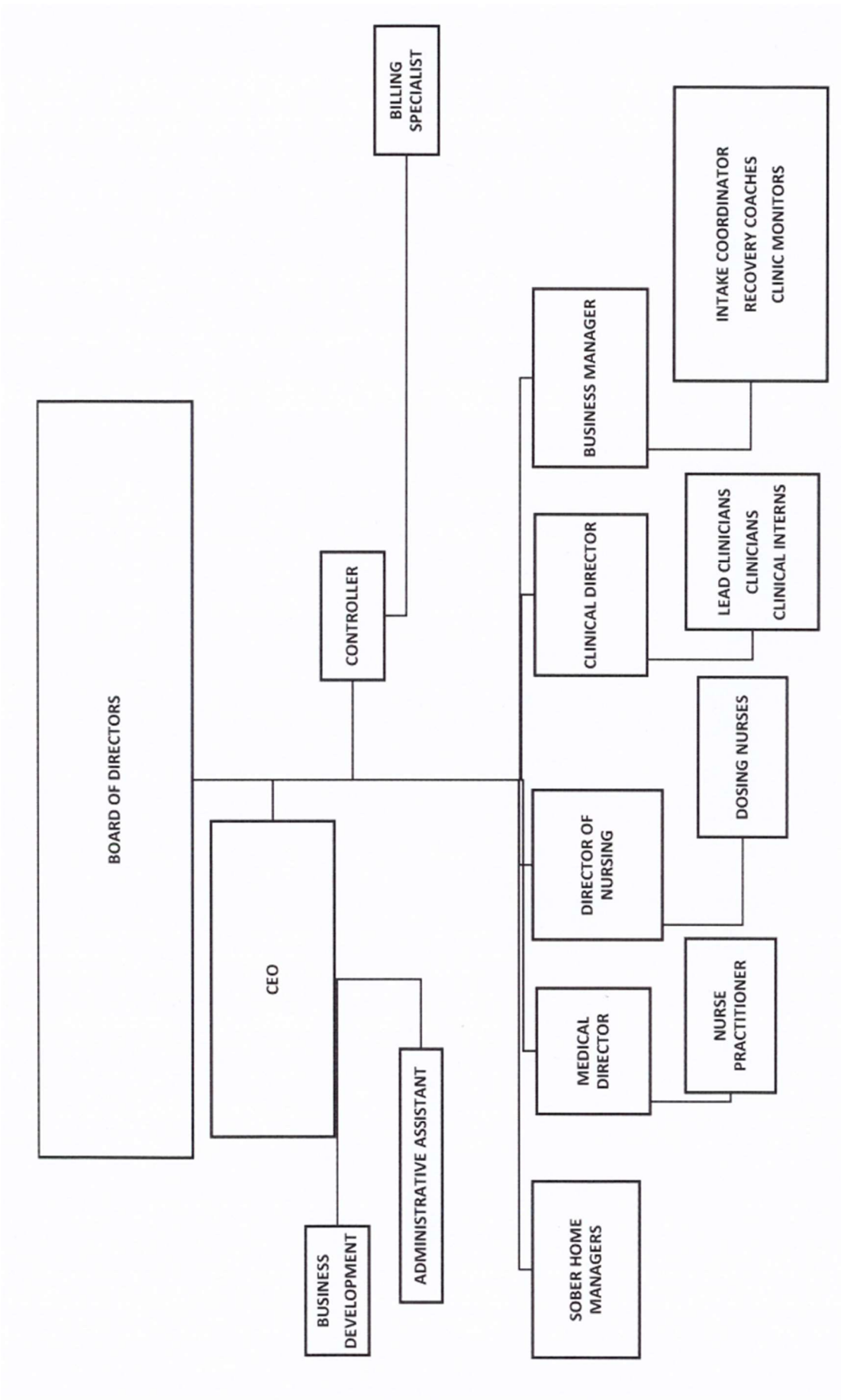
- Keep the client's identity, diagnosis, prognosis, and/or treatment plan fully confidential except where authorized by the client or legally mandated or allowed by Federal or State statute. The client will be notified of any disclosure of this information.
- Provide group, couples, family and/or individual therapy, medical and other services, or referral, as deemed necessary and to make such services available to the client's family whenever appropriate, and with the client's consent.
- Dispense medication, if the client is receiving medication, at regularly scheduled daily clinic hours under qualified supervision.
- Provide detoxification, if the client is receiving medication, for any client desiring to voluntarily withdraw from the program.
- Hold a hearing, in accordance with the established ATCNE Appeal Procedure, for any client requesting such a hearing.
- Sign all Release of Information forms, including medical providers and other sources as appropriate.
- Provide 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 and family support service resources. Upon request, ATCNE will provide assistance to understand this document and my responsibilities.
- Provide Orientation to all new clients and to former clients who have been readmitted more than a year since their last orientation attendance, including (a) an overview of the Client Policy Manual, (b) Hepatitis, HIV and Infectious Disease Control, and (c) methadone as a treatment modality, including safety, facts, myths, and overdose prevention

THE CLIENT AGREES TO:

- Attend and complete ATCNE Orientation within 2 weeks of admission.

- Attend all counseling and medical appointments.
- 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.
- Receive an annual medical evaluation by the program physician or designate and to follow through on medical care recommended by ATCNE.
- Submit an unsupervised urine specimen for toxic screens and an alcohol breathalyzer on the day designated and submit blood or urine specimens for medical tests as may be requested by program staff.
- If applicable, pay for treatment, including late fees if any, at the regularly scheduled times, and in the manner established.
- Sign all Release of Information forms including medical provider and other sources as appropriate.
- Abide by all ATCNE rules and policies.
- Remain with ATCNE for a minimum of 90 days before being eligible to transfer to another program.

I, the client named below, have read this agreement, understand it, and agree to adhere to it.





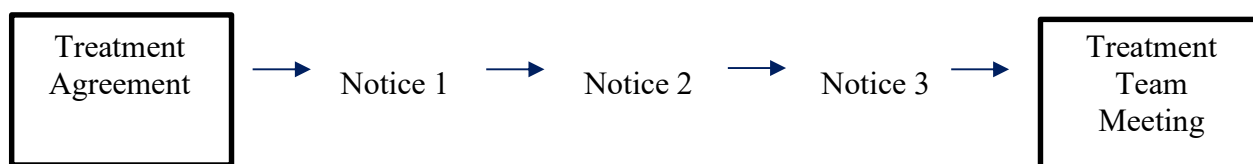
## ADDENDUM I

### Client Accountability Practices

ATCNE's Client Accountability Practices replace the Client Warning & Contract Procedure. Any ATCNE staff member may request to implement a **Treatment Agreement** to hold a client accountable to engaging more effectively in treatment.

#### PROCEDURE

1. When a client demonstrates that changes to their behavior are necessary to continue treatment, the client and their assigned clinician will be responsible for writing a Treatment Agreement together to help hold the client accountable to making the identified changes.
  - Examples of behavior changes include (but are not limited to): increasing compliance with dosing, improving attendance to individual and/or group counseling, and communicating respectfully with staff and clients.
  - The Treatment Agreement will include ways to support the client in making the identified changes.
  - The length of time a client is expected to fulfill the Treatment Agreement will be determined on a case-by-case basis.
2. If a client is not able to make changes to their behavior as outlined in the Treatment Agreement, the client will be given a **Notice**.
  - The client and their assigned clinician will discuss each notice, and adjustments will be made to the Treatment Agreement as needed to support the client.
3. If a client is issued three notices, a **Treatment Team Meeting** will be held to determine next steps.
  - The Treatment Team will include the client, clinician, Clinical Director and/or Clinical Supervisor, and Client Advocate.
  - The Treatment Team Meeting may result in a new Treatment Agreement, a Detoxification Notice, or a Hearing.



## **ADDENDUM II**

### **GROUP RULES**

- The ability to share openly is important to the success of the group. Confidentiality is the shared responsibility of all group members and facilitators. Group members agree not to discuss any information shared in group with anyone outside the group. What is said in group stays in group.
- Group members of all races, cultures, genders, sexual orientations, and spiritual beliefs are welcome. Any group member who uses discriminatory language will be asked to leave the group and directed to their primary clinician for further discussion.
- Safety is vital to the group process. Any client who exhibits obscene, disruptive, or violent body language is will be asked to leave the group and directed to their primary clinician for further discussion.
- Group members agree to come to group on time.
- Group members agree to respect each other and the facilitator by not talking over one another. Group facilitators may ask clients to raise their hands prior to speaking.
- Group members agree to remain alert and participate in the group process. Any client who appears sedated or intoxicated will be referred to nursing for an assessment. This is a therapeutic intervention and a safety requirement of ATCNE.
- Group members agree to only drink water during group. No food or other beverages are permitted.
- Group members agree to silence all electronic devices prior to the start of group. Cellphone use is not allowed during group.
- Group members agree to remove reflective glasses/sunglasses, headphones, and hats (if requested) prior to the start of group.
- Group members agree to use the restroom and make transportation arrangements before or after group. Group members may provide a medical note for consideration of any exceptions.
- Please remove reflective glasses/sunglasses, listening devices, and hats (if requested). Part of group participation is eye contact.
- 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 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.

Clients who are given take-home doses due to DPH holiday protocol or due to clinic closing for inclement weather will be held to the same responsibilities as those currently receiving regular take-homes.

--Remember, prior to taking your take home dose you MUST ADD WATER to the container. The bottle should appear "clean" once all of the medication is consumed.

## **ADDENDUM V FAMILY SUPPORT SERVICE RESOURCES**

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

- Bureau of Substance Addiction 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 medications support withdrawals from an opioid substance. The person taking the medication feels normal, not high, and withdrawal does not occur. Methadone and buprenorphine also reduce cravings for other opiates.

Naltrexone helps overcome addiction in a different way. It blocks the effect of opioid drugs. 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 liquid formulation at ATCNE and is taken once a day.

Note: Side effects of methadone include constipation, sexual problems, swelling, and sweating. EKG'S are required at doses above 100mg daily methadone and on request if there is a significant cardiac history.

Warnings:

High dosages of any opiate, including methadone 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 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 (28 days). The extended-release injectable form has been much more effective for opioid use disorder. Once administered, the blocking effects are active for one month (28 days).

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 7-30 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 thirty days prior to beginning treatment. People using naltrexone should not use any other opioids or illicit drugs; should not 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 thirty 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.

Overdose risk is high 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 Revision Date</b>
1/8/2018	Medical updates applied, including dose adjustments, intake procedure, and annual physical process updated.	Rev. 17 January 2018
2/26/2018	Medical updates applied including u/a collection from supervised to unsupervised	Rev. 17.1.0 February 2018
7/1/2019- 8/30/2019	Complete revision to CPM including format, structure, org chart, addendum listings, etc. Added in TAT Program.	Rev. 17.1.1 September 2019
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.	Rev. 17.1.2 September 2019
6/9/2020	Changed hours for dosing, office, and payments	Rev. 17.1.3 June 2020
1/7/2022	Added Service Animals and Revised Org Chart	
4/27/23	Full revision of entire manual	Mngmt Team
10/13/23	Changed holiday hours	J. McCray
1/29/24	Revised org chart removed Sunday from hours	J. McCray
5/22/24	Removed requirements for proof of addiction and changed “Medical Director” to “medical provider” for intake procedures. Updated Take-Home policies. Changed discharge to 30 days missed dosing. Updated groups to be optional in line with BSAS guidance. Updated recovery coaching and case management description. Removed PRN policy.	J. McCray
12.11.24	Finalized take home guidelines	J. McCray