

Appendices

The Care of Residents with Opioid and Stimulant Use Disorders in Long-Term Care Settings

Massachusetts Department of Public Health
Bureau of Health Care Safety & Quality
www.mass.gov/dph/bhcsq

Appendix 1: Comparison Chart: Medication for Opioid Use Disorder

Comparison Chart: Medication for Opioid Use Disorder			
Methadone Diversion Risk – Yes			
<i>Mechanism of Action</i>	<i>Uses</i>	<i>Side Effects</i>	
Full Agonist Reduces opioid withdrawal and craving; blunts or blocks euphoric effects of self-administered illicit opioids through cross-tolerance and opioid receptor occupancy.	Used in medically supervised withdrawal and for maintenance phase; reduces withdrawal symptoms; prevents relapse.	Constipation, hyperhidrosis, respiratory depression, sedation, QT prolongation, sexual dysfunction, severe hypotension including orthostatic hypotension and syncope, misuse potential.	
<i>Forms</i>	<i>Restrictions</i>	<i>Appropriate Patients</i>	<i>Dosing</i>
Oral tablet or liquid.	Schedule II; only available at federally certified OTPs and acute inpatient hospital settings for OUD treatment.	Typically patients with OUD who are physiologically dependent on opioids and meet federal criteria for OTP admission.	Dosing as prescribed by OTP . Daily dosing at a methadone treatment program (narcotic treatment program): <ul style="list-style-type: none"> - Taken orally - Common starting dose 20-30mg - Titration up by 1-3mg. Every few days - Data shows typically need at least 60mg; titrate to control without sedation Average maintenance dose: <ul style="list-style-type: none"> - 60-90mg, but the range can be broad - Peak dose in 4hrs



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Comparison Chart: Medication for Opioid Use Disorder

Buprenorphine (e.g., Subutex, Belbuca, Probuphine, Sublocade) Diversion Risk – Yes			
Mechanism of Action	Uses	Side Effects	
Partial agonist Reduces opioid withdrawal and craving; blunts or blocks euphoric effects of self-administered illicit opioids through cross-tolerance and opioid receptor occupancy.	Used in medically supervised withdrawal and for maintenance phase; reduces withdrawal symptoms; prevents relapse.	Constipation, nausea, precipitated opioid withdrawal, excessive sweating, insomnia, pain, peripheral edema, respiratory depression (particularly combined with benzodiazepines or other CNS depressants), misuse potential. <ul style="list-style-type: none"> - Implant: Nerve damage during insertion/removal, accidental overdose or misuse if extruded, local migration or protrusion. - Subcutaneous: Injection site itching or pain, death from intravenous injection. 	
Forms	Restrictions	Appropriate Patients	Dosing per Day
Oral tablet, buccal film, extended-release implant, or subcutaneous injection.	Schedule III; requires waiver to prescribe outside OTPs. Prescribed in any setting with appropriate waiver. OTPs do not need a waiver but can prescribe and dispense. <ul style="list-style-type: none"> - Implant: Prescribers must be certified in the Probuphine Risk Evaluation and Mitigation Strategy (REMS) Program. Providers who wish to insert/ remove implants are required to obtain special training and certification in the REMS Program. - Subcutaneous: Healthcare settings and pharmacies must be certified in the Sublocade REMS Program and only dispense the medication directly to a provider for administration. 	Typically for patients with OUD who are physiologically dependent on opioids.	Normal dosing range is 16-24mg/day. Opioid-dependent patients do not typically experience euphoria at this dosage. If they do, this very mild euphoria resolves w/in a few days. Maximum recommended dose is 32mg/day. Sublocade recommended dose is 300mg SC once monthly for the first 2 months, followed by a maintenance dose of 100mg/month. Patients need to be stabilized on a sublingual buprenorphine or buprenorphine/naloxone for at least seven days before treatment with Sublocade.



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Buprenorphine/naloxone (e.g., Suboxone, Zubsolv, Bunavail) Diversion Risk – Yes			
<i>Mechanism of Action</i>	<i>Uses</i>	<i>Side Effects</i>	
Combination of Partial Agonist/Antagonist	Used in medically supervised withdrawal and for maintenance phase; reduces withdrawal symptoms; prevents relapse.	Constipation, nausea, precipitated opioid withdrawal, excessive sweating, insomnia, pain, peripheral edema, respiratory depression (particularly combined with benzodiazepines or other CNS depressants), misuse potential.	
<i>Forms</i>	<i>Restrictions</i>	<i>Appropriate Patients</i>	<i>Dosing per Day</i>
Oral tablet or buccal film.	Schedule III; requires waiver to prescribe outside OTPs. Prescribed in any setting with appropriate waiver. OTPs do not need a waiver but can prescribe and dispense.	Typically for patients with OUD who are physiologically dependent on opioids.	Dosing per day as prescribed by OTP/OBAT. Normal dosing range is 16-24mg/day — opioid-dependent patients do not typically experience euphoria at this dosage. If they do, this very mild euphoria resolves within a few days. Maximum recommended dose is 32mg/day.
Naltrexone (e.g., ReVia, Vivitrol) Diversion Risk – No			
<i>Mechanism of Action</i>	<i>Uses</i>	<i>Side Effects</i>	
Antagonist Blocks euphoric effects of self-administered illicit opioids through opioid receptor occupancy. Causes no opioid effects.	Prevents relapse following medically supervised withdrawal.	Nausea, anxiety, insomnia, precipitated opioid withdrawal, hepatotoxicity, vulnerability to opioid overdose, depression, suicidality, muscle cramps, dizziness or syncope, somnolence or sedation, anorexia, decreased appetite or other appetite disorders. - Intramuscular: Pain, swelling, induration (including some cases requiring surgical intervention).	
<i>Forms</i>	<i>Restrictions</i>	<i>Appropriate Patients</i>	<i>Dosing per Day</i>
Oral tablet or extended-release injectable.	Any prescriber can prescribe, No waiver needed/noted.	Typically for patients with OUD who have abstained from short-acting opioids for at least 7–10 days and long-acting opioids for at least 10–14 days.	Administer the extended release injectable every 4 weeks or once a month as a 380 mg IM gluteal injection.



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Comparison Chart: Medication for Opioid Use Disorder

Naloxone Diversion Risk – No		
Mechanism of Action	Uses	Side Effects
Opioid antagonist It attaches to opioid receptors and reverses and blocks the effects of other opioids. It is used for the complete or partial reversal of opioid overdose, including respiratory depression.	For opioid overdose reversal.	Side effects from naloxone are rare, but people might have allergic reactions to the medicine. Overall, naloxone is a safe medicine. But it only reverses an overdose in people with opioids in their systems and will not reverse overdoses from other drugs like cocaine or methamphetamine. Important to note that patients will awaken in withdrawal, could be aggressive. Patients should be monitored after reversal as opioid may have longer half-life than naloxone.
Restrictions	Appropriate Patients	Forms
Widely available through pharmacies and EMT and other agencies.	Persons overdosing from opioids.	<ul style="list-style-type: none"> - IM, IV or SC injection. - Auto-injector (Evzio). - Nasal Spray (naloxone).
Dosing		
<p>Initial dose: 0.4 mg to 2 mg IV; alternatively, may give IM or subcutaneously.</p> <ul style="list-style-type: none"> - If desired response is not obtained, doses should be repeated at 2-3 minute intervals. - If no response is observed with a total dose of 10 mg, the diagnosis of opioid-induced or partial opioid-induced toxicity should be questioned. <p>Auto-injector: For emergency use in the home or other non-medical setting.</p> <ul style="list-style-type: none"> - Administer 0.4 mg (1 actuation) IM or subcutaneously into the anterolateral aspect of the thigh (through clothing if necessary). - If desired response is not achieved, a second dose may be administered after 2-3 minutes. Additional doses may be administered every 2-3 minutes until medical assistance arrives. <p>Nasal Spray:</p> <ul style="list-style-type: none"> - Administer 1 spray (intranasal) into 1 nostril. - If desired response is not achieved after 2 or 3 minutes, give a second dose (intranasal) into alternate nostril; additional doses may be administered every 2 to 3 minutes in alternating nostrils until emergency medical assistance arrives. 		



Appendix 2: Empathy Techniques

Empathy is the capacity to understand and relate to someone's experience and emotions. It colors most of our relationships, in every setting, and can be very important for residents who are working towards recovery from OUD and STUD.¹ Here are some examples staff can use to express empathy towards residents.²

Technique	Examples (may overlap)
Naming	<p>"It seems like you are feeling..."</p> <p>"I wonder if you are feeling..."</p> <p>"Some people would feel... in this situation."</p> <p>"I can see that this makes you feel..."</p>
Understanding	<p>"I can understand how that might upset you."</p> <p>"I can understand why you would be... given what you are going through."</p> <p>"I can imagine what that would feel like."</p> <p>"I can't imagine what that would feel like."</p> <p>"I know someone who had a similar experience. It is not easy."</p> <p>"This has been a hard time for you."</p> <p>"That makes sense to me."</p>
Respecting	<p>"It must be a lot of stress to deal with..."</p> <p>"I respect your courage to keep a positive attitude in spite of your difficulties."</p> <p>"You are a brave person."</p> <p>"I am impressed by how well you handled this." "It sounds like a lot to deal with."</p> <p>"You have been through a lot."</p>
Supporting	<p>"I want to help in any way I can."</p> <p>"Please let me know if there is anything I can do to help."</p> <p>"I am here to help you in any way I can."</p> <p>"I will be with you in this difficult time."</p> <p>"I will be with you all the way."</p>
Exploring	<p>"Tell me more about what you were feeling when you were sick."</p> <p>"How are you coping with this?"</p> <p>"What has happened since we last met?"</p>

¹ Juergens, J. (2016, July 14). How Empathy in Addiction Treatment Helps You Heal. Retrieved from Addiction Center: <https://www.addictioncenter.com/community/empathy-in-addiction-treatment/>

² M. Jawad Hashim, M. (2017). Patient-Centered Communication: Basic Skills. American Family Physician, 29-34.

Appendix 3: Sample Person-Centered Care-Related Interview Questions for Recruiting and Interviewing Staff ([Tip 3](#))

Teamwork

- Describe a situation when you had to work closely with a difficult coworker. How did you handle the situation? Were you able to build a relationship with this person?
- Talk about a conflict within your team. What was the conflict and how did you handle it?
- Describe a time when you were particularly proud of your team. What was your role in this situation?
- Tell me about a time you stepped into a leadership role.

Patient Care

- Tell me about a time when a resident's family was dissatisfied with your care. How did you handle that situation?
- What approach do you take in communicating with people who do not know medical jargon? Give an example of a time you explained medical terminology to someone who is not medically trained.
- Describe a time you provided effective family and caregiver education.
- Talk about a time a resident or their family was particularly pleased and appreciative of your care.
- Give an example of a time you had to interact with a hostile resident. How did you handle the situation and what was the outcome?
- Describe a time you were faced with a resident who chose not to communicate or disclose important information. How did you handle the situation and what was the outcome?
- How would you handle resident abuse either observed by you or reported by a resident?

Adaptability

- Tell me about a time you were under a lot of pressure. What was going on, and how did you get through it?
- Describe a time when your facility was undergoing some change. How did that impact you, and how did you adapt?
- Tell me about a time when you didn't know the answer to something at work. How did you go about finding the information?
- Give me an example of an awkward situation at work. How did you handle the situation?
- Tell me about a time you failed. How did you deal with this situation?
- Describe a time when you anticipated potential problems with a resident and initiated preventive measures.

Time Management

- Talk about a time you worked in a fast-paced setting. How do you prioritize tasks while maintaining excellent care?
- Describe your experience with a resident who required a lot of your time. How did you manage this resident's care while ensuring your other residents were adequately cared for?
- Talk about a time when you felt overwhelmed with your workload. What did you do?
- Give an example of an important goal you set for yourself. Did you accomplish that goal? How did you ensure that you accomplished it?

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Communication Style

- Give an example of a time when you were able to successfully persuade a resident to agree to something. How did you persuade this person?
- Tell me about a time when you had to rely on written communication to explain yourself to your team or to a resident/family/caregiver.
- Talk about a time when you had not communicated well. How did you correct the situation?
- Describe a time when you received negative feedback and turned it into something positive.

Motivation and Core Values

- What is one professional accomplishment you are most proud of and why?
- What does a person-centered approach mean to you? Provide a concrete example of how this shows in your work, how you live your values.
- Talk about a challenging situation or problem where you took the lead to correct it instead of waiting for someone else to do it.
- Have you ever felt dissatisfied with your work and/or role? What could have been done to make it better?
- Describe a time when you went over and above your job requirements. What motivated you to put forth the extra effort?
- Give an example of a mistake you've made. How did you handle it?
- What do you find most difficult about your role? How do you overcome this difficulty?
- What motivates you the strongest in your role? What brought you into the field, and what sustains your interest and energy in this work?

Adapted from:

<https://www.beckershospitalreview.com/workforce/31-interview-questions-for-nurses-and-how-to-answer-them.html>

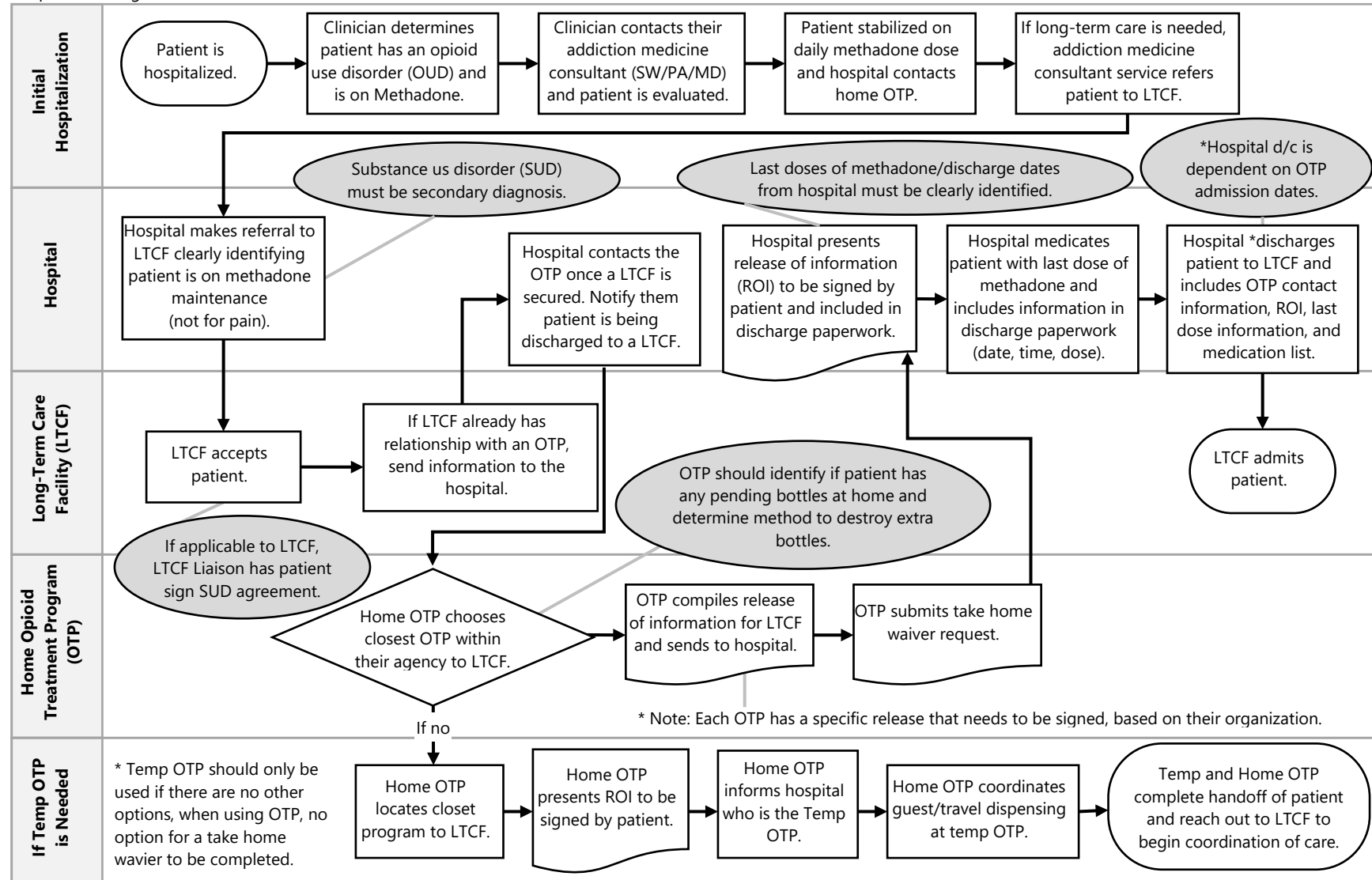


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Appendix 4: Flow Diagram of Resident on Methadone Maintenance Discharged from Hospital to Long-Term Care Facility

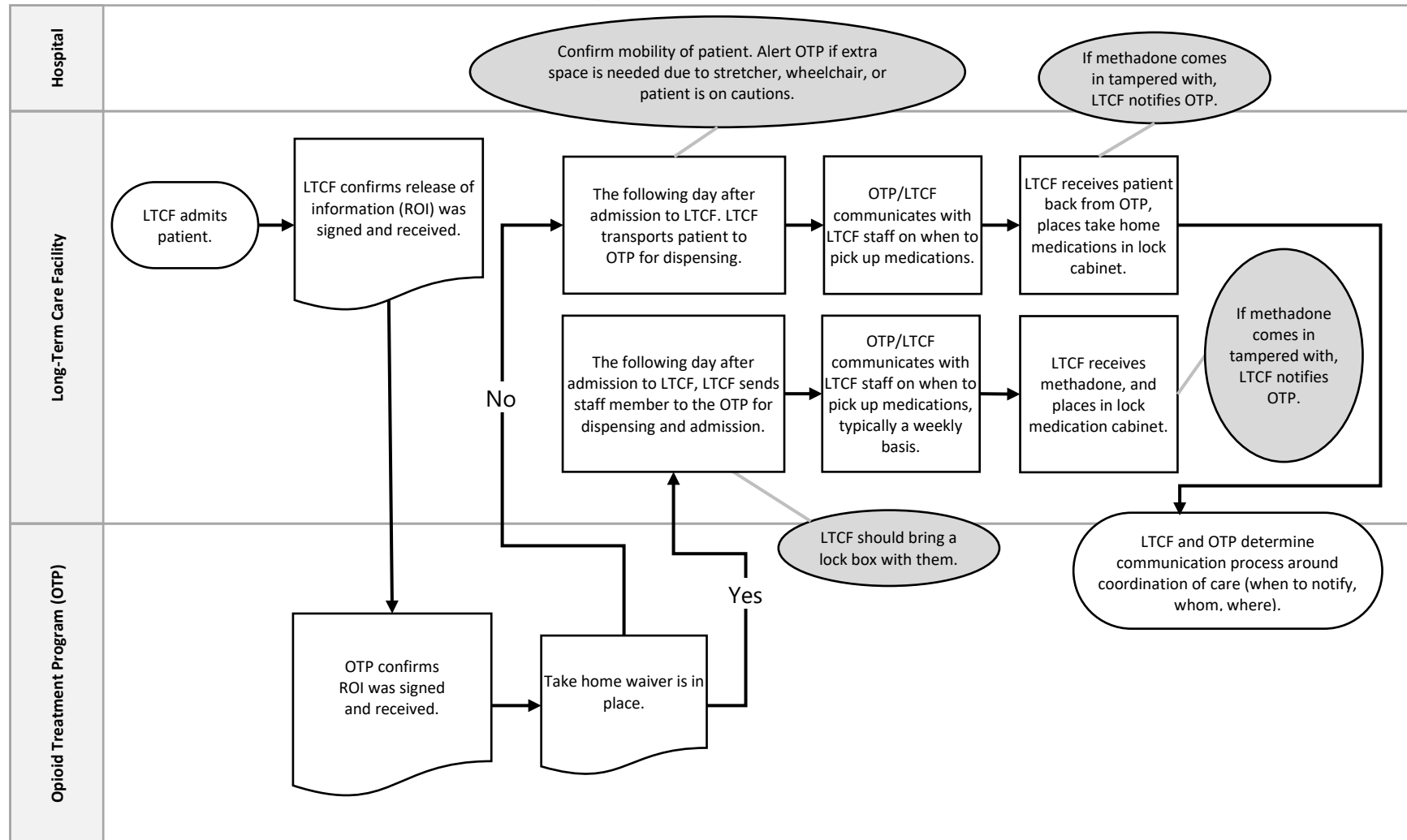
Patient is ready for discharge from hospital inpatient stay to long-term care facility (LTCF) (Only for patients on methadone maintenance)
Hospital Discharge Process



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Patient is ready for discharge from hospital inpatient stay to long-term care facility (LTCF) *(Only for patients on methadone maintenance)*
Transition of Care Between LTCF and opioid treatment program (OTP)

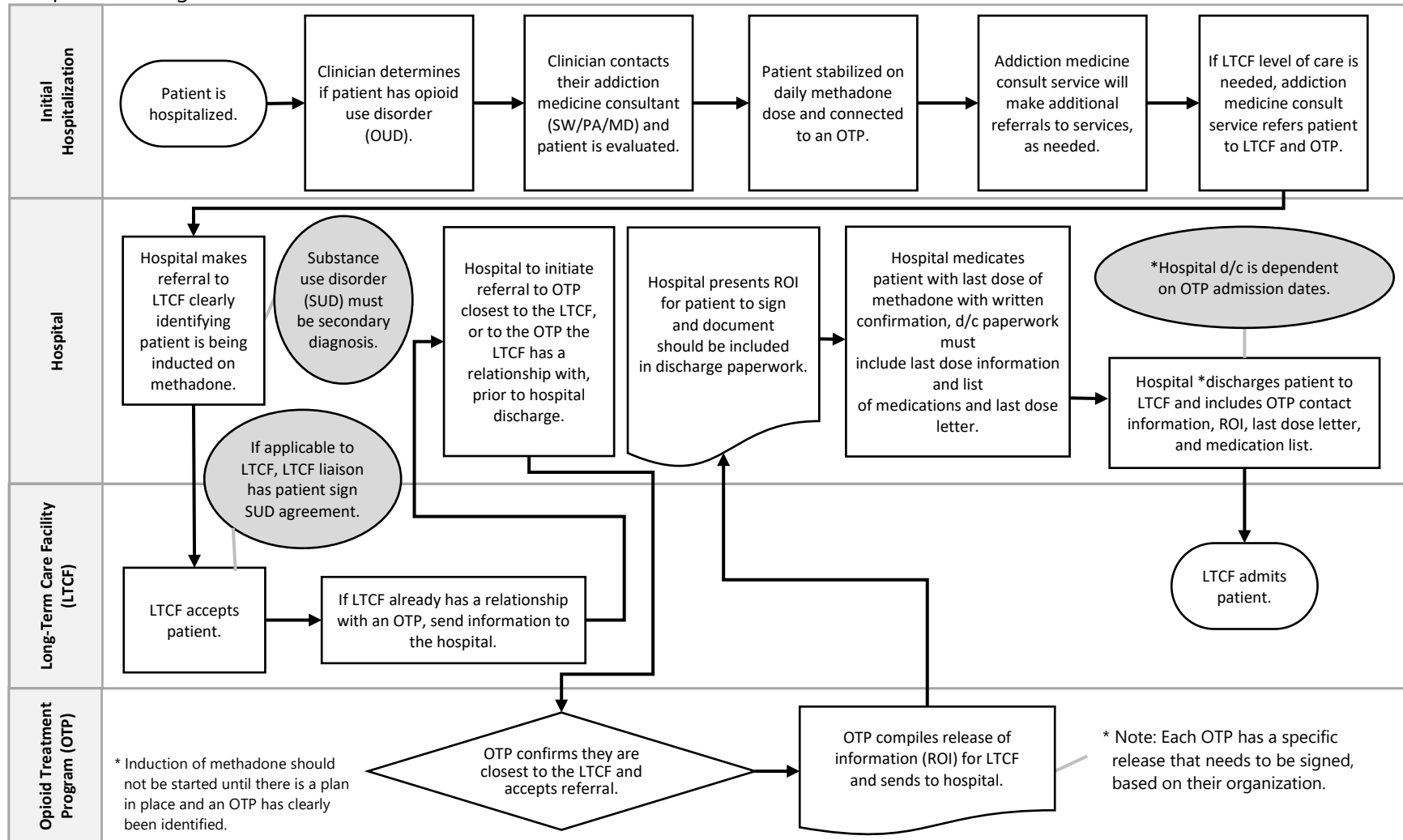


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Appendix 5: Flow Diagram of Resident who is Newly Inducted on Methadone who is Discharged from the Hospital to Long-Term Care Facility

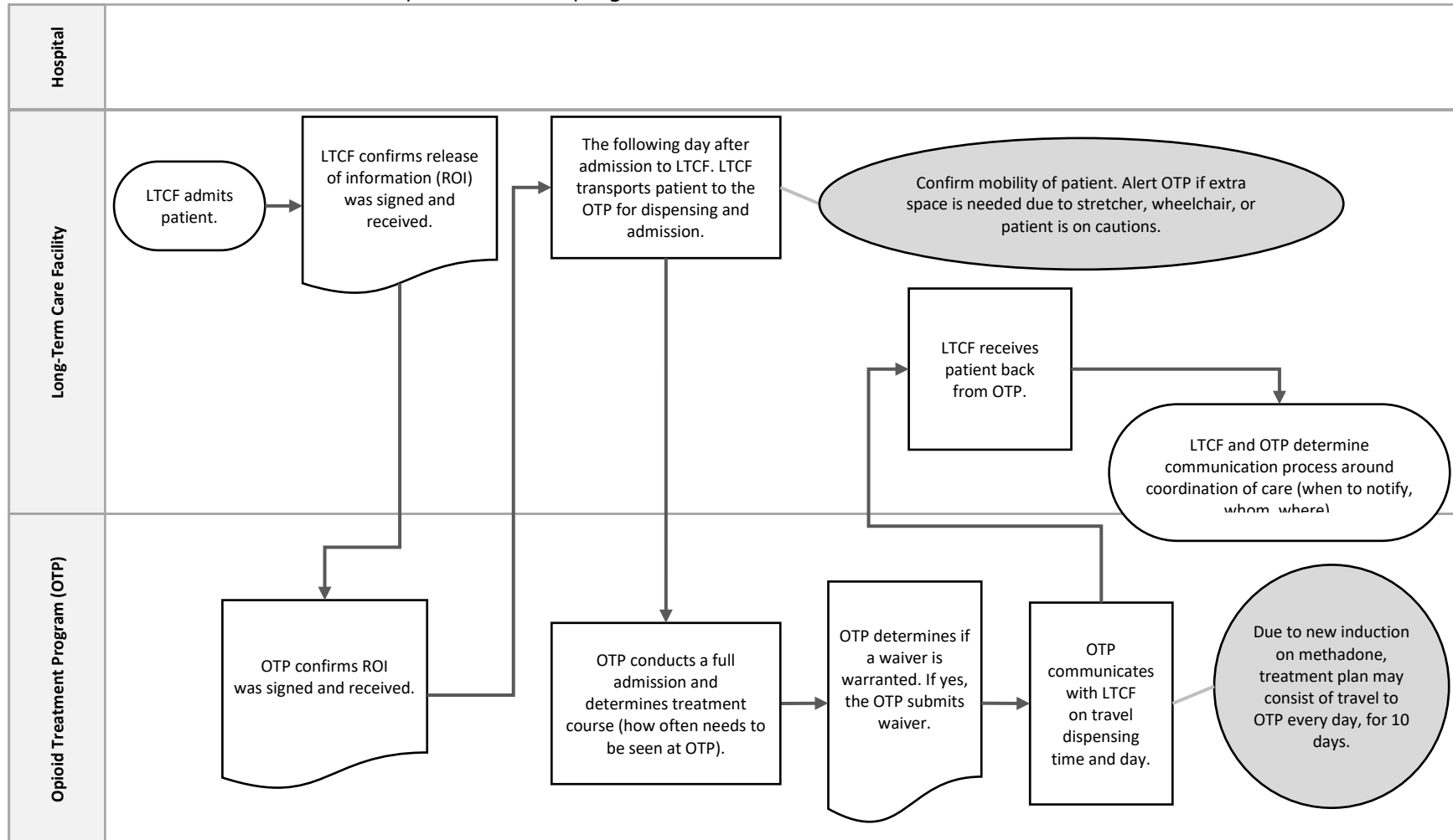
Patient is ready for discharge from hospital inpatient stay to long-term care facility (LTCF) (Only for newly inducted patients on methadone)
Hospital Discharge



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Patient is ready for discharge from hospital inpatient stay to long-term care facility (LTCF) *(Only for newly inducted patients on methadone)*
Transition of Care Between LTCF and opioid treatment program (OTP)



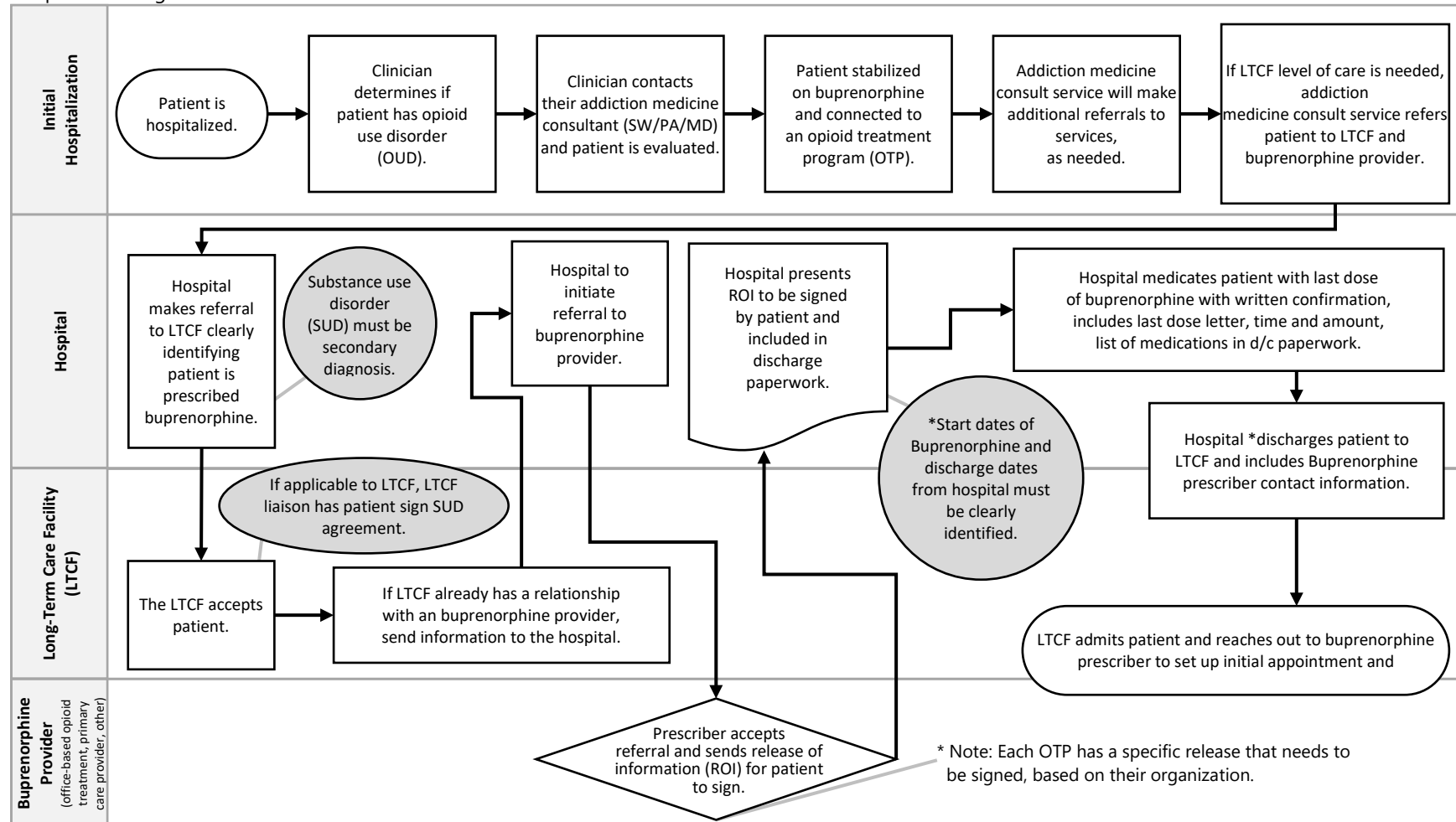
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Appendix 6: Flow Diagram of Resident on Buprenorphine who is Discharged from the Hospital to a Long-Term Care Facility

Patient is ready for discharge from hospital inpatient stay to long-term care facility (LTCF) (Only for patients newly inducted or prescribed buprenorphine)

Hospital Discharge



* Hospital needs to determine appropriateness of buprenorphine and should not be started until there is a plan in place and bridge clinic/prescriber has clearly been identified

Appendix 7: Example of Qualified Service Organization Agreement

LEGAL ACTION CENTER

FORM 6: SAMPLE QUALIFIED SERVICE ORGANIZATION/ BUSINESS ASSOCIATE AGREEMENT (QSO/BA AGREEMENT)

QUALIFIED SERVICE ORGANIZATION / BUSINESS ASSOCIATE AGREEMENT (BA/QSO AGREEMENT) XYZ Service Center ("the Center") and the ABC Alcohol/Drug Program (the Program") hereby enter into an agreement whereby the Center agrees to provide _____.

(Nature of services to be provided to the program)

Furthermore, the Center:

1. Acknowledges that in receiving, transmitting, transporting, storing, processing, or otherwise dealing with any information received from the Program identifying or otherwise relating to the patients in the Program ("protected information"), it is fully bound by the provisions of the federal regulations governing the Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2; and the Health Insurance Portability and Accountability Act (HIPAA), 45 C.F.R. Parts 142, 160, 162 and 164;
2. Agrees to resist any efforts in judicial proceedings to obtain access to the protected information except as expressly provided for in the regulations governing the Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2;
3. Agrees that it will not use or disclose protected health information except as permitted or required by this Agreement or by law;
4. Agrees that, when the Center uses, discloses, or requests protected health information, it will limit the use, disclosure, or request to the minimum necessary;
5. Agrees that if the Center enters into a contract with any agent, including a subcontractor, the agent will agree to comply with 42 C.F.R. Part 2 and HIPAA, and, if the Center learns of a pattern or practice by the agent that is a material breach of the contract with the Center, to take reasonable steps to cure the breach or terminate the contract, if feasible;
6. Agrees to comply with HIPAA's security provisions with regard to electronic protected health information, and to use appropriate safeguards (can define with more specificity) to prevent the unauthorized use or disclosure of the protected information;
7. Agrees to report breaches of protected information to the Program;
8. Agrees to report to the Program any use or disclosure of the protected information not provided for in this Agreement of which it becomes aware (insert negotiated time and manner terms);
9. Agrees to ensure that any agent, including a subcontractor, to whom the Center provides protected information received from the Program, or creates or receives on behalf of the Program, agrees to the same restrictions and conditions that apply through this Agreement to the Center with respect to such information;

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10. Agrees to provide access to the protected information at the request of the Program, or to an individual as directed by the Program, in order to meet the requirements of 45 C.F.R. § 164.524 which provides patients with the right to access and copy their own protected information (insert negotiated time and manner terms);
11. Agrees to make any amendments to the protected information as directed or agreed to by the Program pursuant to 45 C.F.R. § 164.526 (insert negotiated time and manner terms);
12. Agrees to make available its internal practices, books, and records, including policies and procedures, relating to the use and disclosure of protected information received from the Program, or created or received by the Center on behalf of the Program, to the Program or to the Secretary of the Department of Health and Human Services for purposes of the Secretary determining the Program's compliance with HIPAA (insert negotiated time and manner terms);
13. Agrees to document disclosures of protected information, and information related to such disclosures, as would be required for the Program to respond to a request by an individual for an accounting of disclosures in accordance with 45 C.F.R. § 164.528 (insert negotiated time and manner terms);
14. Agrees to provide the Program or an individual information in accordance with paragraph (9) of this agreement to permit the Program to respond to a request by an individual for an accounting of disclosures in accordance with 45 C.F.R. § 164.528 (insert negotiated time and manner terms);

Termination

1. The Program may terminate this Agreement if it determines that the Center has violated any material term.
2. Upon termination of this Agreement for any reason, the Center shall return or destroy all protected information received from the Program or created or received by the Center on behalf of the Program. This provision shall apply to protected information that is in the possession of subcontractors or agents of the Center. The Center shall retain no copies of the protected information.
3. In the event that the Center determines that returning or destroying the protected information is infeasible, the Center shall notify the Program of the conditions that make return or destruction infeasible (insert negotiated time and manner terms).
4. Upon notification that the return or destruction of the protected information is infeasible, the Center shall extend the protections of this Agreement to such protected information and limit further uses and disclosures of the information to those purposes that make the return or destruction infeasible, as long as the Center maintains the information.

Executed this ____ day of _____, 20__.

President
XYZ Service Center
[address]

Program Director
[Name of the Program]
[address]



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Appendix 8: Example Release of Information

CONSENT FOR RELEASE OF INFORMATION

Patient Name: _____ Date of Birth: _____

Subject to the notices printed on the back, I hereby authorize to disclose and or receive my health care information, including but not limited to substance use disorder information, Confidential HIV/AIDS, and psychiatric or behavioral health information (unless otherwise specified below), to/from the following individuals and/or entity listed below:

1. Name of entity or name of provider with whom I have a treating provider relationship (e.g., hospital, medical practice, physician, etc.):

Name: _____

Address: _____

Phone: _____

If you would like to limit the disclosure to the above-named entity, please specify the name of the individual(s) with whom you have a treating provider relationship (e.g., physician) below:

How would you like us to send your health information to the above individual or entity?

☐ U.S. mail ☐ Fax ☐ Encrypted e-mail ☐ Telephonic ☐ Encrypted CD

2. Individual with whom I do not have a treating provider relationship (e.g., attorney, probation officer) *:

Name: _____

Address: _____

Phone: _____

How would you like us to send your health information to the above individual?

☐ U.S. mail ☐ Fax ☐ Encrypted e-mail ☐ Telephonic ☐ Encrypted CD

*Please note that when there is no treating provider relationship, the name of an individual recipient must be specified (e.g., Naming a law firm or school is not sufficient). *



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I authorize the following of my health care information to be disclosed: Place an X by those items to be disclosed.

- ☐ Intake Document
- ☐ Attendance Record
- ☐ Discharge Summary
- ☐ Urine Drug Screens
- ☐ Outside Lab Results
- ☐ Medical/Physical Exams
- ☐ Diagnostic Studies
- ☐ Treatment Plan

- ☐ Progress Notes
- ☐ Psychiatric Evaluation
- ☐ Entire Medical Record
- ☐ Other:

(Please provide an explicit description of what substance use disorder information may be disclosed)

Please specify the time period during which you wish the information described above to be disclosed:

- ☐ All information maintained by; or
- ☐ Information maintained: From: ____/____/____
To: ____/____/____

Please specify the purpose(s) of the disclosure:

- ☐ Coordinate treatment;
- ☐ Comply with court order;
- ☐ Provide to probation officer;
- ☐ Referral;
- ☐ Maintain employer involved/informed;
- ☐ Arrange transportation;

- ☐ Coordinate medication or prescriptions;
- ☐ At my request;
- ☐ Consecutive Missed Medication/Inclement Weather
- ☐ Dual enrollment
- ☐ Emergency Contact
- ☐ Other:

(Please describe the purpose of the disclosure; as specific as possible)

This consent, if not revoked before, will expire twelve (12) months after I have completed my treatment at; or please specify an earlier date, event, or condition upon which this consent expires as stated herein:

I understand that I may revoke this consent at any time by notifying in writing as set forth in the Notice of Privacy Practices, except to the extent that action has been taken in reliance on it (e.g., provision of treatment services in reliance on a valid consent to disclose information to a third-party payer).

I understand that The Hartford Dispensary may not condition my treatment on my signing this consent form. Upon request, I understand that I may receive a copy of this consent form after signing.

Print Name of Patient or Personal Representative

Patient Signature (or Personal Representative)

Date



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Consent for Release of Information Revised 1/18/2018 – Page 2

For staff use only: If not signed by the patient, please describe legal authority to sign for patient:

STATEMENTS REGARDING CONFIDENTIAL INFORMATION

Any information released by a program to authorized persons is subject to the following notices:

Psychiatric Information: In the event that information released constitutes confidential psychiatric information protected under state law:

"The confidentiality of this record is required under chapter general statutes. This material shall not be transmitted to anyone without written consent or other authorization as provided in the aforementioned statutes."

Substance Use Disorder Information: In the event that information released is protected by the U.S. Department of Health and Human Services Confidentiality of Substance Use Disorder Patient Records regulations (42 C.F.R. part 2):

"This information has been disclosed to you from records protected by federal confidentiality rules (42 CFR part 2). The federal rules prohibit you from making any further disclosure of information in this record that identifies a patient as having or having had a substance use disorder either directly, by reference to publicly available information, or through verification of such identification by another person unless further disclosure is expressly permitted by the written consent of the individual whose information is being disclosed or as otherwise permitted by 42 CFR part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose (see § 2.31). The federal rules restrict any use of the information to investigate or prosecute with regard to a crime any patient with a substance use disorder, except as provided at §§ 2.12(c)(5) and 2.65."

HIV-Related Information: In the event that information released constitutes confidential HIV-related information protected under state law:

"This information has been disclosed to you from records whose confidentiality is protected by state law. State law prohibits you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by said law. A general authorization for the release of medical or other information is NOT sufficient for this purpose." Consent for Release of Information Revised 1/18/2018



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Appendix 9: Medical Necessity form

MASSHEALTH MEDICAL NECESSITY FORM FOR NONEMERGENCY AMBULANCE/WHEELCHAIR VAN TRANSPORTATION

MassHealth pays only for medically necessary nonemergency ambulance and wheelchair van transportation. The transportation provider is responsible for the completeness of this form and must retain the form for six years from the date of service. Pursuant to 130 CMR 450.205, the transportation provider must provide completed forms if the MassHealth agency requests them. The MassHealth agency will not pay a provider for services if the provider does not have adequate documentation to substantiate the provision of services payable under MassHealth. Please complete each section and field relevant to the service being provided. Fields that are not applicable to the service provided may be left blank.

1. Trip Information

Number of trips requested _____

Transportation requested: ☐ Wheelchair Van ☐ Nonemergency Ambulance

Date(s) of service (recurring transportation can only be authorized for up to a 30-day period, beginning with the date of the first trip): _____

Medical service provided to member at destination _____

2. MassHealth Member Information

Name _____

MassHealth ID Number _____ Date of Birth ____ / ____ / ____ Gender M F

3. Pick-up Location

Is pick-up location member's residence? ☐ Yes ☐ No

Is pick-up location a health care facility? ☐ Yes ☐ No

Facility Name (if pick-up location is a health care facility, including a facility at which member resides)

Street Address _____

City _____ State _____ Zip _____

4. Destination Information

Is destination member's residence? ☐ Yes ☐ No Is destination a health care facility? ☐ Yes ☐ No

Facility Name (if destination is a health care facility, including a facility at which member resides)

Street Address _____

City _____ State _____ Zip _____



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5. Transportation Provider Information

Name _____

NPI or PIDSL _____ Tel. # _____ Fax # _____

6a. Medical Necessity Information—Wheelchair Van Requests Only

- ☐ Member resides in an institutionalized setting and uses a wheelchair
- ☐ Member resides in an institutionalized setting and has a severe mobility impairment preventing member from using other transportation
- ☐ Member resides in an institutionalized setting and needs to be carried up or down stairs (because member is unable to walk up or downstairs or cannot walk without the assistance of two persons)
- ☐ Member resides in the community and needs mobility assistance from transportation provider personnel to exit his or her residence or to move from his or her residence to the vehicle
- ☐ Member is being discharged from an inpatient psychiatric hospital to a community-based behavioral health program and requires supervision during transportation. PT-1 transportation is unavailable or inappropriate.

6b. Medical Necessity Information—Ambulance Requests Only

- ☐ Member is continuously dependent on oxygen.
- ☐ Member is continuously confined to bed.
- ☐ Member is classified as an American Heart Association Class IV patient with a disease of the heart.
- ☐ Member is receiving intravenous treatment.
- ☐ Member requires transportation after cardiac catheterization.
- ☐ Member has uncontrolled seizure disorders.
- ☐ Member has a total body cast.
- ☐ Member has hip spicas or other casts that prevent flexion at the hip.
- ☐ Member is in an isolette (incubator).
- ☐ Member is in need of restraints because the member is possibly harmful to himself or herself or others. (This includes persons transported under M.G.L. c. 123, § 12 for temporary hospitalization by reason of mental illness.)
- ☐ Member is heavily sedated.
- ☐ Member is comatose.
- ☐ Member has the following medical condition making ambulance transportation necessary.



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7. Requesting Provider Attestation

NOTE: The requesting provider must 1) have adequate knowledge of the member's condition to attest to the information contained in the form; 2) be one of the provider types identified below; and 3) be enrolled in MassHealth (or, in the case of a physician designee, be a registered nurse supervised by a physician who is enrolled in MassHealth).

ATTESTATION: I certify under the pains and penalties of perjury that the information on this form and any attached statement that I have provided has been reviewed and signed by me, and is true, accurate, and complete, to the best of my knowledge. I also certify that I am the provider identified below. I understand that I may be subject to civil penalties or criminal prosecution for any falsification, omission, or concealment of any material fact contained herein.

Signature _____ Date _____

Print name _____

NPI (if applicable) _____ Tel. # _____ Fax # _____

Provider Type:

- ☐ Dentist
- ☐ Managed care representative
- ☐ Nurse midwife
- ☐ Nurse practitioner
- ☐ Physician
- ☐ Physician assistant
- ☐ Physician designee (Registered Nurse)
- ☐ Psychologist

Physician designees only: Provide the following information for supervising physician.

Name _____

NPI _____ Tel. # _____ Fax # _____



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Appendix 10: Methadone Chain of Custody

Methadone Chain of Custody:

Authorizing Pick-up and Administration for A Homebound or Long-Term Care Facility (LTCF) Client by a Nurse

To be filled out by [OTP NAME] Nurse before receipt is signed by LTCF/Visiting Nurse picking up Methadone

I am the SNF/Visiting Nurse for: _____ agree as follows:

(Name of Client, ID # and DOB)

The client is unable to come to [OTP NAME] for methadone treatment because:

I received _____ sealed bottles of methadone from [OTP NAME] along with a Methadone Administration Record. (Initials-visiting nurse) _____

I agree that I am responsible to keep the methadone in a secure place so that only LTCF/Visiting Nurses have access to the methadone.

The LTCF/Visiting Nurse will give a bottle of methadone with the correct date, daily at about the same time.

Each LTCF/Visiting Nurse will date and initial on the Methadone Administration Record when the client is given the methadone and the LTCF/Visiting Nurse will have the client initial that he/she received the methadone.

The LTCF/Visiting Nurse will complete a nursing assessment (attached) prior to administering the methadone. The LTCF/Visiting Nurse will not administer the methadone if any abnormalities are detected during the assessment and will contact the [OTP NAME] program physician.

The LTCF/Visiting Nurse will return the completed Methadone Administration Record, the empty methadone bottles, and any unused methadone to [OTP NAME].

The LTCF/Visiting Nurse will immediately report the discharge of the client to [OTP NAME].

By signing below, I affirm that I fully understand the information above and have had all my questions answered.

Signature of LTCF/Visiting Nurse

Date

Printed Name of LTCF/Visiting Nurse

*Adapted from Spectrum Health Systems Chain of Custody form



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Appendix 11: Methadone Chain of Custody Administration Record

Methadone Chain of Custody and Administration Record

[OTP NAME] Nurse to fill in Client Name, ID Number and DOB.

Client Name: _____ ID Number: _____

Date of Birth: _____

Methadone should be given to the client daily at approximately the same time, unless there is a medical reason to alter this practice. **The bottles are dated for each day.**

The nursing assessment will be completed by the Visiting Nurse or Long-Term Care Facility (LTCF) Nurse prior to administering methadone. If any abnormalities are detected the Nurse will NOT administer the methadone without first contacting a [OTP NAME].

Date bottle given to client	Initials of Visiting Nurse or LTCF Nurse	Initial of Client

Please note below if a dose of methadone was altered or not given or disposed of, and if so, when and for what reason.

I, the client, will notify [OTP NAME] immediately if the methadone seems altered in any way, and I understand that in order to pick-up refills, I will have the Visiting Nurse/LTCF Nurse return to [OTP NAME] the Methadone Administration Record and the empty methadone bottles.

Client Signature

Date

Client Name Printed

*Adapted from Spectrum Health Systems Chain of Custody and Administration form



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Appendix 12: Medication for Opioid Use Disorder Self-Administration Sheet

MEDICATION MANAGEMENT INSTRUMENT FOR DEFICIENCIES IN THE ELDERLY

What a Person Knows About Their Medications	YES	NO
**1. Name all the medications taken each day including prescription and over-the counter medications (including milk of magnesia, nutritional supplements, herbs, vitamins, Tylenol, etc.)		
**2. State the time of day for each prescription medication to be taken		
**3. Can you tell me how the medications should be taken (by mouth, with water, on skin, etc.)		
**4. State why he/she is taking each medication		
**5. Tell me the amount of each medication to be taken at each time during the day		
6. Identify if there are problems after taking the medication (i.e., like dizziness, upset stomach, constipation, loose stool, frequent urination, etc.)		
7. Does the resident get medication help from anyone? If YES, by whom? Type of help?		
8. What other medications do you have on hand or available? (i.e., eye drops, creams, lotions, or nasal sprays that are outdated, unused or discontinued)		
If a Person Knows <u>How To Take Their</u> Medications		
**1. Can fill a glass with water		
**2. Can remove top from medication container (vial, bubble pack, pill box, etc.)		
**3. Can count out required number of pills into hand or cup		
**4. Can put hand with medication in it to open mouth; put hand to eye for eye drops; hand to mouth for inhaler; draw up insulin, or place a topical patch.		
**5. Sip enough water to swallow medication		
Record how the medications are currently being stored:		
If a Person Knows <u>How to Get</u> Their Medications		
**1. Identify if a refill exists on a prescription		
**2. Identify who to contact to get a prescription refilled		
**3. Do you have resources to obtain the medication? (Can arrange transportation to pharmacy, pharmacy delivers, daughter picks it up, etc.)		
4. After getting a new refill, do you look at the medication before you take it to make sure it is the same as the one you finished?		
5. Do you have a prescription card? YES, NO Do you use your prescription card? YES, NO If YES : specify type: _____		
6. Are there medications that you need that you cannot obtain? YES, NO If YES, ask resident to explain.		

** If NO, it is counted as a 1 in the Deficiency Score

TOTAL DEFICIENCY SCORE: _____ (sum of three deficiency scores: maximum total score=13)



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[illegible]

Reference: Orwig D. Brandt N. Gruber-Baldini AL. (2006) Medication Management Assessment for Older Adults in the Community. Gerontologist. 2006; 46:661-668. Please contact author(s) prior to using this form at respective numbers (410) 706-8951 or (410) 706-1491 or via email dorwig@epi.umaryland.edu or nbrandt@rx.umayland.edu. Copyright 2002, University of Maryland, Baltimore 06/23/11



Appendix 13: Additional Resources

Below is a list of additional resources, some of which were mentioned in the toolkit, that you may find informative and helpful in working with resident with OUD. This is not a comprehensive list of all available resources, but some that have been found helpful.

- [The SAMHSA Treatment Improvement Protocols \(TIP\) Series:](#)
 - TIP 35: Enhancing Motivation for Change in Substance Use Disorder Treatment
 - TIP 54: Managing Chronic Pain in Adults with or in Recovery from Substance Abuse
 - TIP 50: Addressing Suicidal Thoughts and Behaviors in Substance Abuse
 - TIP 57: Trauma-Informed Care in Behavioral Health Services Disorders
 - TIP 59: Improving Cultural Competence
 - TIP 63: Medications for Opioid Use Disorder
 - TIP 45: Detoxification and Substance Use Treatment
- The SAMHSA
 - [Treatment of Stimulant Use Disorders](#)
- Center for Health Care Strategies
 - [Trauma-Informed Care](#)
- Camden Coalition and The National Center for Complex Health and Social Needs
 - [Medications for Addiction Treatment](#)
- [Cultural Competence for Clinicians:](#)
 - This manual for clinicians describes the influence of culture on the delivery of substance use and mental health services. It discusses racial, ethnic, and cultural considerations, and presents the core elements of cultural competence.
- Grayken Center for Addiction: Boston Medical Center
 - [Employer Resource Library](#)
- Harm Reduction Coalition
 - [Principles of Harm Reduction](#)
- Institute for Healthcare Improvement
 - [Quality Improvement Essential Toolkit](#)
- [KAP KEY for Clinicians:](#)
 - This manual for professional care providers and administrators describes the influence of culture on the delivery of substance use and mental health services. It discusses racial, ethnic, and cultural considerations, and presents the core elements of cultural competence.

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- Implicit Bias Resources:
 - [Addressing Bias](#)
 - [Check Your Blind Spot: Understanding Implicit Bias](#)
 - [Recovery Among Diverse Population Video with a Discussion Guide](#)
- Office-Based Addiction Treatment Training and Technical Assistance (OBAT TTA):
 - [Providers](#)
 - [Patient and Family Resources](#)
 - [Better Understanding Addiction](#)
- Providers Clinical Support System
 - [Evidence-Based Training and Resources to Treat Patients with OUD](#)
- RIZE Massachusetts
 - [An Initiative to End the Opioid Epidemic](#)
- SAFE Project
 - [Community Playbook: Step-by-Step Guide](#)

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