Service Standards

Opioid Treatment Programs

Purpose

Individuals who receive treatment with medications for opioid use disorder (MOUD) at Opioid Treatment Programs (OTPs) experience improved health and social, emotional, and vocational functioning; are at reduced risk of overdose death; and attain the recovery they seek.

Definition

OTPs provide comprehensive, person-centered, equitable, and evidence-based treatment for opioid use disorder (OUD) in a safe therapeutic environment. OTPs offer treatment with medications for opioid use disorder and a range of medical, behavioral health, educational, and recovery support services based on the person's preferences, beliefs, values, and needs.

Services may be provided at the OTP or in its affiliated medication units, including mobile units.

Interpretation: *Throughout this section, family involvement has been emphasized due to the significant impact family engagement has on resilience and recovery. However, family should be defined by the person and their involvement will vary, given the age and preferences of the person, and as permitted by law.*

For example, due to the importance of family involvement in achieving positive outcomes for youth, all aspects of service delivery should be family-driven when working with this population, accounting for the dynamics of the family as well as the needs of the youth in treatment.

Program models and structures can also impact family involvement. For example, due to the nature of withdrawal management programs, involving family members in the early stages of service delivery may not be possible or appropriate.

Note: *Please see OTP Reference List for the research that informed the development of these standards.*

Table of Evidence

Self Study Evidence

No Self Study Evidence

Opioid Treatment Programs

OTP 1: Person-Centered Logic Model

Purpose

Individuals who receive treatment with medications for opioid use disorder (MOUD) at Opioid Treatment Programs (OTPs) experience improved health and social, emotional, and vocational functioning; are at reduced risk of overdose death; and attain the recovery they seek.

The organization implements a program logic model that describes how resources and program activities will support the achievement of positive outcomes.
Note: *Please see the Logic Model Template for additional guidance on this standard.?*

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

Logic models have been implemented for all programs and the organization has identified at least two outcomes for all its programs.

2

Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- Logic models need improvement or clarification; or
- Logic models are still under development for some of its programs, but are completed for all high-risk programs such as protective services, foster care, residential treatment, etc.; or
- At least one desired outcome has been identified for all of its programs.

3

Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- Logic models need significant improvement; or
- Logic models are still under development for a majority of programs; or
- A logic model has not been developed for one or more high-risk programs; or
- Outcomes have not been identified for one or more programs.

4

Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,

- Logic models have not been developed or implemented; or
- Outcomes have not been identified for any programs.

Table of Evidence

Self Study Evidence

• See program description completed during intake	
* • Program logic model that includes a list of outcomes being measured	

Site Visit Evidence

No Site Visit Evidence

On-Site Activities

*

- Interviews may include:
  - Program sponsor
  - Medical director
  - Relevant personnel

OTP 1.01

A program logic model, or equivalent framework, identifies:

a. needs the program will address;
b. available human, financial, organizational, and community resources (i.e., inputs);
c. program activities intended to bring about desired results;
d. program outputs (i.e., the size and scope of services delivered);
e. desired outcomes (i.e., the changes you expect to see in persons served); and
f. expected long-term impact on the organization, community, and/or system.

Examples: *Please see the W.K. Kellogg Foundation Logic Model Development Guide and COA Accreditation's PQI Guide for more information on developing and using program logic models.*

Examples: *Information that may be used to inform the development of the program logic model includes, but is not limited to:*

1. *needs assessments and periodic reassessments; and*
2. *the best available evidence of service effectiveness.*

OTP 1.02

The logic model identifies desired outcomes in at least two of the following areas:

a. change in clinical status;
b. change in functional status;
c. health, welfare, and safety;
d. permanency of life situation;
e. quality of life;
f. achievement of individual service goals; and
g. other outcomes as appropriate to the program or service population.

Interpretation: *Outcomes data should be disaggregated to identify patterns of disparity or inequity that can be masked by aggregate data reporting. See PQI 5.02 for more information on disaggregating data to track and monitor identified outcomes.*

Opioid Treatment Programs

OTP 2: Personnel

Purpose

Individuals who receive treatment with medications for opioid use disorder (MOUD) at Opioid Treatment Programs (OTPs) experience improved health and social, emotional, and vocational functioning; are at reduced risk of overdose death; and attain the recovery they seek.

Personnel have the competency and support needed to provide services and meet the needs of persons served.

Interpretation: *Competency can be demonstrated through education, training, experience, or licensure. Support can be provided through supervision or other learning activities to improve understanding or skill development in specific areas.*

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2

Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- With some exceptions, staff (direct service providers, supervisors, and program managers) possess the required qualifications, but the integrity of the service is not compromised; or
- Supervisors provide additional support and oversight, as needed, to the few staff without the listed qualifications; or
- Most staff who do not meet educational requirements are seeking to obtain them; or
- With few exceptions, staff have received required training, including applicable specialized training; or
- Training curricula are not fully developed or lack depth; or
- Training documentation is consistently maintained and kept up-to-date with some exceptions; or
- A substantial number of supervisors meet the requirements of the standard, and the organization provides training and/or consultation to improve competencies when needed; or
- With few exceptions, caseload sizes are consistently maintained as required by the standards or as required by internal policy when caseload has not been set by a standard; or
- Workloads are such that staff can effectively accomplish their assigned tasks and provide quality services and are adjusted as necessary; or
- Specialized services are obtained as required by the standards.

3

Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- A significant number of staff (direct service providers, supervisors, and program managers) do not possess the required qualifications, and, as a result, the integrity of the service may be compromised; or
- Job descriptions typically do not reflect the requirements of the standards, and/or hiring practices do not document efforts to hire staff with required qualifications when vacancies occur; or
- Supervisors do not typically provide additional support and oversight to staff without the listed qualifications; or
- A significant number of staff have not received required training, including applicable specialized training; or
- Training documentation is poorly maintained; or
- A significant number of supervisors do not meet the requirements of the standard, and the organization makes little effort to provide training and/or consultation to improve competencies; or
- There are numerous instances where caseload sizes exceed the standards' requirements or the requirements of internal policy when a caseload size is not set by the standard; or
- Workloads are excessive, and the integrity of the service may be compromised; or
- Specialized staff are typically not retained as required and/or many do not possess the required qualifications; or
- Specialized services are infrequently obtained as required by the standards.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards.

Table of Evidence

Self Study Evidence

*	• List of program personnel that includes:
	  • Title
	  • Name
	  • Employee, volunteer, or independent contractor
	  • Degree or other qualifications
	  • Time in current position
	• See organizational chart submitted during application	

*	• Policy addressing employee health and vaccinations	
*	• Table of contents of training curricula	
*	• Procedures or other documentation relevant to continuity of care and case assignment	

Site Visit Evidence

*	• Sample job descriptions from across relevant job categories • Formal agreements with necessary professionals as applicable • Training curricula • Documentation tracking staff completion of required trainings and/or competencies • Caseload size requirements set by policy, regulation, or contract, when applicable • Documentation of current caseload size per worker

On-Site Activities

*	• Interviews may include:
	  • Program sponsor
	  • Medical director
	  • Relevant personnel
	• Review personnel files
	• Verify the employment of, or agreements with, qualified clinicians

OTP 2.01

Direct service personnel are qualified by education, training, and/or experience to fulfill their role within the program and meet all applicable licensing and/or credentialing requirements of their respective professions.

Examples: *Qualifications will vary based on position and can include the following:*

1. *an advanced degree in social work, medicine, psychology, pastoral counseling, marriage and family counseling, mental health or substance use counseling, or psychiatric nursing, and training in substance use treatment;*
2. *a bachelor's degree in social work or a related human service field with specialized training and experience in substance use treatment;*

3. *certification by the designated authority when the state has a mechanism for certifying addiction counselors;*
4. *personal experience in recovery and specialized training and demonstrated skills in substance use treatment; or*
5. *specific and relevant training in substance use treatment and a minimum of two years' work experience providing substance use treatment services.*

OTP 2.02

Practitioners who administer and dispense medication for opioid use disorder (MOUD) are:

a. health care professionals licensed by the state to administer and/or dispense MOUD; or
b. supervised by a licensed OTP practitioner when permitted by federal and state law.

Interpretation: *In some states, practitioners other than licensed physicians, such as nurse practitioners and physician assistants, are permitted to administer and dispense MOUD.*

OTP 2.03

Supervisors are qualified by:

a. an advanced degree in a human service field and a minimum of two years of professional experience;
b. specialized training and experience in substance use diagnosis and treatment and additional training in supervision; and/or
c. certification and/or licensure by the designated authority in their state as an approved substance use treatment counseling supervisor.

Interpretation: *Regarding element (b), supervisors of peer support staff should be trained on recognizing and responding to signs of trauma among peer support workers.*

OTP 2.04

A licensed physician with knowledge in addiction medicine or addiction psychiatry acts as the medical director responsible for:

a. supervising and administering all medical and behavioral health services; and
b. ensuring compliance with all applicable federal, state, and local laws and regulations.

OTP 2.05

A program sponsor is responsible for the overall operation of the OTP and its employees.

OTP 2.06

The clinical team, including social work, medical, psychological, and psychiatric professionals with specialized training in the treatment of substance use disorder:

a. are on staff or available through a formal agreement to provide services and support needed to meet the needs of individuals; and
b. work with the individual, and their family when appropriate, to make level of care, treatment, and termination-of-service decisions.

OTP 2.07

When staff with lived experience provide peer support to individuals or their families, the organization:

a. clearly defines their roles and responsibilities;
b. includes peer support staff as equal partners on the interdisciplinary team;
c. helps other program personnel understand the position and its purpose at the program;
d. establishes guidelines for recruitment and selection;
e. ensures peer support staff are trained to perform their roles and responsibilities;

f. provides ongoing support and supervision to address any issues that occur, including helping peer support staff manage personal triggers that may arise on the job; and
g. facilitates opportunities for peer support staff to connect and consult with others performing similar roles.

NA: The organization does not utilize peer support staff.

OTP 2.08 (FP)

All direct service personnel who have in-person contact with persons served receive pre-employment and post-exposure testing for TB infection and providers recommend a hepatitis B vaccination if personnel are at risk for exposure to hepatitis.

OTP 2.09

Personnel are trained on or demonstrate competency in, the latest information, theories, and proven practices related to the diagnosis and treatment of opioid and other substance use disorders, including:

a. diagnostic criteria for substance use disorders and their severity;
b. the signs and symptoms of withdrawal;
c. addiction as a disease;
d. the goals of opioid treatment in regard to other drug use;
e. harm reduction interventions or practices;
f. relapse prevention;
g. overdose prevention and response;
h. treatment needs of special populations including women, individuals experiencing homelessness, and adolescents;
i. treatment needs of individuals with HIV/AIDS including symptoms, risk-reduction and infection control guidelines, testing, and counseling;
j. criminal justice issues, as appropriate;
k. information on the current drug supply, evolving patterns of drug misuse, and overdose trends; and
l. the benefits and limitations of tests that screen for drug use.

OTP 2.10

Clinical personnel are trained on, or demonstrate competence in:

a. responding to the diverse needs and characteristics of the service population including but not limited to those related to race, ethnicity, culture, tribal affiliation, religion, sexual orientation, gender identity, abilities, and military service;
b. clarifying the values and preferences of individuals and families and working collaboratively to develop and implement person-centered, recovery-oriented care plans;
c. identifying and building on strengths and protective factors;
d. identifying and responding to the social determinants of health;
e. recognizing and working with people with co-occurring physical health, mental health, and substance use conditions;
f. methods of crisis prevention and intervention, including assessing for and responding to signs of suicide risk or other safety threats/risks;?and
g. working with difficult-to-reach or disengaged individuals.

OTP 2.11 (FP)

There is at least one person on duty at each program site any time persons served are present who has received first aid and age-appropriate CPR training in the previous two years that included an in-person, hands-on CPR skills assessment conducted by a certified CPR instructor.

OTP 2.12

The organization promotes stability and service continuity by:

a. assigning a worker at intake or early in the contact; and
b. minimizing the number of workers assigned to the individual throughout their contact with the organization.

Interpretation: *Assignment of a primary counselor is not required for individuals in interim treatment.*

OTP 2.13

Employee workloads support the achievement of positive outcomes and are regularly reviewed.

Examples: *Factors that may be considered when determining employee workloads include, but are not limited to:*

1. *the qualifications, competencies, and experience of the worker, including the level of supervision needed;*
2. *the work and time required to accomplish assigned tasks and job responsibilities; and*
3. *service volume, accounting for assessed level of needs of persons served.*

OTP 2.14

The organization counteracts the development of compassion fatigue by:

a. helping personnel understand how they can be impacted by stress, distress, and trauma;
b. helping personnel develop the skills and behaviors needed to manage and cope with work-related stressors;
c. encouraging respectful collaboration, coaching, and support among co-workers;
d. examining how the organization's culture and policies can prevent the development of compassion fatigue;?and
e. informing personnel about treatment services, as needed.

Examples: *Regarding element (b), organizations can help personnel develop the skills and behaviors that will enable them to: (1) engage in positive thinking; (2) increase their self-awareness; (3) know their limits and needs; (4) practice self-compassion; (5) establish healthy boundaries; (6) effectively communicate about unrealistic and unspoken expectations; (7) identify and manage emotional triggers; (8) have difficult conversations with co-workers and supervisors; (9) practice brain-aware activities to stay regulated; and (10) take time for self-care.*

Regarding element (d), areas to consider include, but are not limited to: (1) supervision; (2) caseload assignment; (3) scheduling; (4) training; (5) crisis response; (6) psychological safety; and (7) healthy and realistic staff expectations and boundaries.

Opioid Treatment Programs

OTP 3: Screening and Intake

Purpose

Individuals who receive treatment with medications for opioid use disorder (MOUD) at Opioid Treatment Programs (OTPs) experience improved health and social, emotional, and vocational functioning; are at reduced risk of overdose death; and attain the recovery they seek.

The organization minimizes barriers to starting treatment with medication for opioid use disorder.

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2

Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
- Active participation of persons served occurs to a considerable extent.

3

Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- Several case records are missing important information; or
- Participation of persons served is inconsistent.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing.

Table of Evidence

Self Study Evidence

*	• Screening and intake procedures	
*	• Eligibility criteria	

Site Visit Evidence

*

- Operating hours
- 24/7 emergency coverage schedule for the previous month if provided directly
- Community resource and referral list

On-Site Activities

*

- Interviews may include:
  - Program sponsor
  - Medical director
  - Relevant personnel
- Review case records
- Observe facility

OTP 3.01

The organization provides a welcoming environment for people to receive treatment with medication for opioid use disorder that is conducive to rehabilitation, and services are available:

a. during hours that are based on the needs of the service population; and
b. 24 hours a day, seven days a week for emergencies, either directly or through partnerships with community providers.

Interpretation: *The OTP is responsible for ensuring individuals and their families are educated on how to access needed crisis and emergency services when the program is closed.*

OTP 3.02

No person under 18 years of age may receive treatment with medication for opioid use disorder without the consent of a parent or legal guardian unless permitted under state law.

OTP 3.03

The organization does not serve individuals receiving services from other OTPs, except when it has been determined that the individual is not able to access care at the OTP in which they are enrolled, and the case record contains:

a. results of a review to determine if the person is enrolled in another OTP; and
b. justification for seeking treatment at another OTP as determined by the medical director or licensed OTP practitioner at the OTP of record.

Examples: *Circumstances that may prevent an individual from accessing care from their OTP can include travel for work or family events, temporary relocation, or the temporary closure of an OTP.*

OTP 3.04 (FP)

Prompt, responsive intake practices:

a. gather information necessary to identify critical service needs and/or determine when a more intensive service is necessary;
b. identify emergency situations and facilitate immediate access to stabilization and harm reduction activities;
c. give priority to pregnant individuals and individuals with urgent needs;
d. support timely initiation of services for routine needs; and
e. provide referral to appropriate resources when individuals cannot be served or cannot be served promptly.

Interpretation: *A confirmation of pregnancy should be requested for priority access to treatment.*

Examples: *Regarding element (b), emergency situations can include drug overdose, impairment, or severe withdrawal.*

OTP 3.05 (FP)

Individuals participate in an initial medical screening conducted by a licensed practitioner to ensure there are no contraindications to treatment with medications for opioid use disorder and that they:

a. meet diagnostic criteria for an active moderate to severe opioid use disorder (OUD);
b. are in OUD remission; or
c. are at high risk for recurrence or overdose.

Interpretation: *A medical screening conducted outside the OTP or by a non-OTP provider no more than 7 days prior to OTP admission satisfies the requirements of this standard as long as it was conducted by a licensed medical provider and the results have been reviewed and verified by the licensed OTP practitioner.*

Interpretation: *The initial medical screening may be conducted using telehealth platforms if the medical provider determines that this method will allow for an adequate evaluation of the individual. When evaluating individuals for treatment with methadone, audio-visual methods of telehealth must be used. When evaluating individuals for treatment with buprenorphine or naltrexone, audio-only platforms are acceptable.*

OTP 3.06

A licensed OTP practitioner assesses each person to ensure that they:

a. have voluntarily chosen treatment with medications for opioid use disorder;
b. understand all relevant facts concerning their use; and
c. have provided informed consent to treatment.

Opioid Treatment Programs

OTP 4: Assessment

Purpose

Individuals who receive treatment with medications for opioid use disorder (MOUD) at Opioid Treatment Programs (OTPs) experience improved health and social, emotional, and vocational functioning; are at reduced risk of overdose death; and attain the recovery they seek.

The organization's assessment practices ensure that individuals receive prompt and responsive access to appropriate services.

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2

Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- In a few rare instances, urgent needs were not prioritized; or
- For the most part, established timeframes are met; or
- Culturally responsive assessments are the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
- Active participation of persons served occurs to a considerable extent.

3

Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Urgent needs are often not prioritized; or
- Services are frequently not initiated in a timely manner; or
- Applicants are not receiving referrals, as appropriate; or
- Assessment and reassessment timeframes are often missed; or
- Assessments are sometimes not sufficiently individualized;
- Culturally responsive assessments are not the norm, and this is not being addressed in supervision or training; or
- Several case records are missing important information; or
- Participation of persons served is inconsistent; or
- Intake or assessment is done by another organization or referral source and no documentation and/or summary of required information is present in case record.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,

- There are no written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing.

Table of Evidence

Self Study Evidence

*	• Assessment procedures	
*	• Copy of assessment tool(s)	

Site Visit Evidence

No Site Visit Evidence

On-Site Activities

*

- Interviews may include:
  - Program sponsor
  - Medical director
  - Relevant personnel
  - Persons served
- Review case records

OTP 4.01

Persons served participate in an individualized, trauma-informed, culturally- and linguistically-responsive assessment that is:

a. completed within 14 calendar days following the initiation of treatment with medications for opioid use disorder;
b. conducted through a combination of standardized and validated tools, interviews, discussion, and observation;
c. inclusive of information, screenings, and assessments provided by partnering or referring providers, when deemed clinically relevant and appropriate by a licensed OTP practitioner;
d. focused on information pertinent to meeting the person's service requests and objectives; and
e. updated as needed based on the needs of persons served.

Interpretation: *For an assessment to be trauma-informed, the organization understands and recognizes the role of traumatic life events in the development of substance use disorders. Personnel should focus on the person's experiences and strengths rather than deficits and weaknesses. Adopting this assumption at all levels of treatment ensures that the organization actively prevents instances that could potentially lead to re-traumatization.*

OTP 4.02

The full psychosocial assessment includes:

a. a behavioral health evaluation of mental health and substance use symptoms or disorders, their severity, and treatment history;
b. a brief screen for trauma history and recent incidents of trauma followed by referral for a comprehensive, evidence-based trauma assessment conducted by an appropriately qualified individual when indicated;
c. screening for high-risk behaviors related to HIV/AIDS, sexually transmitted diseases, multi-drug-resistant tuberculosis, and other infectious diseases;
d. individual values, preferences, strengths, risks, and protective factors;
e. social determinants of health; and
f. a risk evaluation to assess risk of suicide, self-injury, neglect, exploitation, and violence towards others.

Interpretation: *The Assessment Matrix – Private, Public, Canadian, Network determines which level of assessment is required for COA Accreditation's Service Sections. The assessment elements of the Matrix can be tailored according to the needs of specific individuals or service design.*

Interpretation: *Personnel that conduct evaluations should be aware of the indicators of a potential trafficking victim, including, but not limited to, evidence of mental, physical, or sexual abuse; physical exhaustion; working long hours; living with an employer or many people in a confined area; unclear family relationships; a heightened sense of fear or distrust of authority; the*

presence of an older significant other or pimp; loyalty or positive feelings towards an abuser; an inability or fear of making eye contact; chronic running away or homelessness; possession of excess amounts of cash or hotel keys; and an inability to provide a local address or information about parents.

Examples: *Substance use assessments may examine a variety of factors in the person's substance use history including age at first use; routes of ingestion; history of tolerance, withdrawal, drug mixing, and overdose; and information on current patterns of use such as which drugs the person uses, comorbid alcohol and tobacco use, and the frequency, recency, and intensity of use.*

OTP 4.03 (FP)

Within 14 calendar days of initiating treatment, each person receives a comprehensive, in-person physical examination by a licensed practitioner, that includes, but is not limited to:

a. a full medical history;
b. screening for co-occurring medical conditions, including pregnancy;
c. evidence of current physical dependence; and
d. clinically necessary laboratory testing as determined by the OTP practitioner.

Interpretation: *A physical exam conducted outside the OTP or by a non-OTP provider no more than 7 days prior to the OTP admission can satisfy the requirements of this standard as long as it was conducted by a licensed medical provider and the results have been reviewed and verified by the licensed OTP practitioner.*

Interpretation: *Regarding element d, laboratory and other testing drawn within 30 days prior to the initiation of treatment with medications for opioid use disorder or up to 14 calendar days after the initiation of treatment can be considered as part of the full history and examination.*

Refusal of laboratory testing should not prevent a person from accessing treatment unless the licensed OTP practitioner determines that the test is medically necessary and the person's refusal has the potential to negatively affect treatment outcomes.

Examples: *Nationally recognized evidence-based guidelines published by the American Society of Addiction Medicine and by the Substance Abuse and Mental Health Services Administration include practice recommendations for conducting physical exams and laboratory testing.*

OTP 4.04

The organization completes a comprehensive safety assessment when an individual expresses suicidal ideation using an assessment tool, the worker's professional judgment, and the person's input and active involvement, paying specific attention to their:

a. suicidal desire;
b. intent to die and any identified method and plan;
c. suicidal capability, including history of attempts and available means; and
d. buffers/protective factors.

Interpretation: *The safety assessment should be an engaging, collaborative process between personnel and the person that retains the individual's autonomy and choice to the greatest extent possible. Over-reliance on a single, standardized suicide assessment tool to predict future suicidal behavior and risk level may not provide an accurate assessment of a person's suicide risk. People do not always accurately report suicidal ideation when asked, and suicidal desire and intent may vary widely at any given moment.*

Opioid Treatment Programs

OTP 5: Care Planning and Monitoring

Purpose

Individuals who receive treatment with medications for opioid use disorder (MOUD) at Opioid Treatment Programs (OTPs) experience improved health and social, emotional, and vocational functioning; are at reduced risk of overdose death; and attain the recovery they seek.

Each person participates in the development and ongoing review of a care plan that is the basis for delivery of appropriate services and support.

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2

Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
- With few exceptions, staff work with persons served, when appropriate, to help them receive needed support, access services, mediate barriers, etc.; or
- Active participation of persons served occurs to a considerable extent.

3

Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- Case reviews are not being done consistently; or
- Level of care for some people is clearly inappropriate; or
- Care planning is often done without the full participation of persons served; or
- Appropriate family involvement is not documented; or
- Documentation is routinely incomplete and/or missing; or
- Individual staff members work with persons served, when appropriate, to help them receive needed support, access services, mediate barriers, etc., but this is the exception.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing.

Table of Evidence

Self Study Evidence

• Care planning and monitoring procedures	

Site Visit Evidence

No Site Visit Evidence

On-Site Activities

- Interviews may include:
  - Program sponsor
  - Medical director
  - Relevant personnel
  - Persons served
- Review case records

OTP 5.01

An assessment-based care plan is developed within 14 calendar days of initiating treatment with the full participation of persons served, and their families when appropriate, and includes:

a. the person's behavioral health, physical health, and social service needs and goals, including those related to social determinants of health;
b. agreed upon actions, including harm reduction activities, to achieve their goals and desired outcomes;
c. services and supports to be provided, their recommended frequency, the schedule for their provision, and by whom they will be provided;
d. procedures for expedited care planning when a crisis or urgent need is identified; and
e. documentation of the individual's or family's participation in care planning and their written, verbal, or electronic consent to treatment.

Interpretation: *Regarding element a, social service needs and goals should include those related to education, vocational training, and employment; finances; legal issues; housing; and other recovery support services as appropriate to the preferences and needs of the person.*

Interpretation: *Although personnel should help identify available services and their potential risks and benefits and participate in evaluating options, persons served should be the primary planners of their goals and objectives and have the right to make their own decisions regarding what services and supports will be provided and by whom.*

OTP 5.02 (FP)

The organization determines whether a crisis plan is necessary and, when indicated, engages individuals, and their families when appropriate, in crisis and/or safety planning that:

a. is individualized and centered around strengths;
b. identifies individualized warning signs of a crisis;
c. identifies coping strategies and sources of support that can be implemented during a suicidal crisis, as appropriate;
d. specifies interventions that may or may not be implemented to help the individual de-escalate and promote stabilization; and
e. does not include "no-suicide" or "no-harm" contracts.

Interpretation: *For people who have been deemed to be at high risk of suicide, a safety plan includes a prioritized written list of coping strategies and sources of support that people can use before or during a suicidal crisis. The safety plan should be developed once it has been determined that no immediate emergency intervention is required.*

Examples: *Organizations may also provide family members with information on crisis prevention. For example, Mental Health First Aid is a one-day training that can prepare someone to recognize, understand, and respond to a person's mental health crisis.*

OTP 5.03

The organization partners with the individual, and their family when appropriate, to review their case at least quarterly or more frequently when indicated, to:

a. assess care plan implementation;
b. review progress toward achieving goals and desired outcomes;
c. evaluate the person's continued need for and engagement with psychosocial supports and services, including recovery supports; and
d. make necessary adjustments to the care plan.

Opioid Treatment Programs

OTP 6: Community Education and Outreach

Purpose

Individuals who receive treatment with medications for opioid use disorder (MOUD) at Opioid Treatment Programs (OTPs) experience improved health and social, emotional, and vocational functioning; are at reduced risk of overdose death; and attain the recovery they seek.

The organization fosters a culture of community responsiveness by conducting education and outreach activities and acting promptly to address identified concerns.

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2

Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
- Active participation of persons served occurs to a considerable extent.

3

Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- Several case records are missing important information; or
- Participation of persons served is inconsistent.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing.

Table of Evidence

Self Study Evidence

*	• Communications plan and/or procedures for responding to public inquiries	

Site Visit Evidence

*

- Community education and outreach materials
- Examples of mechanisms used to receive community opinions and input

On-Site Activities

*

- Interviews may include:
  - Program sponsor
  - Relevant personnel

OTP 6.01

Community education and outreach activities:

a. educate the public about the positive impact treatment with medications for opioid use disorder (MOUD) has on the community and its residents; and
b. establish mechanisms to receive community opinions and input regarding treatment with MOUD and the organization's presence in the community; and aim to address and resolve community concerns.

Examples: *Ongoing communication with community leaders and members of the public allows the organization to communicate information on its initiatives, policy and advocacy efforts, proactive problem-solving efforts, and stories of success.?This builds public awareness of the positive work being done by the organization, which can mobilize public support for policy issues or changes that impact the organization's work.*

OTP 6.02

Personnel are familiar with the organization's communications plan and/or procedures, including position-specific guidelines for responding to inquiries from the media and the public.

Opioid Treatment Programs

OTP 7: Service Elements

Purpose

Individuals who receive treatment with medications for opioid use disorder (MOUD) at Opioid Treatment Programs (OTPs) experience improved health and social, emotional, and vocational functioning; are at reduced risk of overdose death; and attain the recovery they seek.

Services promote recovery and wellness and are responsive to individual preferences, needs, and goals.

Interpretation: *Counseling, vocational training, employment, economic, legal, educational, and other recovery support services are not required to be offered to individuals in interim treatment.*

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2

Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
- Active participation of persons served occurs to a considerable extent.

3

Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- Several case records are missing important information; or
- Participation of persons served is inconsistent.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing.

Table of Evidence

Self Study Evidence

*	• Procedures for referring individuals for services	

*	• Procedures for integrating physical and behavioral health treatment either directly or through involvement with a cooperating service provider	
*	• Procedures for evaluating referral resources	
*	• Procedures for coordinating with the criminal justice system	

Site Visit Evidence

*	• Documentation of agreements with external providers, when applicable • Educational materials or other documentation of information provided to persons served

On-Site Activities

*	• Interviews may include:
	  • Program sponsor
	  • Medical director
	  • Relevant personnel
	  • Persons served
	• Review case records

OTP 7.01

The organization provides substance use counseling and psychoeducation services that are person-centered, recovery-focused, and:

a. recognize individual preferences, beliefs, values, and goals;
b. utilize evidence-based or culturally-relevant, evidence-supported approaches tailored to the ages and abilities of persons served; and
c. are not a condition of receiving treatment with medications for opioid use disorder.

Interpretation: *Counseling services must be provided directly or through a documented agreement with a partnering provider.*

OTP 7.02 (FP)

The organization provides:

a. counseling on preventing exposure to, and transmission of, HIV, viral hepatitis, and sexually transmitted infections (STIs);
b. referral for testing for HIV and other infectious diseases when indicated; and
c. referral for services and treatment when individuals receive a positive test result.

OTP 7.03

Persons served, and adults with whom they live, are educated about program guidelines, rules, and regulations including:

a. drug testing expectations and procedures; and
b. conduct or behaviors that could result in administrative discharge.

OTP 7.04

Persons served, and the adults with whom they live, are educated about the nature of addictive disorders and the use of medications for opioid use disorder (MOUD) including:

a. dependency substitution and self-medication;
b. therapeutic effects of MOUD;
c. common myths about MOUD; and
d. the benefits of treatment and the recovery process.

OTP 7.05 (FP)

Persons served, and the adults with whom they live, are educated about the dangers of continued alcohol, tobacco, or drug use including:

a. cross-tolerance and other risks of continued use during treatment with medication for opioid use disorder;
b. the importance of treatment adherence and honest communication with the licensed OTP practitioner;
c. information on the current drug supply and overdose trends;
d. harm reduction supports, services, and activities;
e. signs and symptoms of overdose, administering opioid antagonist medications, and when to seek emergency assistance; and
f. clinical support and other treatment options including recommended FDA-approved medications for smoking, alcohol, or other drug cessation when available.

OTP 7.06

Persons served have access to the following services, either directly or by referral, as appropriate to their needs, preferences, and goals:

a. vocational training, education, and employment services; and
b. additional screening, assessment, and treatment services.

OTP 7.07

Individuals are actively connected with peer support services appropriate to their request or need for service.

Interpretation: *Connections to outside self-help/mutual aid groups should not be limited to providing the time and location for a meeting. Organizations can support acclimation to a new group by, for example, discussing meeting protocols and what to expect prior to attending, accompanying individuals and families to their first meeting, and encouraging them to make connections with peers while at the meeting.*

OTP 7.08

Individuals diagnosed as having co-occurring health, mental health, and substance use conditions receive integrated treatment directly or through active involvement with a cooperating service provider.
Note: *An organization that has a specialized outpatient co-occurring disorder treatment program must also complete Mental Health and/or Substance Use Services (MHSU), recognizing that the mental health standards may need to be adapted for specialized core services provided within the context of services for substance use conditions.*

OTP 7.09

The organization periodically evaluates referral resources to assess the safety, quality, and availability of services provided.

OTP 7.10

The organization coordinates with the criminal justice system to ensure access to treatment for individuals who are incarcerated, or on probation or parole including:

a. establishing partnerships and coordination procedures with criminal justice agencies in the community;

b. conducting comprehensive, integrated care planning, including re-entry planning; and
c. utilizing information-sharing procedures that allow partners to track and share information in accordance with privacy laws and the individual's preferences and needs.

NA: The organization does not serve any individual involved in the criminal justice system.

Opioid Treatment Programs

OTP 8: Medical Services

Purpose

Individuals who receive treatment with medications for opioid use disorder (MOUD) at Opioid Treatment Programs (OTPs) experience improved health and social, emotional, and vocational functioning; are at reduced risk of overdose death; and attain the recovery they seek.

Medical services are provided according to individual preferences and needs, either directly or by documented agreement with a partnering provider.

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2

Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
- Active participation of persons served occurs to a considerable extent.

3

Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- Several case records are missing important information; or
- Participation of persons served is inconsistent.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing.

Table of Evidence

Self Study Evidence

*	• Procedures for providing medical services	
*	• Procedures for referring individuals for services	

• PDMP procedures	

Site Visit Evidence

No Site Visit Evidence

On-Site Activities

- Interviews may include:
  - Program sponsor
  - Medical director
  - Relevant personnel
  - Persons served
- Review case records
- Observe facility

OTP 8.01 (FP)

Identified medical and psychiatric needs are addressed directly or through a documented agreement with a partnering provider.

Interpretation: *While the organization is not required to provide services directly, results of medical or psychiatric screens, tests, and services should be documented in the case record and incorporated into care planning and monitoring.*

Examples: *Medical and psychiatric services that may be needed can include:*

1. *screening and ongoing monitoring for chronic medical conditions;*
2. *medication monitoring and management;*
3. *specialized physical health or psychiatric services;*
4. *specialized screenings, assessments, or tests;?or*
5. *other diagnostic procedures*

OTP 8.02 (FP)

A licensed practitioner conducts physical examinations at least annually to review:

a. dosing;
b. treatment response;
c. other substance use disorder treatment needs;
d. responses and identified goals; and
e. relevant physical and psychiatric treatment needs and goals.

Interpretation: *Physical exams conducted outside the OTP or by non-OTP providers satisfy the requirements of this standard as long as they are conducted by licensed medical providers and the results have been reviewed and verified by the licensed OTP practitioner.*

OTP 8.03 (FP)

Individuals with both chronic pain and opioid use disorder (OUD) receive integrated treatment from a specialist in pain medicine.

Interpretation: *Generally, individuals with chronic pain disorder who do not have OUD should not be treated by the OTP, but there are exceptions if the program is the only available resource in the community.*

OTP 8.04

The organization queries the state prescription drug monitoring program (PDMP):

a. before initiating dosing for people new to treatment;
b. at clinical decision points, such as ordering take-home medication; and
c. at regular intervals for all persons served.

NA: There is no PDMP available in the state.

Examples: *Regulations governing how frequently the PDMP should be checked vary from state to state and range from quarterly to annually in most jurisdictions.*

OTP 8.05 (FP)

The organization maintains a supply of overdose reversal medication on-site and appropriately trained staff are available to administer this medication in the event of an overdose.

OTP 8.06 (FP)

Individuals, and their families when appropriate, are provided with an overdose reversal kit or prescription.

Opioid Treatment Programs

OTP 9: Drug Testing Services

Purpose

Individuals who receive treatment with medications for opioid use disorder (MOUD) at Opioid Treatment Programs (OTPs) experience improved health and social, emotional, and vocational functioning; are at reduced risk of overdose death; and attain the recovery they seek.

Drug testing is conducted in a clinically appropriate and therapeutic manner and results are used to inform treatment decisions and support the achievement of individualized goals.

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2

Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
- Active participation of persons served occurs to a considerable extent.

3

Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- Several case records are missing important information; or
- Participation of persons served is inconsistent.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing.

Table of Evidence

Self Study Evidence

*	• Procedures for evaluating the quality of laboratories	
*	• Policies related to drug testing	

• Procedures for drug testing	

Site Visit Evidence

No Site Visit Evidence

On-Site Activities

- Interviews may include:
  - Program sponsor
  - Medical director
  - Relevant personnel
  - Persons served
- Review case records

OTP 9.01

Before establishing a contract, the organization evaluates the quality of the laboratory to perform confirmation drug testing, including the use of equipment, methodology, and quality control.

OTP 9.02

Drug testing procedures respect individual privacy during testing and promote a therapeutic atmosphere that is person-centered and trauma-informed.

OTP 9.03

The opioid treatment program conducts ongoing random drug testing at a timing and frequency that is individualized and clinically appropriate and includes:

a. at least eight random drug tests per person, per year;
b. at least two tests for individuals during the 180-day interim treatment period; and
c. tests, as appropriate when discontinuing treatment with medication for opioid use disorder.

OTP 9.04

Drug testing procedures include:

a. using FDA-approved tests for ongoing, random drug testing performed at the OTP;
b. testing for commonly used or misused drugs that are likely to impact the person's safety, recovery, or treatment;
c. minimizing falsification during the drug testing sample collection;
d. discussing results with the individual;
e. conducting confirmation testing when preliminary results do not match the person's self-report and/or clinical presentation; and
f. documenting results in the case record along with the person's response.

Interpretation: *Regarding element b, drug testing regimens should be determined based on individual assessment results and by analyzing community drug-use patterns and changes in the drug supply.*

OTP 9.05

Following the receipt of drug test results, the organization:

a. explores possible diversion of medication for opioid use disorder when confirmation testing indicates a lack of treatment medication and related metabolites;
b. reviews dosage when positive toxicology reports for drugs are confirmed; and
c. uses the results to determine the need for additional interventions or changes to the care plan.

OTP 9.06 (FP)

Evidence of ongoing drug use, on its own, is not considered grounds for discharge.

Opioid Treatment Programs

OTP 10: Take-Home Medication

Purpose

Individuals who receive treatment with medications for opioid use disorder (MOUD) at Opioid Treatment Programs (OTPs) experience improved health and social, emotional, and vocational functioning; are at reduced risk of overdose death; and attain the recovery they seek.

The organization expands access to treatment by offering clinically appropriate access to take-home medication for opioid use disorder whenever possible and in accordance with state and federal regulations.

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2

Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
- Active participation of persons served occurs to a considerable extent.

3

Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- Several case records are missing important information; or
- Participation of persons served is inconsistent.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing.

Table of Evidence

Self Study Evidence

*	• Procedures regarding take-home medication	

Site Visit Evidence

*
- Material that is given to persons served that addresses safe storage of take-home medication

On-Site Activities

*
- Interviews may include:
  - Program sponsor
  - Medical director
  - Relevant personnel
  - Persons served
- Review case records

OTP 10.01

The medical director or a licensed OTP practitioner works with persons served, and family members when appropriate, to determine if the individual meets the criteria for take-home medication, and the rationale for the decision is documented in the case record.

OTP 10.02

When determining who should receive take-home medication doses, the medical director or licensed OTP practitioner considers if the therapeutic benefits of take-home medication outweigh the risks, taking into account:

a. consistency of clinic attendance for supervised medication administration;
b. absence of active substance use disorders that in combination with the person's physical or behavioral health conditions, might increase the risk of overdose or decrease the person's ability to function safely;
c. absence of serious behavioral problems that endanger the person, the public, or others;
d. absence of recent diversion activity;
e. whether take-home medication can be safely transported and stored: and
f. any other criteria that the medical director or licensed OTP practitioner considers relevant to the person's safety and public health.

Interpretation: *All elements should be considered collectively in determining whether take-home privileges are appropriate for an individual.*

Interpretation: *A lock box in the home is not required to ensure safe storage of take-home medication.*

OTP 10.03 (FP)

For each person provided with take-home medication, the medical director or licensed OTP practitioner works with persons served, and family members when appropriate, to periodically review the benefits and risks of continued take-home privileges.

OTP 10.04 (FP)

The organization labels take-home medication with the organization's name, address, and telephone number and:

a. ensures each dose is packaged to reduce the risk of accidental ingestion including the use of child-proof containers; and
b. provides individuals with education on how to safely transport and secure medication at home, including child and household safety precautions.

Opioid Treatment Programs

OTP 11: Dosage Requirements

Purpose

Individuals who receive treatment with medications for opioid use disorder (MOUD) at Opioid Treatment Programs (OTPs) experience improved health and social, emotional, and vocational functioning; are at reduced risk of overdose death; and attain the recovery they seek.

The organization follows procedures for the administration of medication for opioid use disorder to ensure that an adequate, individually-determined dose is dispensed.

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2

Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
- Active participation of persons served occurs to a considerable extent.

3

Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- Several case records are missing important information; or
- Participation of persons served is inconsistent.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing.

Table of Evidence

Self Study Evidence

*	• Procedure for dosing and administration of medication for opioid use disorder	

Site Visit Evidence

No Site Visit Evidence

On-Site Activities

*

- Interviews may include:
  - Program sponsor
  - Medical director
  - Relevant personnel
  - Persons served
- Review case records

OTP 11.01 (FP)

The organization only uses medications that have been approved by the U.S. Food and Drug Administration for use in the treatment of opioid use disorder (OUD).

Interpretation: *Medications approved for treatment of OUD include: buprenorphine and approved buprenorphine combination products, methadone, and naltrexone.*

In rare cases, additional drugs may be used when authorized by the Food and Drug Administration for investigational use in the treatment of OUD.

OTP 11.02 (FP)

Medication for opioid use disorder is administered as follows:

a. a licensed OTP practitioner makes all dosage decisions within the medically accepted dosage range for effective treatment;
b. conditions for use are documented in the person's case record;
c. medications are administered and dispensed in accordance with FDA approved product labeling and significant deviations from that are documented in the case record;
d. the initial dose of methadone is individually determined and does not exceed 50 milligrams as a total dose for the first day unless clinically indicated and documented in the case record; and
e. methadone is dispensed in oral form and specially formulated to reduce the risk of other methods of administration or misuse.

Interpretation: *The initial dose of methadone must be determined by a licensed OTP practitioner familiar with the most up-to-date product labeling, who considers factors, such as type(s) of opioids involved in the individual's opioid use disorder, body weight, other medications or substances being used, diet, co-occurring disorders, medical history, genetic factors, the severity of opioid withdrawal, and tolerance. All individuals should be closely monitored during the induction phase and the increases in dosage should be under the close supervision of the licensed OTP practitioner. The 50 milligrams total dose may be exceeded when the licensed OTP practitioner finds sufficient medical justification for doing so such as when it has been verified that the individual is transferring from another OTP at a higher dose.*

OTP 11.03 (FP)

When the medical director or a licensed OTP practitioner determines a person is eligible to receive take-home doses of methadone, the take-home supply is limited to no more than:

a. 7 days in the first 14 days of treatment;
b. 14 days beginning on day 15 of treatment; and
c. 28 days beginning on day 31 of treatment.

Interpretation: *It is up to the licensed OTP practitioner to determine the number of take-home doses to be provided up to the established maximums based on the criteria outlined in OTP 10.02.*

OTP 11.04 (FP)

Persons served receive their individualized dose for any day when the clinic is closed, including one weekend day and state or federal holidays, either through the use of take-home medication or by arranging alternate in-person dispensing.

Interpretation: *The organization should inform persons served of its plan for administration of medication in the event that the program is temporarily closed due to an emergency.*

OTP 11.05

Individualized doses include split doses when determined to be clinically indicated by the OTP practitioner and properly documented in the case record.

Opioid Treatment Programs

OTP 12: Withdrawal Management

Purpose

Individuals who receive treatment with medications for opioid use disorder (MOUD) at Opioid Treatment Programs (OTPs) experience improved health and social, emotional, and vocational functioning; are at reduced risk of overdose death; and attain the recovery they seek.

Withdrawal management is provided based on the needs and preferences of the individual.

NA: The organization does not provide withdrawal management.

Interpretation: *For people with opioid use disorder (OUD), withdrawal management without transitioning to ongoing treatment with medications for opioid use disorder (MOUD) is not recommended. According to the American Society of Addiction Medicine, treatment with MOUD in combination with individualized psychosocial supports and services is the standard of care for the treatment of OUD. Withdrawal from opioids is not required to initiate treatment with MOUD.*

Note: In these standards, the term “withdrawal management” refers to safely withdrawing from opioid drugs and not medical withdrawal or administrative discharge from MOUD, which is addressed in OTP 15.

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2

Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
- Active participation of persons served occurs to a considerable extent.

3

Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- Several case records are missing important information; or
- Participation of persons served is inconsistent.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,

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Table of Evidence

Self Study Evidence

• Criteria for determining the level of care	
• Scheduling criteria for residential withdrawal management, if applicable	
• Privacy policies for residential withdrawal management, if applicable	
• Privacy procedures for residential withdrawal management, if applicable	

Site Visit Evidence

- Sample job descriptions from across relevant job categories
- Coverage schedules for the previous month in residential withdrawal management programs, if applicable
- Educational materials or other documentation of information provided to individuals and families

On-Site Activities

- Interviews may include:
  - Program sponsor
  - Medical director
  - Relevant personnel
  - Persons served
- Review case records
- Observe residential withdrawal management facility, if applicable

OTP 12.01

Qualified personnel determine the appropriate level of withdrawal management for the person using diagnostic criteria outlined in clinical decision support tools and clinical practice guidelines.

Examples: *Organizations can utilize nationally recognized evidence-based clinical practice guidelines such as the American Society of Addiction Medicine (ASAM) criteria to determine the appropriate level of care.*

OTP 12.02

Withdrawal management services include:

a. assessment and evaluation;
b. monitoring and stabilization; and
c. engagement with substance use treatment to assist with relapse prevention following the discontinuation of substance use.

Interpretation: *Withdrawal management without transitioning to ongoing treatment with medication for opioid use disorder is not recommended.*

OTP 12.03 (FP)

Withdrawal management is provided by a qualified team of trained and licensed professionals appropriate to the intensity of services offered.

Examples: *Organizations providing medically monitored withdrawal management may employ an interdisciplinary staff of nurses, counselors, social workers, addiction specialists and/or other health and technical personnel, who all work under the supervision of the medical director.*

OTP 12.04

When providing withdrawal management in a residential setting, the organization provides 24-hour-a-day supervision, observation, and care tailored to meet the individual's assessed needs, preferences, and goals.

NA: The organization does not provide withdrawal management in a residential setting.

Interpretation: *Staffing requirements and care ratios can vary depending on the age, developmental level, and service needs of the population, organizations must meet state licensing requirements.*

OTP 12.05

Personal accommodations are age and developmentally appropriate and include:

a. adequately and attractively furnished rooms with a separate bed for each individual, including a clean, comfortable, covered mattress, pillow, sufficient linens, and blankets; and
b. a safe place such as a locker to keep personal belongings and valuables.

NA: The organization does not provide withdrawal management in a residential setting.

Note: *Please see the Facility Observation Checklist for additional guidance on this standard.*

OTP 12.06

The organization provides the space, supplies, and equipment needed to accommodate:

a. food preparation, housekeeping, laundry, maintenance, storage, and administrative support;
b. private telephone conversations and meetings with family and friends, when clinically appropriate;
c. on-site services, including therapeutic, educational, and medical services as needed; and
d. recreational and enrichment activities that support well-being.

NA: The organization does not provide withdrawal management in a residential setting.

Interpretation: *Accommodations may be adjusted as appropriate to the service provided, therapeutic considerations, or level of risk.*

OTP 12.07

Residential settings are clean, organized, maintained in good repair, and provide:

a. access to a telephone, computer, and the internet as permitted for use by personnel and persons served;
b. private facilities for bathing, toileting, and personal hygiene;
c. at least one room suitably furnished for the use of on-duty personnel;
d. private sleeping accommodations for personnel who sleep at the program, if applicable; and
e. access to the outdoors.

NA: The organization does not provide withdrawal management in a residential setting.

OTP 12.08 (FP)

The organization ensures the comfort, dignity, privacy, and safety of persons served by:

a. implementing and communicating policies and procedures for searches of individuals or their property that respect the person's rights, dignity, and self-determination;
b. implementing and communicating a policy for reviewing mail and electronic communications that respects individual privacy and only allows the organization to review mail or electronic communications when clinically indicated;
c. prohibiting the use of surveillance cameras or listening devices in bedrooms;
d. maintaining doors on sleeping areas and bathroom enclosures;
e. providing one- or two-person rooms to individuals who need extra sleep, protection from sleep disturbance, or extra privacy for clinical reasons; and
f. requiring employees and persons served to knock before entering an individual's room unless there is an immediate health or safety concern.

NA: The organization does not provide withdrawal management in a residential setting.

Interpretation: *When organizations are required to employ alternate practices, documentation must be provided to justify the practice. Documentation may include a judicial order; law; contract; copy of the state's safety plan for an individual; or clear, clinical written justification for an individual.*

Sensitivity should be taken to ensure that all persons served, especially abuse or trauma survivors and the LGBTQ+ population, feel physically and psychologically safe in the service delivery environment.

OTP 12.09 (FP)

Prior to discharge from withdrawal management, the organization:

a. counsels persons served on the importance of treatment with medications for opioid use disorder (MOUD) and the risks of relapse, overdose, and death following withdrawal without transitioning to MOUD;
b. offers treatment with MOUD following withdrawal either directly or through linkages with external providers;
c. clearly documents when people refuse treatment with MOUD; and
d. provides information on relevant harm reduction activities.

Opioid Treatment Programs

OTP 13: Interim Treatment

Purpose

Individuals who receive treatment with medications for opioid use disorder (MOUD) at Opioid Treatment Programs (OTPs) experience improved health and social, emotional, and vocational functioning; are at reduced risk of overdose death; and attain the recovery they seek.

Interim treatment is provided to promote timely access to treatment and continuity of care.

NA: The OTP does not offer interim treatment.

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2

Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
- Active participation of persons served occurs to a considerable extent.

3

Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- Several case records are missing important information; or
- Participation of persons served is inconsistent.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing.

Table of Evidence

Self Study Evidence

*	• Procedures for providing interim treatment	
*		

• Criteria for admitting and then transferring individuals from interim to comprehensive treatment	
* • Procedures for notifying the SOTA when a person's treatment status changes	

Site Visit Evidence

No Site Visit Evidence

On-Site Activities

*

- Interviews may include:
  - Program sponsor
  - Medical director
  - Relevant personnel
  - Persons served
- Review case records

OTP 13.01

The program sponsor places a person eligible for comprehensive treatment in an interim treatment program when comprehensive treatment is not available in a reasonable geographic area within 14 days of the person seeking treatment.

OTP 13.02

The organization follows reasonable, written criteria for determining priorities when admitting people to interim treatment and transitioning them from interim to comprehensive treatment, which includes prioritization of pregnant individuals.

OTP 13.03

The organization notifies the State Opioid Treatment Authority when a person begins interim treatment, leaves interim treatment, or is transferred to comprehensive treatment.

OTP 13.04

Interim treatment is provided for a maximum of 180 days in any 12-month period and a plan for continuing treatment beyond 180 days is developed by day 120.

OTP 13.05

Individuals in interim treatment have access to:

a. crisis services, including shelter support; and
b. information on local, community-based ancillary services.

Opioid Treatment Programs

OTP 14: Opioid Treatment During Pregnancy

Purpose

Individuals who receive treatment with medications for opioid use disorder (MOUD) at Opioid Treatment Programs (OTPs) experience improved health and social, emotional, and vocational functioning; are at reduced risk of overdose death; and attain the recovery they seek.

Pregnant individuals receive comprehensive, coordinated treatment services that address their medical, prenatal, obstetrical, psychosocial, and substance use concerns.

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2

Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
- Active participation of persons served occurs to a considerable extent.

3

Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- Several case records are missing important information; or
- Participation of persons served is inconsistent.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing.

Table of Evidence

Self Study Evidence

*	• Procedures for providing treatment during pregnancy	
*	• Procedures for referring people for services	

Site Visit Evidence

*

- Evidence of collaboration with obstetricians
- Information and educational materials and other documentation of information provided to pregnant individuals

On-Site Activities

*

- Interviews may include:
  - Program sponsor
  - Medical director
  - Relevant personnel
  - Persons served
- Review case records

OTP 14.01

A licensed OTP practitioner provides individualized, clinically-appropriate treatment with medications for opioid use disorder:

a. in accordance with evidence-based treatment protocols for pregnant individuals; and
b. in coordination with an obstetrician.

Examples: *Nationally recognized evidence-based guidelines published by the American Society of Addiction Medicine and by the Substance Abuse and Mental Health Services Administration include treatment protocols for pregnant individuals.*

OTP 14.02

Pregnant individuals receive pre- and post-natal care and other specialized health services, either directly or by referral to outside healthcare providers.

OTP 14.03 (FP)

Pregnant individuals who receive treatment with medications for opioid use disorder (MOUD) are informed about the possible risks associated with:

a. continued use of alcohol, tobacco, or drugs; and
b. withdrawal from MOUD during or immediately after pregnancy.

OTP 14.04

Pregnant individuals have access to parent education and support, directly or by referral, to promote healthy caregiver-infant interactions.

Examples: *Parent education to improve caregiver-infant interactions can address topics related to maternal, physical, and dietary care, including the promotion of breastfeeding.*

OTP 14.05 (FP)

The organization provides pregnant individuals with:

a. education on the signs, symptoms, and effects of neonatal opioid withdrawal syndrome (NOWS); and
b. referrals to appropriate healthcare services to treat NOWS, when indicated.

Opioid Treatment Programs

OTP 15: Discontinuing Medications for Opioid Use Disorder

Purpose

Individuals who receive treatment with medications for opioid use disorder (MOUD) at Opioid Treatment Programs (OTPs) experience improved health and social, emotional, and vocational functioning; are at reduced risk of overdose death; and attain the recovery they seek.

People are maintained on medication for opioid use disorder (MOUD) as long as they desire and derive benefit from treatment but when discontinuation of MOUD is needed or desired, persons served participate in the development of an appropriate tapering schedule and receive the necessary support to prevent relapse.

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2

Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
- Active participation of persons served occurs to a considerable extent.

3

Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- Several case records are missing important information; or
- Participation of persons served is inconsistent.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing.

Table of Evidence

Self Study Evidence

*	• Procedures for medical withdrawal	
*	• Procedures for administrative discharge	

Site Visit Evidence

No Site Visit Evidence

On-Site Activities

*

- Interviews may include:
  - Program sponsor
  - Medical director
  - Relevant personnel
  - Persons served
- Review case records

OTP 15.01

Medical withdrawal from medications for opioid use disorder is:

a. a voluntary and therapeutic process planned for by the individual and a licensed OTP practitioner; or
b. conducted in response to an individual's request, but against medical advice.

OTP 15.02

Current procedures for medical withdrawal include:

a. dose reduction at a mutually agreed-upon rate that is well tolerated by the person;
b. periodic assessments of mental status;
c. screening for pregnancy and a follow-up test to confirm, when clinically appropriate and with the individual's consent;
d. connections to counseling and other support services to prevent relapse; and
e. discontinuation of withdrawal and resumed treatment with medications for opioid use disorder in the event of impending relapse.

OTP 15.03

Individuals that undergo medically supervised withdrawal against medical advice:

a. are provided with information about the risks of discontinuing treatment and information about and referral to alternative treatment programs to prevent relapse;
b. can be readmitted to the program within 30 days without repeating the initial assessment; and
c. are re-evaluated for comprehensive treatment if discontinuing treatment with medication fails.

Interpretation: *In the case of a pregnant individual, the organization should keep the agency providing prenatal care informed of the individual's status consistent with privacy standards.*

Interpretation: *The reason for seeking discharge and the steps taken to avoid discharge should be noted in the case record.*

OTP 15.04 (FP)

Administrative discharge is initiated only as a last resort when all other interventions have proven unsuccessful and includes:

a. documenting the reasons for the administrative discharge;
b. notifying the person of the reason for the administrative discharge and of any available appeal process;
c. initiating a humane withdrawal schedule based on sound clinical judgment and safety considerations;
d. referring or transferring the individual to a suitable, alternative treatment program, whenever possible; and
e. providing information on harm reduction activities or interventions.

Interpretation: *The organization must determine on a case-by-case basis its responsibility to continue providing services to persons whose third-party benefits are denied or have ended and who are in critical situations.*

Interpretation: *Since administrative discharge is conducted over a short timeframe and is associated with poor prognosis, connecting individuals to alternative treatment programs to prevent relapse is critical.*

Examples: *Administrative discharges are usually involuntary and may occur for reasons such as nonpayment of fees; disruptive or dangerous conduct or behavior such as violence, dealing drugs, or repeated loitering; repeated missed appointments; failure to adhere to program rules or requirements; and evidence of tampering with drug tests or medications.*

Opioid Treatment Programs

OTP 16: Case Closing and Aftercare

Purpose

Individuals who receive treatment with medications for opioid use disorder (MOUD) at Opioid Treatment Programs (OTPs) experience improved health and social, emotional, and vocational functioning; are at reduced risk of overdose death; and attain the recovery they seek.

The organization collaborates with persons served, and family members when appropriate, to plan for ongoing recovery in the event of case closing and, when possible, to develop aftercare plans.

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2

Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
- In a few instances, the organization terminated services inappropriately; or
- Active participation of persons served occurs to a considerable extent; or
- A formal case closing evaluation is not consistently provided to the public authority per the requirements of the standard.

3

Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Services are frequently terminated inappropriately; or
- Aftercare planning is not initiated early enough to ensure orderly transitions; or
- A formal case closing summary and assessment is seldom provided to the public authority per the requirements of the standard; or
- Several case records are missing important information; or
- Participation of persons served is inconsistent.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing.

Table of Evidence

Self Study Evidence

*	• Case closing procedures	

* • Aftercare planning and follow-up procedures	

Site Visit Evidence

No Site Visit Evidence

On-Site Activities

*

- Interviews may include:
  - Program sponsor
  - Medical director
  - Relevant personnel
  - Persons served
- Review case records

OTP 16.01

Planning for ongoing recovery in the event of case closing:

a. is a clearly defined process that includes the assignment of staff responsibility;
b. begins at intake; and
c. involves the worker, persons served, and others as appropriate to the individual's needs and preferences.

OTP 16.02

Upon case closing, the organization notifies any collaborating service providers, including the courts, as appropriate.

OTP 16.03

When appropriate, the organization works with persons served, and their family when appropriate, to develop an aftercare plan, sufficiently in advance of case closing, that:

a. identifies short- and long-term needs and goals; and
b. facilitates the initiation or continuation of needed supports and services.

Interpretation: *The aftercare plan must include relapse prevention. The plan should also address re-entry into treatment with medications for opioid use disorder in the event of relapse. Plans for meeting the individual's physical and mental health needs following medically supervised withdrawal should also be indicated, as appropriate.*

OTP 16.04

The organization follows up on the aftercare plan, as appropriate, when possible, and with the person's permission.

Opioid Treatment Programs

OTP 17: Diversion Control

Purpose

Individuals who receive treatment with medications for opioid use disorder (MOUD) at Opioid Treatment Programs (OTPs) experience improved health and social, emotional, and vocational functioning; are at reduced risk of overdose death; and attain the recovery they seek.

The organization implements mechanisms to:

a. reduce the risk that controlled medications will be transferred or shared with people for whom the medication was not prescribed or dispensed; and
b. demonstrate accountability to persons served and the community.

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2

Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
- Active participation of persons served occurs to a considerable extent.

3

Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- Several case records are missing important information; or
- Participation of persons served is inconsistent.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing.

Table of Evidence

Self Study Evidence

*	• Diversion control plan	
*	• Loitering policy	

Site Visit Evidence

No Site Visit Evidence

On-Site Activities

*

- Interviews may include:
  - Program sponsor
  - Medical director
  - Relevant personnel
- Observe the security system

OTP 17.01

The organization implements a diversion control plan that addresses:

a. procedures to reduce the risk that dispersed medication for opioid use disorder will be transferred or shared with people for whom the medication was not prescribed or dispensed;
b. specific responsibilities assigned to personnel for plan implementation;
c. mechanisms for surveillance and continuous monitoring; and
d. a process for corrective action when systemic problems are identified.

OTP 17.02

The organization prevents loitering by persons served and maintains a well-managed and fully operational security system that meets all applicable state and federal regulations.

Opioid Treatment Programs

OTP 18: Program Administration

Purpose

Individuals who receive treatment with medications for opioid use disorder (MOUD) at Opioid Treatment Programs (OTPs) experience improved health and social, emotional, and vocational functioning; are at reduced risk of overdose death; and attain the recovery they seek.

The organization's administrative activities support program operations.

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2

Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations and training.

3

Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- Several case records are missing important information.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing.

Table of Evidence

Self Study Evidence

*	• Record-keeping procedures	

Site Visit Evidence

*	• Documentation of most recent policy and procedures review

On-Site Activities

*

- Interviews may include:
  - Program sponsor
  - Relevant personnel
- Observe record keeping system

OTP 18.01

The organization conducts annual reviews of program policies and procedures.

OTP 18.02

The organization's record-keeping system:

a. documents and monitors the care of persons served in conformity with all applicable federal and state reporting requirements; and
b. complies with the approved central registry system, when available.