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Memorandum

TO: Long-Term Care Facility Administrators

FROM: Teryl Smith, RN, MPH, Director
Bureau of Health Care Safety and Quality

SUBJECT: UPDATE: Admission of Residents on Medication for Opioid Use Disorder (MOUD) to Long-Term Care Facilities

DATE: August 14, 2025

Introduction

This memorandum updates the September 12, 2022 memorandum issued by the Department of Public Health (Department) entitled *Admissions of Residents on Medication for Opioid Use Disorder (MOUD) to Long-Term Care Facilities*. Changes include:

- Alignment to new federal requirements;
- Revisions to policies and procedures; and
- Revisions to medication order practices.

Purpose

The purpose of this memorandum is to update guidance for long-term care facilities (LTCF) caring for residents who also receive medication for opioid use disorder (MOUD) to ensure residents receive safe, evidence-based care in accordance with changes enacted federally under [The Consolidated Appropriations Act of 2023](#).

Background

Opioid use disorders are chronic treatable illnesses. Individuals may choose different treatments and paths for their treatment and recovery. Some individuals use medication as part of their treatment for addiction, including for opioid use disorder, as clinically appropriate. FDA-approved MOUD include methadone,¹ buprenorphine,

¹ This memorandum does not address the prescription of methadone for pain management, which should be handled in the same manner as any other medication prescribed for pain management.

buprenorphine/naloxone, and naltrexone. MOUD Treatment can be short-term or long-term (known as continuous medication treatment or maintenance treatment). Residents can receive MOUD from an opioid treatment program (OTP), an office-based opioid treatment/office-based addiction treatment (OBOT/ OBAT) program, or a prescriber. In an OTP, MOUD is dispensed rather than prescribed. This means patients who attend an OTP must go to the OTP for observed dispensing unless they are eligible for and receive take-home medication. Most OTP patients who reside in a LTCF can receive take-home medication. Patients receiving MOUD outside of an OTP are prescribed medication, which will not include methadone.

Individuals requiring care in an LTCF may require treatment for opioid use disorder, which includes MOUD such as methadone, buprenorphine, buprenorphine/naloxone, or naltrexone. 105 CMR 150.000: *Standards for Long-Term Care Facilities* requires LTCFs to provide care and services to meet the resident's physical, emotional, behavioral, and social needs, **including access to MOUD while a resident.**

Pursuant to 105 CMR 150.003, LTCFs must admit residents in accordance with policies and procedures acceptable to the Department and must apply admissions criteria equally to all potential admissions where those placements are medically and socially appropriate. **A LTCF's denial of admission shall not be based on an individual's treatment for opioid use disorder.** Where admission is otherwise appropriate, a LTCF shall admit and care for the resident **and** shall provide access to administration of MOUD as directed by the resident's opioid treatment program (OTP) or office-based opioid treatment/office-based addiction treatment (OBOT/ OBAT) program, or a prescriber in the LTCF.

The Consolidated Appropriations Act of 2023 (the Act), which took effect on January 23, 2023, **enables any practitioner with a current DEA registration and Schedule III authority to prescribe buprenorphine.** This Act removed all limits on the number of patients that a practitioner can treat with buprenorphine. The Act also established a new requirement for all DEA-registered practitioners to complete eight (8) hours of training on the treatment and management of patients with opioid and other substance use disorders.²

Methadone

As part of the LTCF admission process, and prior to allowing patients to self-administer any pre-poured take-home methadone, the LTCF shall review all existing prescription orders, including the take-home methadone documentation obtained from the OTP, to ensure that other medications currently prescribed are not contraindicated due to interactions between methadone and the currently prescribed medications for medical conditions. Medication changes should be communicated to the resident's OTP provider.

Pursuant to 105 CMR 150.008(A), LTCFs shall maintain procedures regarding the procurement, storage, dispensing, administration, and recording of drugs and medication,

² <https://www.samhsa.gov/substance-use/treatment/statutes-regulations-guidelines/mat-act>

including procedures for obtaining individually labeled pre-poured take-home methadone doses for residents, where clinically appropriate. The medication procedure shall include instructions for the acquisition of resident medication, including transportation. The procedure shall comply with all applicable state and federal laws, including required transfer documentation, chain of custody forms, and authorizations for release of information from both the LTCF and OTP to allow for care coordination between the facilities in alignment with Health Insurance Portability and Accountability Act (HIPAA) requirements and 42 CFR Part 2: Confidentiality of Substance Use Disorder Patient Records.

LTCFs should have a signed qualified service organization agreement (QSOA) with each OTP. The LTCF must have a written policy and procedure for the safe storage, documentation, monitoring, and disposal of medications, including methadone in accordance with 105 CMR 150.008. The policy and procedure must establish a clear chain of custody. Chain of custody is the process of tracking the possession of a medication, such as take-home methadone, to prevent misuse, tampering, and diversion. It is the responsibility of the OTP to ensure that documentation of chain of custody is maintained. The procedure should require the LTCF to ensure that all take-home methadone doses received from the OTP are properly packaged and labeled.

Once the methadone is in the custody of the LTCF, the facility shall: 1) Store the medication in a double-locked secure area in the nursing unit as required by 105 CMR 150.008(D); 2) administer the medication consistent with Department regulations at 105 CMR 700.000 and 105 CMR 150.008 and applicable federal regulations; and 3) document each administration in the resident's record as required by 105 CMR 150.008(C)(4).

The LTCF shall establish a procedure for communicating with the OTP regarding the resident's overall well-being during their tenure. This procedure shall require the LTCF to convey pertinent information to the OTP regarding the resident, including medication changes and any concerns regarding the resident's health, in accordance with 105 CMR 150.004 (D).

This procedure shall also include a process for communicating with the OTP prior to resident's discharge and upon discharge from the LTCF to ensure uninterrupted treatment, create a plan for patient follow-up with OTP upon discharge, and determine the appropriateness of releasing pre-poured take-home methadone doses to residents.

When residents using methadone as MOUD are discharged from the LTCF, they may take the remaining methadone doses with them, as determined by the OTP's medical director, physician, or practitioner.

The determination to return or not return the methadone to the patient/resident should be made in collaboration with the OTP and based on the individual's stability and capacity to manage methadone safely and appropriately at the time of discharge. Providing a "Last Dose Letter" at discharge is a best practice. A Last Dose Letter is a formal document confirming the last dose of methadone ingested by a patient/resident. The Last Dose

Letter will assist the patient/resident admission process when returning to an OTP or transferring to a new or prior OTP.

The chain of custody form should be completed by the LTCF and faxed to the OTP confirming the destruction of unused take-home doses of methadone. If the resident dies or the medication is discontinued, the LTCF shall dispose of the remaining medication in accordance with Department guidance.

Buprenorphine

A LTCF shall establish procedures to support continued treatment of residents receiving buprenorphine or buprenorphine/naloxone where clinically appropriate, including facilitating or coordinating care with an outside prescriber. If the prescription for buprenorphine or buprenorphine/naloxone comes from an outside prescriber, then the prescription shall be reviewed by the resident's primary care provider³ for the purpose of care coordination. The LTCF shall facilitate procurement, storage, dispensing, administration, and recording of buprenorphine in accordance with 105 CMR 150.008(A). The Department encourages eligible medical providers at LTCFs to develop and maintain competency in prescribing buprenorphine.

For residents receiving buprenorphine through OTPs, the LTCF staff must follow the same chain of custody protocol as described above for methadone take-home medication. If the patient has an individual prescription from a non-OTP prescriber, the chain of custody protocol is not necessary.

Extended-Release Injectable Naltrexone

A LTCF shall establish procedures to support continued treatment of residents receiving injectable naltrexone treatment where clinically appropriate, including facilitating or coordinating care with an outside prescriber. All prescriptions for injectable naltrexone treatment shall be reviewed by the resident's primary care provider. The LTCF shall facilitate procurement, storage, dispensing, administration and recording of buprenorphine in accordance with 105 CMR 150.008(A).

Use and Storage of Naloxone

Given the widespread use of opioids in LTCFs and the surrounding communities, LTCFs shall store naloxone, a schedule VI medication, for emergencies pursuant to 105 CMR 150.008(E). Administrators shall meet with the facility's medical director and pharmacy service to ensure the availability of naloxone in case of an emergency and develop standing orders for each resident, pursuant to the attached Department Policy on the Use of Standing Orders for Administering Naloxone in an Emergency Situation (See Appendix A). LTCFs should ensure two doses of Naloxone are provided to residents receiving MOUD upon discharge to the community.

³ 105 CMR 150.001 defines that Primary Care Provider shall mean the physician, physician assistant or nurse practitioner responsible for the resident's continuing medical care and periodic reevaluation.

Commonly used trade names for buprenorphine/naloxone are Suboxone® and Zubsolv®. The commonly used trade name for buprenorphine is Subutex®. There are also two long-acting monthly injectable formulations of buprenorphine with the trade names Brixadi® and Sublocade®. The commonly used trade name for injectable naltrexone is Vivitrol®. See SAMHSA's website for MAT under "Resources" for further information.

Contact Information

For more information, or if you have any questions on this guidance, please contact the Bureau of Healthcare Safety and Quality via email at DPH.BHCSQ@Mass.gov.

Resources

Below are links to training resources:

- [The Care of Residents with Opioid & Stimulant Use Disorders in Long-Term Care Settings Toolkit](#)
- [Massachusetts Consultation Service for Treatment of Addiction and Pain](#) (clinical consultation related to buprenorphine, buprenorphine/naloxone, and naltrexone).
 - Providers may call MCSTAP at 1-833-PAIN-SUD (1-833-724-6783) Monday through Friday from 9 am to 5 pm for a provider consultation on safe prescribing and managing care for adult patients with chronic pain, substance use disorders, or both.
- Substance Use Helpline: <https://helplinema.org/>
- [Information for licensed substance use disorder treatment programs](#)
- [DEA Narcotic Treatment Manual](#)
- [42 CFR Part 8: Opioid Treatment Programs](#)
- [BSAS website on Practice Guidance documents on MAT and other relevant topics](#)
- [Relevant training programs sponsored by BSAS](#)
- [SAMHSA - Substance Use Disorder Treatment Options](#)
- [Providers Clinical Support System - Medications for Opioid Use Disorders](#)
- [SAMHSA's website on resources for integrating primary care and behavioral health services](#)