



McLEOD CENTERS
FOR WELLBEING

Steadfast support for your healing journey

Medication-Assisted Treatment Patient Handbook



1.855.824.9458 | www.mcleodcenters.org

TABLE OF CONTENTS

Introduction	4
MAT Programs	5
Hours of Operation	5
After Hours Contact	5
Admission	6
Intake/Ineligible for Admission	6
Fees	6
Insurance	6
Returned Check Fee/Fee Exceptions/Grant Funding	7
Reentry Fee/Third Party Laboratories	7
Program Goals and Expectations	7
Identification/Patient Expectations/Treatment Contracts	8
Appointments/Non-Scheduled Patient Care	8
Tobacco-Free Campus	9
Methadone Education	9
Buprenorphine Education	10
Dosing Information	11
Initial Dose/Dose Increase	11
Dose Decrease/Missed Dose/Hospitalization	12
Pregnancy/Vomited Dose	13
On-Site Medication Administration	13
Fit for Medication Testing	13
Breathalyzer Process/Impairment Testing/Medical Conditions and Hospitalizations	14
Medication Approval	14
Approved OTC Medications	14
Drugs/Medications to Avoid	15
Narcan	16
Urine Drug Screening	16
Counseling	16
Individual Counseling	16
Group Counseling/Group Counseling Guidelines/Resources/Referral	17

Guest Medication	17
Treatment Levels	18
Level/Take-Home Medication Eligibility Requirements.....	18
Take-Home Medication and Storage Standards.....	19
Stolen Take-Home Bottles/Mishandling of Take-Home Medication	19
Responsibilities of Take-Home Level Patient Contract.....	20
Revocation of Take-Home Privileges/Level Status.....	21
Reinstatement of Take-Home Privileges/Level Status	22
Treatment Absence/Gap in Treatment.....	22
Diversion Control Plan.....	22
Bottle Recall Process	22
Prescription Registry Checks/Dual Enrollment.....	23
Medically Supervised Withdrawal.....	23
Treatment Team Approach	23
Medical Visits/Appointments	24
Case Staffing/Clinician Supervision.....	24
Discharge from Treatment.....	24
Resources/Referral/Discharge Summary/Aftercare Plan.....	24
Inclement Weather.....	24
Disaster Plan.....	24
McLeod Centers’ Clinical Ethical Practices Policy	25
Ethical Statement/Ethical Standards.....	25
Patient Grievance Procedure.....	27
Patient Grievance Form.....	29
Protection from Retaliation	30
Notice of Privacy Practices.....	30
Patient Rights under HIPAA.....	30
Patient Rights (NC General Statutes, Article 3)	31
Violations of the NC General Statutes/McLeod Centers’ Duties	32
Complaints and Reporting Violations/Patient Responsibilities.....	32
Patient Behavior/Interventions/Contraband/Confidentiality/Confidentiality Exceptions.....	33
Patient Record/Filing an Appeal.....	34

Introduction

McLeod Centers for Wellbeing would like to take this opportunity to welcome you to our programs, services, and treatment centers. McLeod Centers for Wellbeing is a private, not-for-profit agency that provides many levels of substance abuse services. Opioid Treatment Programs (OTP) provide Medication-Assisted Treatment (MAT) for patients with moderate or severe opioid substance use disorder. MAT, in conjunction with individual, family, and group counseling, are proven best practices in the treatment of opioid addiction. We are committed to providing patients with the opportunity to live a drug-free, stable, and productive life. Goal development is a collaborative process with patients and their clinicians. A physician will manage medication doses throughout your treatment. Medication-Assisted Treatment is an individualized, long-term outpatient program that supports your commitment to a full, long-term recovery of substance use.

This handbook was designed to educate individuals about MAT and the federal, state, and local regulations and procedures for a licensed OTP. This is not an all-inclusive handbook; if you have questions, you can reach out to your clinician at any time.

IT IS IMPERATIVE THAT YOU READ AND UNDERSTAND YOUR PATIENT HANDBOOK PRIOR TO BEGINNING TREATMENT. IF YOU WOULD LIKE ASSISTANCE IN READING AND/OR UNDERSTANDING THE CONTENT OF THIS HANDBOOK, YOU CAN ASK TO SPEAK TO A CLINICIAN. YOU WILL BE ASKED TO SIGN A STATEMENT CONFIRMING YOU HAVE READ AND UNDERSTAND THE CONTENT PROVIDED IN THIS HANDBOOK.

MAT Programs

McLeod Center, Charlotte 500 Archdale Dr Charlotte, NC 28217 (704) 755-0150 (704) 295-4937 fax	McLeod Center, Concord 300 Copperfield Blvd, Suites 102-106 Concord, NC 28025 (704) 782- 3131 (980) 292-8043 fax
McLeod Center, Gastonia 549 Cox Rd Gastonia, NC 28054 (704) 865-1558 (980) 292-8038 fax	McLeod Center, Hickory 1170 Fairgrove Church Rd Hickory, NC 28601 (828) 464-1172 (828) 464-1175 fax
McLeod Center, Lenoir 222 Morganton Blvd SW Lenoir, NC 28645 (828) 610-2740 (828) 536-4926 fax	McLeod Center, Marion 117 West Medical Ct Marion, NC 28752 (828) 659-3966 (828) 536-4921 fax
McLeod Center, Monroe 2208 W. Roosevelt Blvd Monroe, NC 28110 (704) 289-9869 (980) 292-8039 fax	McLeod Center, Statesville 636 Signal Hill Dr Ext Statesville, NC 28625 (704) 871-2992 (980) 292-8042 fax
Hours of Operation	
Business Monday - Friday: 5am to 12pm Saturday & Sunday: 6am to 9am	Dosing Monday - Friday: 5am to 11am Saturday & Sunday: 6am to 9am

After Hours Contact

If you have a medical emergency at any time, do not call the OTP, CALL 911. For general questions after MAT business hours, you can call McLeod Centers for Wellbeing at 704-332-9001 extension 2277. If you need to speak with the MAT medical staff or your clinician, please call your program during business hours.

Admission

To ensure proper and appropriate care is provided, a licensed clinician will provide screening and assessment to persons requesting services. The clinician will determine the appropriate level of care by using a comprehensive clinical assessment for substance use and mental health disorders. The medical provider will determine admission or referral by completing a medical evaluation.

No person will be denied treatment due to race, color, religion, sex (including pregnancy, sexual orientation, or gender identity), national origin, age (40 or older), disability, and genetic information (including family medical history).

Intake

Intake can be scheduled by calling the McLeod Centers Patient Access Department at (704) 332-9001 (option 5). Intakes are scheduled daily. Same day appointments are scheduled as available. Verifiable identification is mandatory for admission. Intake times may be subject to change; please call, in advance, to confirm.

Ineligible for Admission

If a person is ineligible for admission to a McLeod Center, appropriate resources will be provided and/or a referral will be made based on individual needs.

Fees

All MAT patients are responsible for paying daily regardless of attendance. McLeod Centers' MAT programs consist of medication administration, individual and group counseling, urine drug screens, and physician evaluation and management. Fees are determined by the source of funding (i.e., private insurance, government plans, private/self-pay). Methods of payment include cash, check, debit, and credit cards. Online payments are available at McLeod Centers' website. Payment is required at the time services are rendered.

Service	Fee
Administrative	\$25.00
On-Site Reentry	\$50.00
Methadone	\$14.00/day
Buprenorphine	\$19.00/day
Returned Check	\$25.00
Guest Dosing Arrangement (external only)	\$10.00
Methadone Visitor	\$15.00/day
Buprenorphine Visitor	\$20.00/day

Insurance

McLeod Centers will assist in filing insurance claims. We are in-network with multiple commercial insurance providers. We will require direct and full payment regardless of whether a claim has been filed. In the event, insurance covers treatment, the patient will be reimbursed.

Returned Check Fee

Patients will not be permitted to write checks for payment in the event of a returned check. Any returned checks must be picked up within one week of notification with a returned check fee of \$25.00. Take-home levels will be revoked until checks are paid in full.

Fee Exceptions

After the initial day of treatment, a fee exception is available upon check-in. Fee exceptions will never be approved for take-home bottles. No exceptions will be granted to a patient with a balance over \$39.00. The front office coordinator can grant a fee exception to not exceed a balance of \$39.00. Patients can provide partial payments to reduce balance to less than \$39.00. Anytime the patient needs a detailed explanation of this policy, the clinician is available for questions. If a patient is ineligible for a fee exception, a medically supervised withdrawal (MSW) protocol may be implemented.

Grant Funding

Federal and state funding sources may be available for the initiation of treatment and continued treatment if certain criteria are met. The completion of a financial eligibility document must be provided with appropriate personal financial information to determine a patient's eligibility.

Reentry Fee

All patients are required to attend treatment as scheduled. Attendance is tracked for compliance. After three (3) missed days of methadone or two (2) missed days of buprenorphine, patients are eligible for on-site re-entry and may be required to pay a \$50 fee.

Third Party Laboratories

McLeod Centers use third party laboratories who may also bill a patient's health insurance provider for services and accept reimbursement as determined by their coverage plan. Upon consenting to treatment at a McLeod Center, patients agree to disclose information related to their treatment to third party laboratories necessary to bill for charges related to lab services. This information includes, but is not limited to, demographics, admission assessment, diagnosis, person-centered plan, treatment recommendations, treatment progress, urine drug screen results, discharge summary, aftercare plan, history and physical, NC-TOPPS information, mental health and substance use treatment history, emergency contact, and ASAM criteria.

Program Goals and Expectations

McLeod Centers utilize Medication-Assisted Treatment (MAT) within our licensed Opioid Treatment Program (OTP) to treat opioid addiction. MAT is an evidence-based treatment approach that recognizes the physiological effects that prolonged opioid use can have on a patient's body. Treatment must begin with the stabilization of the physiological symptoms through the administration of long-acting replacement opioids. Methadone and buprenorphine are the Federal Drug Administration (FDA) recommended medications used for treating opioid use disorders. Our medically supervised program combines the use of medication and clinical counseling.

Identification

Patients must show verifiable identification when entering the program. A photo will be taken at the time of enrollment and is present in the electronic health record (EHR) to be used at check-in and in the medication delivery area.

Patient Expectations

MAT requires a commitment from the patients to be an active participant in the recovery. The following are expected to be successful in treatment:

- Attend each expected on-site medication day
- Dress appropriately (e.g., must be fully clothed (shirt, pants/skirt, dress, etc.) and wearing shoes; blankets, pillows, and robes are not allowed)
- Attend and participate in the required sessions with your clinician based on your phase of treatment
- Work in collaboration with your clinician to develop goals and actively work to meet developed goals
- Participate in group therapy sessions as prescribed for your phase in treatment
- Inform all external medical providers of your participation in MAT
- Sign releases of information so your medical care can be coordinated with other providers
- Participate in standard and random urine drug screens (UDS)
- Notify nursing staff of any medication prescribed within 24 hours of obtaining a prescription
- Abstain from the use of alcohol, non-prescribed drugs, and any other mind-altering medication/substance
- Possession of weapons, alcohol, drugs, or drug paraphernalia on the property is prohibited and could result in discharge from the program
- Physical violence and/or threatening physical violence toward staff or other patients is prohibited and could result in discharge from the program

Treatment Contracts

A Treatment Contract is a tool that may be instituted during a patient's treatment process to address problematic patient behaviors to better support the patient as well as set clear boundaries and expectations. There are two types of Treatment Contracts: 1) Behavior Contract (used for issues such as threats, yelling, aggression, etc.) and 2) Arrival Time Contract (used for issues regarding presenting to treatment within dosing hours). A patient's refusal to sign a Treatment Contract does not invalidate the requirements set forth in the contract. Patients with level status will lose level privileges (revocation to level 1) if a Behavior Contract is instated. If a patient has any questions about their Treatment Contract, they can ask their primary clinician or ask to speak to a Program Manager if needed.

Appointments

McLeod Centers clinical and/or medical staff will make all efforts to honor a patient appointment time. Patients should make every effort to attend all scheduled appointments. If a patient would like to cancel or reschedule an appointment, McLeod Centers require patients to do so no later than 24 hours in advance. If a patient fails to do so, a late cancellation fee may apply.

Non-Scheduled Patient Care

McLeod Centers' clinical and/or medical staff will make all efforts to see a patient presenting for a walk-in treatment need as soon as possible. If a patient cannot be seen on the same day of an unscheduled arrival, McLeod Centers staff will arrange for the patient to be seen on the next available day.

Tobacco-Free Campus

The negative health effects associated with tobacco use are the number one cause of preventable deaths in the United States.¹ Second-hand smoke increases the risk of heart disease and lung cancer up to 30%.² Additionally, litter associated with tobacco use makes up more than one-third (nearly 38%) of all collected litter. McLeod Centers recognize the importance of providing a tobacco and nicotine-free environment for those attempting to stop using tobacco/nicotine products as well as eliminating exposure to second-hand smoke and the litter caused by discarded tobacco products. Smoking, vaping, and the use of tobacco in any form is prohibited within all McLeod Centers facilities (owned or leased), McLeod Centers properties (owned or leased), McLeod Centers-owned vehicles, and any McLeod Centers-sponsored events. The following products are prohibited:

- Any tobacco or nicotine delivery system that can be smoked, inhaled, vaporized, or ingested through the mouth (examples include but are not limited to cigarettes, electronic cigarettes or electronic smoking devices, cigars, cigarillos, pipes, dip, snuff, chewing tobacco, heated tobacco (brand name: IQOS), and Snus)
- Vaping of any kind, even if it not tobacco

As part of every admission/intake, patients are assessed for tobacco use and education is provided by the physician regarding the negative effects of tobacco. Patients with a history of tobacco use will be provided with referrals and educational resources. For more information and resources, please visit the following websites:

- NC Tobacco Prevention and Control Branch
<http://tobaccopreventionandcontrol.ncdhhs.gov/smokefreenc/edmaterials.htm>
- NC Quitline <http://www.quitlinenc.com/>

¹ American Heart Association CEO Roundtable—Tobacco Control in the Workplace

² *The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General*, DHHS
<http://ncbi.nlm.nih.gov/books/NBK44324/>. Accessed May 29, 2015

Methadone Education

Methadone is a long-acting full opioid agonist and a schedule II-controlled medication that is used to treat addiction to narcotics. Methadone is used to replace the opioid drug upon which you are dependent and helps prevent withdrawal symptoms while relieving drug cravings.

When taken as prescribed, methadone is safe; however, methadone is a very powerful drug and can be extremely dangerous to people who do not take it regularly and have no tolerance for its effects. Methadone is administered with a physician order only and must be taken as prescribed.

Side Effects and Overdose Warnings with Methadone Use

Methadone side effects are typically minimal. The side effects most often occur early in treatment. The most frequently reported adverse (negative) side effects are light-headedness, dizziness, extreme tiredness, nausea, vomiting, sweating, swelling (edema) of ankles, and/or skin rash.

Less-reported adverse (negative) side effects are restlessness, headache, insomnia (difficulty sleeping), weakness, visual disturbances, constipation, dry mouth, flushing of the face, changes in sex drive, difficulty urinating, irregular menstruation, joint pain, joint swelling, numbness, tingling in the hands and feet, and

agitation. These symptoms have been reported with the use of methadone but are also symptoms of other possibly life-threatening conditions. All symptoms should be reported to your primary care physician immediately and to McLeod Centers medical staff.

Methadone and many other medications can affect the conduction system of the heart resulting rarely in dizziness or passing out and extremely rarely in a cardiac arrhythmia resulting in sudden death. The risk of this happening can be detected by an EKG. Depending on your methadone dosage and other medications you are prescribed, you may be required to have an EKG (completed at a McLeod Center). The purpose is to monitor these risks, and if they occur, to decrease your methadone dose or disapprove the medication you were prescribed.

As with any drug, overdose is possible, and patients should be aware of signs/symptoms of an overdose. Signs/symptoms of methadone overdose include:

- Unusual sleepiness, drowsiness
- Confusion, slurred speech
- Slow, shallow breathing
- Pinpoint pupils
- Slow heartbeat or lowered blood pressure
- Difficulty arousing
- Unusual snoring while sleeping
- Blue discoloration in nail beds and around lips
- Vomiting and/or gurgling sound

Immediate action must be taken. Call 911 immediately if you suspect overdose.

The use of other drugs with methadone especially other depressant drugs such as alcohol, opioids (including heroin and oxycodone), barbiturates, or benzodiazepines (including, but not limited to Valium, Serapax, Xanax, Klonopin, and Rophynol) can cause death. Additionally, drinking alcohol raises the risk of overdose.

Buprenorphine Education

Buprenorphine is classified as an opioid partial agonist and a schedule III-controlled medication for use in the treatment of opioid addiction. Buprenorphine at the proper dose may suppress symptoms of opioid withdrawal and decrease cravings associated with opioid addiction.

Buprenorphine is administered under your tongue (sublingual) and is taken once daily. The primary side effects of buprenorphine:

- Headache, mild dizziness
- Numbness or tingling
- Drowsiness or sleep problems (insomnia)
- Stomach pain, vomiting, constipation
- Redness, pain, or numbness in your mouth
- Feeling impaired
- Trouble concentrating

Seek emergency medical help if you have any of these signs of an allergic reaction while taking buprenorphine: hives; difficulty breathing; swelling of your face, lips, tongue, or throat. Like other narcotic medicines, buprenorphine can slow your breathing. Death may occur if breathing becomes too weak.

Precipitated withdrawal is a state of opioid withdrawal that can result from improper timing of buprenorphine in combination with the presence of a full opioid agonist. Symptoms include muscle aches, abdominal pain, diarrhea, increased anxiety, and sweating. Patients are at increased risk if they have missed several days of buprenorphine and have taken a short-acting opioid within the last 6-12 hours or a longer-acting in the past 24-36 hours.

Call your doctor at once or seek emergency medical attention if you have:

- Extreme drowsiness
- Loss of coordination, weakness, or limp feeling
- Blurred vision, slurred speech
- Difficulty thinking clearly
- Weak or shallow breathing
- Nausea, upper stomach pain, itching, loss of appetite, dark urine, clay-colored stools, jaundice (yellowing of the skin or eyes)
- Pounding heartbeats or fluttering in your chest
- Withdrawal symptoms-diarrhea, vomiting, shaking/shivering, runny nose, watery eyes, muscle pain, and feeling very hot or cold.

Buprenorphine must be taken as prescribed. The use of other drugs with buprenorphine especially other depressant drugs such as alcohol, opioids (including heroin and oxycodone), barbiturates, or benzodiazepines (including but not limited to Valium, Serapax, Xanax, Ativan, Klonopin, and Rophynol) can cause death. Additionally, drinking alcohol may also shorten the duration of buprenorphine's effects, which can cause withdrawal symptoms. Alcohol raises the risk of overdose.

Dosing Information

Initial Dose

Patients that complete the intake process and are admitted into McLeod Centers' MAT program will receive an initial dose as determined by the physician. The physician will select the appropriate, individualized initial dose based on many factors, including but not limited to, the patient's signs and symptoms of withdrawal, instant UDS results, and reported illicit drug use. It is very important that all patients present daily to receive their dose, specifically to become stable physically and to be eligible to receive an increase in dose if appropriate. The physician may write the initial order with a range for dose increases if appropriate/needed. Patients can speak with a nurse about their orders, and the nurse will advise and assist patients with increasing or decreasing their doses based on the doctor's order.

Dose Increase

Patients who are still experiencing withdrawal symptoms after they have reached the maximum dose ordered initially will need to meet with their clinicians to discuss the options to increase their dose. The clinician and nurse will work together to collect all the information needed for the physician to determine if a dose increase is appropriate. Only the physician can determine if a patient can increase their dose. A Clinical Opiate Withdrawal Scale (COWS) will be completed prior to all dose increases. If a patient is requesting to increase above 120 mg of methadone, an EKG may also be ordered by the medical provider.

If the patient requests a dose increase and has take-home privileges, they will be required to dose on-site for 5 consecutive days for the nurses to monitor for signs and symptoms of sedation or overdose. Once the patient has completed dosing on-site for 5 consecutive days without any adverse effects, they may resume the ordered take-home privileges.

A patient cannot increase their dose if they did not present to treatment and/or did not dose the day prior.

Dose Decrease

If the patient is ready to decrease their dose, the patient will need to meet with the clinician to discuss the options for decreasing. The physician will need to approve all decrease requests. At any time if a patient is experiencing any drowsiness or sedation after their medication is administered, they may request an immediate emergency dose decrease with the nurse in the pharmacy.

McLeod Centers require a pregnancy test be completed prior to initiating all decreases for patients who have the ability to become pregnant.

Missed Dose

It is very important that all patients present daily to receive their medication. Missing a dose is discouraged and potentially dangerous. If patients who are prescribed buprenorphine miss 2 days consecutively, they will follow physician staffing orders. If patients who are prescribed methadone miss 3 days consecutively, their dose will be modified according to the standing orders. All patients who miss 10 days consecutively will be made inactive from the program and must meet with the clinician and physician to complete the reentry process. Exceptions can be made for continuous hospitalization with proof that buprenorphine or methadone was administered during the entirety of the hospital stay. Documentation will be required to verify. Each hospitalization will be staffed with the physician prior to continued medication administration.

If a patient misses an on-site medication day, medication pickup will be delayed by 2 days, and these 2 days will be on-site for medication administration. The patient can then resume normal level dosing schedule.

Hospitalization

If a patient requires hospitalization, McLeod Centers will assist in verifying the patient's dose with hospital medical staff for the patient to continue to receive medication while hospitalized. Patients who are hospitalized should notify the hospital of their treatment with a McLeod Center. Patients will be required to sign a consent form (with a McLeod Center or the hospital) to allow McLeod Centers to release information to the hospital staff.

If a patient has take-home privileges and becomes hospitalized, they must keep all take-home bottles locked in a safe location. The patient is not allowed to self-administer any medication while in the hospital. The patient is required to bring all take-home bottles back to a McLeod Center when returning from the hospital. All the bottles must not be opened or show any signs of tampering. The patient's level status will be staffed with the physician once the patient returns from the hospital.

It is very important that McLeod Centers obtain all pertinent hospital paperwork and documentation once the patient returns from the hospital. If the patient does not return with all the required documentation McLeod Centers will request the paperwork through the hospital's medical records department. All visits to the hospital must be reported to McLeod Centers staff.

Pregnancy

If a patient suspects they have become pregnant while in treatment, they will need to notify their clinician or medical staff as soon as possible. McLeod Centers will provide a pregnancy test to be completed on-site. The physician will be notified if positive and will follow the patient closely during the pregnancy. The patient will be required to meet with a McLeod Centers physician a minimum of once every trimester. It can be extremely dangerous to withdraw from methadone or buprenorphine during a pregnancy; therefore, the patient's dose will be monitored as well. It is not recommended to taper or decrease your methadone or buprenorphine dose at any time while pregnant.

The patient will meet with their clinician who will provide continuous support throughout the pregnancy. The clinician will verify the patient is receiving prenatal care and will obtain paperwork to verify throughout the pregnancy.

Vomited Dose

It is very important to notify nursing staff of any symptoms of nausea prior to dosing. If a patient complains of nausea, they may receive a dose of Emetrol to alleviate those symptoms prior to dosing. Nursing staff may not be able to replace a vomited dose, so it is very important to notify them prior to dosing. Doses vomited at home or outside the presence of a nursing staff cannot be replaced. If the dose is vomited in the presence of nursing staff, the nurse will determine how much of the dose may be replaced according to the standing orders.

On-Site Medication Administration

1. Only active patients are allowed in the medication line, and only one patient at a time is allowed at medication administration window.
2. Cell phones not permitted at the medication administration window or at check-in.
3. Food and drinks are not permitted at the medication administration window.
4. Patients must follow all nursing guidance when dosing (e.g., removing anything from their face that is hindering the nurse's assessment of them)
5. On weekends and program holidays, only patients active in the program are allowed in the building.
6. Only patients physically in the line will be counted as being in line. Patients sitting in a car or being elsewhere on the property will not be counted as being in line.
7. Patients are not permitted to save places in the dosing line.
8. Patients missing three consecutive days of methadone medication or two consecutive days of buprenorphine medication will be placed on inactive status with the program. Patients can re-enter the program, if appropriate, within 10 days by meeting with a clinician (greater than 10 days requires a medical evaluation).
9. Patients are asked to leave the premises after medicating.

Fit for Medication Testing

Excessive use of alcohol and other drugs is dangerous in combination with treatment medication. Assessing for impairment is required at the time of dosing to maintain patient safety.

All patients must present to the clinic fit for medication administration. Any of the following presentations will result in the need for an instant verdict UDS, impairment assessment, and breathalyzer:

- Presence of alcohol odor

- Behavior and/or physical appearance out of character for patient consistent with alcohol use or other substance use
- If deemed necessary by nursing staff

Breathalyzer Process

After a patient has been free from smoking, eating, and/or drinking for at least 20 minutes, nursing staff will initiate the breathalyzer process following the manufacturer’s instructions for proper function. If the breathalyzer registers the presence of alcohol, the physician may be notified for further orders. If the reading is 0.039 or above the decision to withhold medication may be made by an RN or with a physician order.

Impairment Testing

Impairment testing is conducted in a private room by a nurse. The nurse will notify the physician of the findings to obtain an order to hold medication as indicated, and the patient’s primary clinician will be notified. The patient is not allowed to operate a vehicle secondary to impairment, and 911 will be called if the patient attempts to operate a vehicle. The patient will not be allowed to return to the program the same day but may return the following day when no longer impaired. The patient will be added to the next available sick call appointment for follow-up with a medical provider.

Medical Conditions and Hospitalizations

All emergency room visits, hospitalizations, outpatient procedures, newly diagnosed chronic medical problems, and visits to doctors must be reported to your clinician and/or the nurses. Exceptions to this are visits to your primary care provider for minor self-limiting problems such as upper respiratory infections, urinary tract infections, aches and pains, and sprains. When in doubt, tell your clinician or a nurse.

Medication Approval

All prescriptions and over-the-counter medications, other than those on the list of approved medications below, must be brought in for approval before you fill the prescription or began taking the medication. The only exceptions are antibiotics and pain medications (not muscle relaxants) prescribed **after a surgical procedure, a fracture, or acute trauma**. In these cases, you can fill the prescription but must call your program nurse or bring in the medication within 24 hours. When in doubt, call first.

Approved Over-the-Counter Medications

Allergies	Allegra, Claritin, Alavert (loratadine), Flonase, Artificial Tears
Cough	Mucinex, Robitussin Plain (guaifenisin), Delsym, Halls, Sucrets, Vicks Cough Drops
Rashes	Mild Eczema, contact dermatitis (poison ivy, poison oak): Hydrocortisone cream, Triamcinolone cream (Kenalog) Ring worm: Miconazole (Flagyl), Terbinafine (Lamisil), ketoconazole (Zolegel)
Pain	Advil, Motrin (ibuprofen), Tylenol (acetaminophen), Aspirin, Aleve/Naproxen, Salonpas patches
Nausea	Emetrol
Nasal spray	Ocean, Humist, NaSal, Salinex
Diarrhea	Kaopectate, Pepto-Bismol
Women’s Health	Women’s health supplements, plant-based supplements (essential oils), homeopathic supplements, Vitadone

	OB/GYN: Prenatal vitamins, AZO Yeast Infections: Miconazole (Monistat), Fluconazole (Diflucan)
Weight loss	NONE
Constipation	Start with extra water, more fruits (prunes and prune juice) and vegetables. If no results, start with a bulk agent like Metamucil, Citrucel, Miralax, or FiberCon. If no results, add a stool softener like Colace. If still no results, see either a McLeod Centers physician or your own doctor.
Indigestion, heartburn	Mylanta, Maalox, Zantac, Tums, Beano, GasX (one per day)

ALL OTHER MEDICATIONS (OVER-THE-COUNTER AND PRESCRIPTIONS) AND SUPPLEMENTS MUST BE PRESENTED TO NURSING STAFF FOR MEDICAL APPROVAL PRIOR TO CONSUMING MEDICATION.

The approved medication list is related to methadone and buprenorphine treatment only – follow your primary care physician directions regarding the risk of taking any medications with any other medical conditions.

Drugs/Medications to Avoid in the MAT Program

People who have experienced addiction to drugs or alcohol have a higher risk of cross addiction especially to other addictive substances or medications (even medications used for medical and/or psychiatric reasons). Due to this higher risk, people who have addiction should refrain from using alcohol, illicit drugs, and/or any mind- or mood-altering medications/substances (unless approved by all providers). The use of alcohol, illicit drugs, or medications listed below can increase the likelihood of relapse. Additionally, patients must be sober from addictive substances for a period of time before certain mental health diagnoses can be determined. If you have a medical or mental health condition that requires the prescription of a controlled medication, follow the medication approval policy (see p. 14) before beginning the medication.

The following medications/drugs should be avoided while enrolled in MAT (unless approved by McLeod Centers physician):

- 1) Alcohol in any form
 - a. Over-the-counter liquid medications containing alcohol (e.g., Nyquil)
 - b. Prescribed liquid medications containing alcohol
- 2) Sedative-hypnotic medications
 - a. All benzodiazepines: Ativan, Klonopin, Librium, Xanax, Halcion, Valium, Restoril, Serax, and others
 - b. Hypnotics: Sonata, Ambien, Lunesta, and others
 - c. Soma (carisoprodol)
 - d. Barbiturates: Phenobarbital, pentobarbital, Seconal, and others
 - e. Other sedatives: meprobamate, chloral hydrate
- 3) Opioid medications
 - a. Morphine (MS-Contin and others)
 - b. Propoxyphene (Darvon, Darvocet, and others)
 - c. Codeine (Tylenol #3)
 - d. Hydrocodone (Lortab, Vicodin)
 - e. Oxycodone (Percocet, Percodan, Oxycontin)
 - f. Hydromorphone (Dilaudid)
 - g. Meperidine (Demerol)
 - h. Pentazocine (Talwin)
 - i. Fentanyl (Duragesic, Actiq)
 - j. Oxymorphone (Opana)

- k. Tramadol (Ultram)
- l. Butorphanol (Stadol)
- 4) Stimulant medications:
 - a. Methylphenidate (Ritalin)
 - b. Concerta
 - c. Amphetamines (Adderall, Dexedrine, Vyvanse)
 - d. Cocaine (used in past like lidocaine)
- 5) Marinol (Dronabinol, nabilone, Cesamet)
- 6) All illicit substances:
 - a. Cocaine in any form (powder, freebase, crack)
 - b. Methamphetamine
 - c. Marijuana (cannabis, in any form)
 - d. Inhalants (gasoline, glue, solvents, other volatile chemicals)
 - e. Hallucinogens and Dissociatives (PCP, LSD, ketamine, and others)

Narcan

Naloxone, sold under the brand name Narcan, is a medication used to reverse the effects of opioids. Patients will be provided with a Narcan kit or prescription at admission. Patients can request a Narcan kit, as available, or a Narcan prescription at any point in treatment.

Urine Drug Screening

Screening for substance use is required for all phases of treatment by federal and state regulation. Proper collection and handling are necessary for reliable testing. Typical testing is accomplished through urine drug screens (UDS). The UDS is used as a tool for assessing recovery status. UDS are required randomly based on the phase of treatment and previous testing results. Patients may be asked to complete a UDS at any point during the treatment process. If you are unable to provide a urine sample when ordered, you have until the close of business to provide an adequate sample; a partial sample will not be accepted. If you need special accommodations to provide a urine sample, talk to your clinician.

If indicated, a staff member or designee may be present in the room with a patient while the specimen is being obtained. If a patient leaves the facility prior to providing UDS, an in-room observed UDS will be ordered. Tampering with or falsifying your urine may result in the implementation of a medically supervised withdrawal protocol. All urine drug screens (UDS) are observed via camera to minimize falsifications.

Counseling

Group and individual counseling are a required component of an opioid treatment program (OTP) under the Substance Abuse and Mental Health Services (SAMHSA) guidelines. Patients in OTPs need individualized treatment at the many stages of recovery. Therapy approaches and goals may need to be modified as recovery progresses.

Individual Counseling

Upon admission, you will meet with an MAT staff member, who will assist you with the admission process. You will then be assigned a clinician who will begin to address your individual treatment issues, needs, and goals.

Group Counseling

Group counseling is essential for many patients during the treatment process. All patients can attend group voluntarily (based on availability). Patients may be mandated to attend group by clinician and medical provider assessment.

Group Counseling Guidelines

1. Patients are expected to attend and contribute to the group process.
2. All patients must arrive no later than **10 minutes** after group has started and must stay for the whole group to be counted. Certain circumstances could be considered in emergency situations for late arrival or early departure but must be staffed with the Program Manager.
3. Patients will not be able to participate in group if they are under the influence of drugs or alcohol. Patients are to be awake.
4. Patients must behave appropriately. No snide/negative comments will be tolerated. Patients must refrain from using vulgar or offensive language or behavior. Patients must refrain from stories that glorify or promote drug or alcohol use.
5. Patients must respect the privacy of others. Patients must not discuss what is said in group or who is present in group.

Resources/Referral

If a patient requires additional support during treatment, appropriate resources will be provided and/or a referral will be made based on individual needs.

Guest Medication

An OTP must maintain a policy to provide medication administration to patients who need to change their home program temporarily to avoid missed medication while out of town. Patients requesting to receive medication at another location as a guest must follow the requirements below if eligibility criteria are met:

- The patient is responsible for paying a \$10 fee before guest dosing will be arranged. The fee covers photocopying of documents, faxing of information, and any telephone consultations. If the patient fails to travel, there will be no refunds for the fees charged for making the arrangements.
- Request of arrangements must be received a minimum of 5 business days in advance of the event.
- Patients in the induction phase of treatment; positive for benzodiazepines, alcohol (ETG, ETS, or ETOH), barbiturates, or opioids; or are on a medically ordered MSW must be staffed with a McLeod Centers medical provider for approval to guest dose.
- Guest dosing is not permissible for more than 13 consecutive days.
- It will be necessary to present a valid photo ID at the guest dosing facility.
- A lock box is required for any take-home medications.

In special circumstances (e.g., death/illness of immediate family member), McLeod Centers may waive eligibility requirements with physician approval. A McLeod Centers medical provider reserves the right to deny a guest dosing request based on patient safety and stability.

McLeod-to-McLeod Patients (Internal) Guest Medication

Patients can guest dose at any McLeod Center with a 48-hour advanced notice following typical McLeod Centers protocols.

Guest dosing guidelines may be modified when emergency procedures have been implemented. Emergency operating guidelines will be provided as applicable.

Treatment Levels

As patients progress in the recovery process, level status can be earned. Level status allows patients to take home medications based on compliance with the outlined recovery treatment plan. Certain criteria must be met to obtain and maintain this status.

Level	Minimum Time in MAT	Time of Continuous ¹ Compliance	Minimum Program Requirements	Days Dosing On-Site per Week	Allowable Take-Home Doses
Induction	1-30 days	N/A	OG ² x 1; IC 1x/week UDS 1x/week	7 days	0
Level 1	31-90 days	N/A	IC ³ 2x/month UDS 1x/week x 2 then 1x month	7 days	0
Level 2	91-180 days	90 days	IC 2x/month UDS 1x/month	5 days	2
Level 3	181-270 days	90 days at level 2	IC 2x/month UDS 1x/month	4 days	3
Level 4	271-364 days	90 days at level 3	IC 2x/month UDS 1x/month	2 days	5
Level 5	365-730 days	180 days	1-2 IC/month based on patient's needs ⁵ UDS 1x/month	1 day	6
Level 6	731 days	365 days at level 5	1-2 IC/month based on patient's needs ⁵ UDS 1x/month	1 day every 2 weeks	13

¹ Number of compliance days must be consecutive.

² Orientation Group (OG; based on availability)

³ Individual Counseling (IC)

Level/Take-Home Medication Eligibility Requirements

In addition to overall program compliance, patients must meet the criteria below to be presented for take-home/level consideration. If you have questions about your eligibility for level/take-home medication, see your primary clinician.

- Current on all financial obligations (i.e., must have less than a \$39 balance)
- Three (3) consecutive months (90 days) of UDS negative for all substances except approved medication*
- Participation/attendance at required individual counseling sessions based on phase/level in treatment
- Absence of serious behavior problems defined as yelling, verbalizing a threat of physical violence toward staff and/or other patients, or bringing weapons of any kind onto property (including concealed weapons by permit)
- Regular attendance at MAT defined as no more than 1 missed day per month and consistent dosing for at least the past 7 days
- The benefit of the recovery process for a patient outweighs the risk of diversion
- No criminal activity for the past 90 days (including observed drug dealing by staff)
- Stable home environment and social relationships (stable environment can be subjective and should be assessed on a case-by-case basis)
- Ability to safely meet medication storage standards (see Take-Home Storage Standards)
- Maintain compliance with treatment team recommendations and referrals
- Appropriate releases of information (ROI) for coordination of care on file and current for all medical and mental health providers

** Eligibility time begins accruing on the date of the first UDS negative for all substances except approved medication.*

Take-Home Medication and Storage Standards

Take-home medication should be taken at the prescribed time in the morning and should be taken according to the dispensing label (bottles are numbered and labeled in the order they are to be taken). Patients must have a metal or tamper-resistant lock box. The lock must be functional, and patients are required to lock their boxes in front of the nurse before leaving the pharmacy window. The nurse must verify the box is locked. Patients presenting without approved lock boxes will not be permitted to leave with take-home medication. Patients are not allowed to borrow or share lock boxes. Lock boxes must contain the patient's identification number and initials inside the box in a permanent location. Patients can properly dispose of medication as outlined below:

- Rinse any residual medication from the bottle after use
- Replace bottle lid
- Dispose of in plastic bag lined receptacle*

*Only dispose of medication bottles the day of next medication pick-up as empty bottles are required to be brought in for random bottle recalls. Do NOT bring in empty bottles except for bottle recalls. McLeod Centers are unable to accept empty bottles for disposal.

Stolen Take-Home Bottles

The safekeeping of the take-home bottles is the responsibility of the patient. If the medication is stolen, a police report will need to be filed by the patient. Further medication orders will be staffed with and at the discretion of the physician.

Mishandling of Take-Home Medication

Patients are prohibited from engaging in illegal acts related to their take-home medication (e.g., selling their medication, sharing their medication with others). If law enforcement informs a McLeod Center (via an official report) that a patient is involved in the mishandling of their take-home medication or if a patient is involved in possessing take-home medication not belonging to them, any level status privileges will be revoked immediately, and the patient's case will be staffed with the Medical Director.

Responsibilities of Take-Home Level Patient Contract

- 1) I will notify my McLeod Center of updated contact information including address and phone number.
- 2) I will maintain a stable housing environment where methadone/buprenorphine can be safely stored in metal or tamper-resistant lock box. I will notify my McLeod Center immediately if a change in housing situation or change in address occurs.
- 3) I will keep all empty bottles in a safe location and present for the bottle recall with all the empty bottles in a locked box.
- 4) I will check my phone and/or voicemail daily for correspondence from my McLeod Center in the case that I am called for a bottle recall or random urine drug screen (or in case there is other important information my McLeod Center needs to provide regarding my medication).
- 5) I will present for bottle recalls during McLeod Centers MAT business hours on the day following receiving notification of the bottle recall and will not dose prior to arriving at my McLeod Center.
- 6) I will notify my McLeod Center in advance of any days I plan to be out of town and unavailable for bottle recall or random UDS. I understand that failing to present because I state was out of town without providing prior notification to my McLeod Center will be considered a failed bottle recall.
- 7) I will notify my McLeod Center of any emergency trips as soon as possible by calling the program and speaking to the clinician or leaving a message on the voicemail.
- 8) I will maintain compliance with UDS requirement as described in the Level/Take-Home Medication Eligibility Requirements section of this handbook (i.e., positive for only approved medications and submit to regular drug screening as ordered by the treatment team). I may be called for random UDS on days I am not due to dose on-site and must be available for those screenings.
- 9) I will maintain regular attendance, clinical contact, and group therapy as ordered by level in treatment (see Treatment Levels) and understand that my level status depends on me meeting these requirements.
- 10) I will adhere to appropriate behavior at McLeod Centers and understand that my level status depends on the maintenance of such behavior.
- 11) I will not engage in criminal activity and understand that such behavior could affect my level status.
- 12) I will participate in necessary education regarding:
 - a. Storage of methadone/buprenorphine
 - b. Narcan and overdose education
 - c. Medication approval policies
 - d. General policies as ordered by the treatment team
- 13) I understand that I may fail a bottle recall due to:
 - a. Failing to update my McLeod Center on current contact information/phone number resulting in missing the bottle recall phone call
 - b. Not presenting for bottle recall for any reason
 - c. Presenting with bottles having seals broken, labels altered and/or tampered
 - d. Presenting with bottles from the wrong date(s)
 - e. Presenting with missing empty bottles
 - f. Dosing prior to arriving at my McLeod Center for bottle recall
- 14) I understand that failed bottle recalls may result in revocation in level status and may be subject to a decrease in dosage depending on the circumstances of the failed bottle recall.
- 15) I understand that take-home levels are a privilege and are provided to patients at the discretion and recommendation of the treatment team. All level eligibility must be approved by a McLeod Centers physician. Levels may be revoked at the discretion of the team or physician due to safety concerns for the patient or community at large.

Non-compliance with any of the responsibilities above for acquiring and maintaining take-home privileges may result in loss of take-home eligibility.

Revocation of Take-Home Privileges/Level Status

Achieving progressive levels is a great accomplishment in the treatment process. Level status indicates a level of trust between the patient, clinician, and the physician. Level status can be revoked or suspended at any time for non-compliance. The following table provides consequences of non-compliance in relation to level status:

Non-Compliance	Consequence	Next Steps
Failed bottle recall	<ul style="list-style-type: none"> ○ 1st non-compliance: drop to level 1 	<ul style="list-style-type: none"> ○ Staff all failed bottle recalls with physician for dosing orders and reinstatement guidance.
Failure to follow prescription approval procedure	<ul style="list-style-type: none"> ○ Staff with physician. 	<ul style="list-style-type: none"> ○ Follow results of physician staffing.
Failure to comply with individual session requirements	<ul style="list-style-type: none"> ○ 1st non-compliance: probation for 90 days ○ 2nd non-compliance: drop one level; probation restarts for an additional 90 days ○ 3rd non-compliance: drop one level; probation restarts for an additional 90 days ○ 4th non-compliance: drop to level 1 	<ul style="list-style-type: none"> ○ 1st non-compliance: No further action required. ○ 2nd non-compliance: Follow Accelerated Reinstatement Pathway. ○ 3rd non-compliance: Follow Accelerated Reinstatement Pathway. ○ 4th non-compliance: Follow Standard Reinstatement Pathway.
Positive UDS for unapproved medication/substance or negative UDS for prescribed MAT medication*	<ul style="list-style-type: none"> ○ 1st non-compliance: probation for 90 days ○ 2nd non-compliance: drop one level; probation restarts for an additional 90 days ○ 3rd non-compliance: drop one level; probation restarts for an additional 90 days ○ 4th non-compliance: drop to level 1 	<ul style="list-style-type: none"> ○ 1st non-compliance: No further action required. ○ 2nd non-compliance: Follow Accelerated Reinstatement Pathway. ○ 3rd non-compliance: Follow Accelerated Reinstatement Pathway. ○ 4th non-compliance: Follow Standard Reinstatement Pathway. <p><i>*Consequences begin when results of UDS are reported to the patient.</i></p>
Call back UDS	<ul style="list-style-type: none"> ○ Quarterly random UDS may be ordered for level 6 patients. ○ Any time diversion or drug use is suspected, a call-back urine may be ordered. 	<ul style="list-style-type: none"> ○ If ordered by a physician, the patient is called and must present the next day for an unscheduled UDS. ○ Follow results of physician staffing.
Failure to consent to the coordination of care with other providers**	<ul style="list-style-type: none"> ○ Contact physician. 	<ul style="list-style-type: none"> ○ Follow results of physician staffing. <p><i>**Patient is immediately eligible for reinstatement with physician order once requested ROI provided.</i></p>
Impairment	<ul style="list-style-type: none"> ○ 1st non-compliance: drop to level 1 ○ Any further non-compliance: consequence based on physician recommendation/order 	<ul style="list-style-type: none"> ○ After revoked, must remain at that level for 90 days before eligible for presentation for level reinstatement. This reinstatement is dependent on the level at time of impairment.
UDS falsification	<ul style="list-style-type: none"> ○ Contact physician. 	<ul style="list-style-type: none"> ○ Follow results of physician staffing.
Lost or Stolen without Police Report ¹	<ul style="list-style-type: none"> ○ 1st non-compliance: drop to level 1 	<ul style="list-style-type: none"> ○ Follow the Standard Reinstatement Pathway ○ Nursing staff will call the Medical Director for medication orders.
Lost or Stolen with Police Report ¹	<ul style="list-style-type: none"> ○ 1st non-compliance: drop to level 1 	<ul style="list-style-type: none"> ○ Nursing staff will call the Medical Director for medication orders.

		<ul style="list-style-type: none"> ○ After 30 days of compliance, implement level change process to reinstate patient to original level (before stolen medication revocation).
Law Enforcement Report of Mishandling of Take-Home Medication	<ul style="list-style-type: none"> ○ 1st non-compliance: drop to level 1 	<ul style="list-style-type: none"> ○ Follow the Standard Reinstatement Pathway ○ Nursing staff will call the Medical Director for medication orders.
Financial difficulties (self-pay patient cannot afford take-home medication)	<ul style="list-style-type: none"> ○ 1st non-compliance: drop to level patient can afford 	<ul style="list-style-type: none"> ○ Once stable financially and at stable dose, implement level change process to reinstate patient to original level (before financial difficulty revocation).
Behavior Contract Instated	<ul style="list-style-type: none"> ○ 1st non-compliance: drop to level 1 	<ul style="list-style-type: none"> ○ After 30 days of compliance, implement level change process to reinstate patient to original level.

Failure to comply with individual session requirements and positive UDS for unapproved medication/substance count together toward progressive consequences.

Reinstatement of Take-Home Privileges/Level Status

Reinstatement of level status after revocation is reviewed on a case-by-case basis. Reinstatement of level status depends largely on the reason the patient lost the level status as well as the patient’s history of level revocations.

Treatment Absence/Gap in Treatment

If a gap occurs (missing 2-29 days if prescribed buprenorphine and 3-29 days if prescribed methadone), the patient will return to level 1. After 30 days of compliance, the patient’s eligibility for level reinstatement can be re-evaluated by a medical provider through case staffing. If a patient misses 30 or more days of treatment, the patient will return to level 1 and follow the standard reinstatement pathway.

Diversion Control Plan

A licensed OTP must maintain a current “Diversion Control Plan” or “DCP” as part of its quality assurance program that contains specific measures to reduce the possibility of diversion of controlled substances from legitimate treatment use. Additionally, some medications interact with treatment medication creating the necessity of the patient to report medications prescribed/taken.

Bottle Recall Process

Random bottle recalls will occur for patients with take-home medication. The purpose of the call back procedure is to ensure proper ingestion, assist in the identification of possible diversion, and to create/sustain accountability. The patient will receive a call from a program clinician or nurse with instructions to return to the facility by the close of business the next day. The patient must return in the designated time frame with all bottles both non-ingested and empty. The nursing staff will inspect the bottles per protocol and complete the bottle recall document. The patient is given a pass or fail. All criteria must be checked “yes” to pass the bottle recall. If the patient fails the bottle recall, the patient will be provided with materials to dispose of the medication in front of the nurses. Patients who choose to dispose of the medication may be allowed to medicate on-site and may be required to pay an administrative fee (\$25). If the patient refuses to dispose of the medication, they will not be allowed to dose on-site for the

dates the medication has already been administered, and the reinstatement of level privileges may be delayed.

Prescription Registry Checks

Prescription checks are performed on all patients by a physician or designee at the time of admission in accordance with the North Carolina Controlled Substance Reporting System (NCCSRS). Prescription checks are performed as follows:

- On admission
- 30 days after admission
- Quarterly
- Level status requests

Additional prescription checks may be performed by physician request.

Dual Enrollment

Federal law requires verification with surrounding treatment facilities ensure a potential patient is not enrolled elsewhere before admission. Through a partnership with Lighthouse Software and in collaboration with the State Opioid Treatment Alliance (SOTA), a central registry system is utilized for the following:

1. Dual Enrollment
2. Disaster Preparation
3. Emergency Communications

All pertinent demographic identifying information is entered into the system for access.

McLeod Centers also verify a potential patient's enrollment with programs that do not use the central registry system via fax.

Medically Supervised Withdrawal

McLeod Centers reserve the right to place any patient who violates program guidelines or who is in non-compliance with treatment goals on a medically supervised withdrawal. The medically supervised withdrawal will be a decrease in the patient's methadone/buprenorphine dosage at a rate determined by the Medical Director or a McLeod Centers physician. Continued contact with your clinician and McLeod Centers is required during the medically supervised withdrawal period. Patients will be offered assistance via resources and/or referral to other levels of care during the medically supervised withdrawal process. There may be a minimum 30-day waiting period for re-entry for patients who have been placed on a medically supervised withdrawal due to non-compliance with McLeod Centers program guidelines.

Treatment Team Approach

Medication-assisted treatment (MAT) uses the combination of medication with counseling to provide a holistic approach to the treatment of opioid use disorder. Therefore, MAT requires a treatment team approach meaning all staff involved in a patient's care must work together to help the patient achieve their treatment goals and ensure the patient's needs are being met.

Medical Visits/Appointments

Medical oversight is essential in providing holistic care to all patients enrolled in medication-assisted treatment programs. To provide proper medical care, patients must meet with members of the medical team at various times while in treatment.

Case Staffing

The treatment team approach involves consistent case staffing. Case staffing is defined as the meeting of a patient's multidisciplinary treatment team to discuss the patient's progress, problems, and needs in an effort to identify issues, suggest problem resolution strategies, and make clinical and medical recommendations regarding the patient's treatment. A patient's case may be staffed with members of the McLeod Centers treatment team/staff and/or other staff members may be asked to join a session or patient meeting if needed for additional support.

Clinician Supervision

Clinicians engage in supervision in accordance with but not limited to licensure requirements and patient care and safety. Patient confidentiality will be maintained to adhere to the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Discharge from Treatment

Resources/Referral

If a patient is no longer appropriate for or successfully completes services at a McLeod Center, appropriate resources will be provided and/or a referral will be made based on individual needs.

Discharge Summary

A discharge summary will be completed at discharge that will outline your progress while in treatment as well as documenting recommendations for further services.

Aftercare Plan

You and your clinician will develop an aftercare plan together to aid you in your recovery once you leave McLeod Centers for Wellbeing.

Inclement Weather

Information regarding changes in operational hours will be on our website (<https://www.mcleodcenters.org>) and social media. Additionally, WBTW, WSOC, and WCNC will be notified.

Disaster Plan

Instructions are posted at your individual program that will outline where to go in the event of a disaster in which your home program cannot provide services, please follow the instructions below or you can call the McLeod Centers office in Charlotte at 704-332-9001 to receive additional instructions.

Western Region	Eastern Region
Statesville staff/patients will go to the Hickory facility. Hickory staff/patients will go to the Statesville facility. Marion staff/patients will go to the Hickory facility. Lenoir staff/patients will go to the Hickory facility.	Charlotte staff/patients will go to the Gastonia facility. Concord staff/patients will go to the Charlotte facility. Gastonia staff/patients will go to the Charlotte facility. Monroe staff/patients will go to the Concord facility.

If any deviations from this plan are required, your program will announce the change via a Central Registry broadcast message.

McLeod Centers' Clinical Ethical Practices Policy

Ethical Statement

McLeod Centers respect the dignity and value of all patients and strives to protect each patient's fundamental human rights. McLeod Centers honor the integrity and welfare of all individuals served.

Ethical Standards

1. **Non-Discrimination:** McLeod Centers do not discriminate against any patients or professionals based on race, religion, age, sex, handicaps, national ancestry, sexual orientation, or academic condition.
2. **Responsibility:** McLeod Centers staff will uphold objectivity and integrity and maintain the highest standards in all services offered.
 - a. The clinician should recognize that their primary obligation is to help others acquire awareness and ability to deal with the disease of addiction.
 - b. The clinician should accept the professional challenge and responsibility of providing professional services to the substance use patient.
 - c. McLeod Centers employees may not engage in activities that conflict financially or morally with aims and purposes of the organization or best interest of the patient.
3. **Competence:** McLeod Centers recognize that the substance abuse treatment profession is founded on competency standards which promote the best interest of society, of the patient, and of the profession. All staff will display and maintain competency and professionalism. McLeod Centers recognize the need for ongoing education and training as a component of professional competency and provides such training monthly.
 - a. McLeod Centers will not allow the practice of substance abuse counseling by unqualified and unauthorized persons.
 - b. McLeod Centers will employ experienced individuals who are trained to meet the needs of the substance abuse patient. Clinicians have diverse backgrounds combining recovery and education, which provides a solid foundation of treatment experience and knowledge.
 - c. McLeod Centers recognize the boundaries and limitations of a clinician's competencies and does not offer services or use techniques outside of these professional competencies.
 - d. McLeod Centers will report any cases of unethical conduct or of unprofessional modes of practice to the appropriate authorities.
 - e. McLeod Centers recognizes the effect of person impairment on professional performance and provides an EAP program to assist employees.
4. **Legal and Moral Objectives:** McLeod Centers will follow all legal and accepted moral codes in relationship to professional conduct.
 - a. McLeod Centers will not claim either directly or by implication, professional qualifications/affiliations that the center or staff member does not possess.

- b. McLeod Centers will not associate with or permit the center's name to be used in connection with any services or products in a way that is incorrect or misleading.
 - c. Publications produced by McLeod Centers, or any employee of McLeod Centers, must be presented in a professional and accurate manner.
5. **Clinical Practices:** McLeod Centers will respect the integrity and protect the welfare of all patients.
- a. McLeod Centers will define for self and other the nature and direction of loyalties and responsibilities and keep all parties concerned and informed of these commitments.
 - b. In the presence of professional conflict, McLeod Centers employees will be concerned primarily with the welfare of the patient.
 - c. When a patient is no longer benefiting from the present treatment setting, an appropriate program or facility will be referred. In situations when a patient refuses treatment, referral or recommendations, McLeod Centers will consider the welfare of the patient by weighing the benefits of continued treatment or termination and will act in the best interest of the patient.
 - d. McLeod Centers will not exploit any patient in a demonstration role where participation could potentially harm the patient.
 - e. McLeod Centers will provide an appropriate clinical setting to protect the patient's interest and welfare.
 - f. McLeod Centers will not place patients in isolated confinement nor use other forms of physical restraint.
6. **Confidentiality:** McLeod Centers will protect the privacy of patients and shall not disclose confidential information.
- a. McLeod Centers abide by State and Federal Confidentiality Regulations which prohibit anyone from divulging any information which indicates a person is now or has ever been a patient at a McLeod Center unless such permission is granted by the patient in writing. To grant McLeod Centers permission to release information, a patient must sign a completed release of information form. Exceptions to these laws are made only in life threatening medical emergencies or as otherwise required by law.
 - b. McLeod Centers will maintain patient records in a confidential manner.
 - c. McLeod Centers employees will discuss the information obtained in clinical or consulting relationships only in appropriate settings and only for professional purposes clearly concerned with the case.
7. **Patient Relationships:** McLeod Centers employees will inform the prospective patient of the important aspects of the potential relationship.
- a. McLeod Centers will obtain the patient's agreement prior to the recording of an interview for training or marketing purposes.
 - b. McLeod Centers prohibits non-professional contact with patient for a period of one year following a patient's discharge from treatment. Staff members may not sponsor any active or inactive McLeod Centers patients as a part of the Alcoholics Anonymous or Narcotics Anonymous fellowship for a minimum of one year after discharge.
 - c. McLeod Centers employees may not engage in any type of personal or sexual activities with patients.
8. **Professional Relationships:** McLeod Centers employees will treat colleagues with respect, courtesy, and fairness and maintain that same professional courtesy to other professionals.
- a. McLeod Centers will not market its professional treatment services to a patient already under the care of a professional service without prior consultation with the other treatment provider.
 - b. McLeod Centers will cooperate with any other professional ethics committee unless restricted by confidentiality laws.
9. **Financial Arrangements:** McLeod Centers will establish financial arrangements that serve the best interest of the patient, the center, and the profession.

- a. McLeod Centers will establish a fee structure that considers the ability of the patient to meet the financial cost of professional treatment services.
- b. McLeod Centers will not send or receive any commission or any other form of compensation for referral of patients for professional services.

10. Violations:

- a. McLeod Centers will investigate any ethical violations on an individual basis. The staff member’s supervisor, the component director, and the President of McLeod Centers will review violations.
- b. If a McLeod Centers staff member is found to have violated set ethical standards, appropriate disciplinary action will be taken immediately.
- c. Appeals will follow the established appeals procedure 8:11 found in the McLeod Centers Personnel Policy Manual.

11. Marketing: McLeod Centers will represent honestly, ethically, and forthrightly the quality and availability of its treatment services.

- a. McLeod Centers will accurately illustrate its services to the public, referrals, and contractors.
- b. McLeod Centers will apply fair and ethical business standards in competition with other treatment providers.

Patient Grievance Procedure

McLeod Centers are committed to providing quality patient care. Patient concerns are a key component to continuous improvement. McLeod Centers strive to take appropriate steps needed to ensure timely and thorough investigation occurs for resolution of any patient quality concerns.

If a patient has a complaint, appropriate McLeod Centers staff will be notified of the concern in order to address the issue with the patient. If the patient is not satisfied with the resolution, they may file an official grievance.

Grievances are managed by the Compliance/Quality Improvement Department and are submitted via the Ethix360 automated grievance system. If a grievance is made against the Compliance/Quality Improvement Department, the case will be managed by Human Resources. Any patient concern regarding a breach of confidentiality is considered a grievance and must follow the grievance process. Patients can ask any McLeod Centers staff member for the link or QR code to access Ethix360 at home or with McLeod Centers technology. Grievances will be managed, assigned, tracked, and resolved using Ethix360 as outlined below:

- a. Grievance documentation is assigned to the appropriate investigator in Ethix360
- b. Investigator adds the appropriate people needed to review the grievance via Ethix360¹
- c. If a resolution is not obtained, the grievance will escalate as detailed in the chart below:

Level of Management	Timeline for Resolution/Response
Program Manager	2 days from receipt of grievance ²
Director	2 days from receipt of grievance ²
VP of MAT	2 days from receipt of grievance ²
President	2 days from receipt of grievance ²
Board of Directors	2 days from receipt of grievance ²

¹The investigator and/or investigative team will update the grievance status in Ethix360 as the grievance moves through the process.

²The staff member must contact the patient within 2 days of receipt of the grievance. The resolution for a grievance may take more time to accomplish.

The person reporting the grievance can see the status of their claim (including resolution) in Ethix360 anonymously at any time.

If a patient has difficulty accessing the Ethix360 automated grievance system, a Grievance Form can be obtained from any employee and can also be found in this handbook.

McLeod Centers will make every attempt to successfully resolve a patient grievance or complaint through the Grievance Procedure. Complaints may also be directed to the following external agencies:

<p style="text-align: center;">Alliance Behavioral Healthcare Cumberland, Durham, Johnston, Mecklenburg, Orange, & Wake Counties (800) 510-9132</p>	<p style="text-align: center;">Eastpointe Bladen, Duplin, Edgecombe, Greene, Lenoir, Robeson, Sampson, Scotland, Warren, Wayne, & Wilson Counties (800) 913-6109</p>
<p style="text-align: center;">Partners Behavioral Health Management Burke, Cabarrus, Catawba, Cleveland, Davie, Forsyth, Gaston, Iredell, Lincoln, Rutherford, Stanly, Surry, Union, & Yadkin Counties (828) 484-2595</p>	<p style="text-align: center;">Sandhills Center Anson, Davidson, Guilford, Harnett, Hoke, Lee, Montgomery, Moore, Randolph, Richmond, & Rockingham Counties (800) 256-2452</p>
<p style="text-align: center;">Trillium Health Resources Brunswick, Carteret, Columbus, Nash, New Hanover, Onslow, Pender, Beaufort, Bertie, Camden, Chowan, Craven, Currituck, Dare, Gates, Halifax, Hertford, Hyde, Jones, Martin, Northampton, Pamlico, Pasquotank, Perquimans, Pitt, Tyrrell, & Washington Counties (800) 849-6127</p>	<p style="text-align: center;">Vaya Health Alamance, Alexander, Alleghany, Ashe, Avery, Buncombe, Caldwell, Caswell, Chatham, Cherokee, Clay, Franklin, Graham, Granville, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Person, Polk, Rowan, Stokes, Swain, Transylvania, Vance, Watauga, Wilkes, & Yancey Counties (800) 849-6127</p>
<p style="text-align: center;">North Carolina Division of Mental Health, Development Disabilities, and Substance Abuse Services (919) 420-7927</p>	<p style="text-align: center;">North Carolina State Opioid Treatment Authority (919) 715-2774</p>
<p style="text-align: center;">North Carolina Division of Health Service Regulation (800) 624-3004</p>	<p style="text-align: center;">Disability Rights of North Carolina (877) 235-4210</p>



McLEOD CENTERS
FOR WELLBEING

Patient Grievance Form

Date	
------	--

Patient Name		Signature	
STEP 1	Clinician		Date
STEP 2	Program Manager		Date
STEP 3	Program Director		Date
STEP 4	Vice President		Date
STEP 5	President		Date

Protection from Retaliation

McLeod Centers ensures protection of patients from retaliation for reporting improper activities/behaviors of employees. McLeod Centers will address all complaints alleging acts of punishment or intimidation due to disclosure of improper activities/behaviors.

1. McLeod Centers employees may not directly or indirectly use or attempt to use the official authority or influence of their positions or offices for the purpose of interfering with the right of a patient to file a report against the company or any of its employees.
2. McLeod Centers patients have a right to report any behavior or action of a McLeod Centers staff member, Manager, Director, and/or any Executive Leader which may be considered as unethical, illegal, harmful, or neglectful.
3. McLeod Centers shall discipline employees up to and including termination for using retaliatory or intimidation practices against patients.
4. Reports may be made to the Human Resources Department, Program Manager, Program Director, and/or an Executive Leader.
5. Patients may submit any grievances/reports to Ethix360 with the option of submitting anonymously. Physical copies of the grievance form are also available and may be submitted to any staff member. The copy will be delivered to the Compliance Department.
6. All reports or complaints will be investigated and will include confidentiality when appropriate.

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL AND DRUG AND ALCOHOL RELATED INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

General Information

Information regarding your health care, including payment for healthcare, is protected by two federal laws: the Health Insurance Portability and Accountability Act of 1996 “HIPAA”, 42 U.S.C. §1320d et seq., 45 C.F.R. Parts 160 & 164, and the Confidentiality Law, 42 U.S.C. § 290dd-2, 42 C.F.R. Part 2. Under these laws, McLeod Centers for Wellbeing (McLeod Centers) may not disclose to a person outside McLeod Centers that you attend the program, nor may McLeod Centers disclose any information identifying you as an alcohol or drug treatment patient or disclose any other protected information except as permitted by federal law.

McLeod Centers must obtain your written consent before it can disclose information about you for payment purposes. For example, McLeod Centers must obtain your written consent before it can disclose information to your health insurer to be paid for services. Generally, you must also sign a written consent before McLeod Centers can share information for treatment purposes or for health care operations. McLeod Centers will not sell or disclose information about you for marketing purposes. Federal law does permit McLeod Centers to disclose information without your written permission in the following circumstances:

1. Pursuant to an agreement with a qualified service organization/business associate
2. For audit or evaluations including NC-TOPPS
3. To report a crime committed on McLeod Centers' premises or against McLeod Centers personnel
4. To medical personnel in a medical emergency
5. To appropriate authorities to report suspected child, elder, or disabled adult abuse or neglect
6. As allowed by a court order
7. To support personnel if suicidal/homicidal ideation and/or intent is reported

For example, McLeod Centers can disclose information without your consent to obtain legal or financial services, or to another medical facility to provide health care to you, if there is a qualified service organization/business associate agreement in place.

Before McLeod Centers can use or disclose any information about your health in a manner which is not described above, it must first obtain your specific written consent allowing it to make the disclosure. Any such written consent may be revoked by you in writing.

Patient Rights under HIPAA

Under HIPAA, you have the right to request restrictions on certain uses and disclosures of your health information. Under HIPAA you also have the right to inspect and receive a copy of your own health information maintained by McLeod Centers except to the extent that the information contains psychotherapy notes or information compiled for use in a civil, criminal, or administrative proceeding or in other limited circumstances. You have the right to ask McLeod Centers to accommodate requests that are reasonable and without requiring an explanation from you.

Under HIPAA you also have the right, with some exceptions, to request amendment of health care information maintained in McLeod Centers' records, and to request and receive an accounting of disclosure of your health-related information made by McLeod Centers during the six years prior to your request. You also have the right to receive a paper copy of this notice.

Patient Rights Summary of North Carolina General Statutes, Article 3

According to the North Carolina General Statutes GS 122C-51, 52, 57, 58, 59, 60-67, McLeod Centers will provide for the protection of your rights. The statutes state the following:

- McLeod Centers for Wellbeing believes that **you**, the patient, have the right to dignity, privacy, and human care. You have the right to freedom from mental and physical abuse, neglect, financial or other exploitation, humiliation, and retaliation while in treatment. Every effort will be made to assure you of these rights, as well as the right to live as normally as possible while providing you with a course of treatment that meets your individual needs.
- You have the right to age-appropriate treatment at McLeod Centers including access to medical care and habilitation, regardless of age or degree of mental illness, developmental disability, or substance abuse.
- Any information McLeod Centers gather on you while in treatment is confidential and will not be released without your written permission or as authorized by law.
- You will participate with your primary clinician in developing a person-centered plan designed to meet your needs for recovery.
- You will have the right to consent to or refuse treatment at McLeod Centers at any time.

- As a patient at McLeod Centers, you will keep the same rights as any other North Carolina citizen, including the right to dispose of property, execute instruments, make purchases, enter contractual relationships, register and vote, bring civil actions, and marry and get a divorce, unless the exercise of a civil right has been precluded by an un-revoked adjudication of incompetence.
- McLeod Centers do not use physical restraints or seclusion as part of treatment. Corporal punishment will never be inflicted upon any McLeod Centers patient.

Violations of the North Carolina General Statutes ~ 122C-51 through 122C-67

Any violation of the Patients' Rights is subject to a range of fines depending on severity and can result in a Class I or Class III misdemeanor.

McLeod Centers' Duties

McLeod Centers are required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. McLeod Centers are required by law to abide by the terms of this notice. McLeod Centers reserve the right to change the terms of this notice and to make new notice provisions effective for all protected health information it maintains. Revisions will be posted in the lobby of each facility, will be available on the McLeod Centers website on the internet, and can be obtained from any employee.

Complaints and Reporting Violations

You may complain to a McLeod Center and the Secretary of the United States Department of Health and Human Services if you believe that your privacy rights have been violated under HIPAA. You have the right to present a complaint, file a grievance, or appeal a decision. You should not fear that doing so will result in retaliation or barriers to your treatment. Complaints can be made to any McLeod Centers staff member and grievance forms can be obtained from any employee.

Violation of the Confidentiality Law by a program is a crime. If a McLeod Center releases any unauthorized protected information, you will be notified of the date of the breach, the information released and the steps McLeod Centers has taken to prevent future confidentiality violations. You can report any known or suspected violations to the United States Attorney in the district where the violation occurs.

For further information, contact the Director of Compliance.

Revised: 12/29/17, 3/28/19, 5/18/21, 09/2022

Patient Responsibilities

In addition to your rights as a recipient of services, you can help ensure the best outcomes for yourself by assuming the following responsibilities:

1. Give information to help those that provide your care
2. Follow the plans that you have agreed to
3. Understand your health, and participate in developing treatment goals
4. Tell the doctor or nurse about any changes in your health
5. Ask questions when you do not understand your care or what you are expected to do
6. Invite people who will be helpful and supportive to your treatment planning
7. Respect the rights and property of other consumers and program staff
8. Respect other consumers' needs for privacy
9. Work on the goals of your Person-Centered Plan
10. Inform staff of any medical condition that is contagious
11. Take medications as prescribed for you

12. Tell your doctor if you are having side effects from your medications
13. Tell your doctor or clinician if you do not agree with their recommendations
14. Tell your doctor or clinician when and if you want to end treatment
15. Cooperate with those trying to care for you

Tell someone when you have a suggestion, comment, or complaint in order for staff to help solve the problem or issue.

Patient Behavior

McLeod Centers will provide you with a safe, caring environment to help in your recovery. Upon admission to a McLeod Center, you will be informed of the behavior expected from you while in treatment, including specific program rules and consequences. If you have any questions on these rules, please contact your primary clinician.

Interventions

McLeod Centers do not use physical or chemical intervention procedures that are designed to modify behavior.

Contraband

Contraband is defined as drugs (including any mind- or mood-altering substances) or alcohol; both visible and concealed weapons regardless of permits held by owner (including but not limited to firearms, knives, any explosive materials, or any other objects that could be used to harass, intimidate, or injure another individual); tobacco products (including but not limited to cigarettes, cigars, cigarillos, pipes, dip, snuff, snus, chewing tobacco, and heated tobacco products); electronic smoking devices (including but not limited to an electronic cigarette, electronic cigar, electronic cigarillo, electronic pipe, vape, and any cartridge or other component of the device or related product); controlled substances; prescription medication*; and non-prescription medication*.

If a patient or visitor is found to be in possession of contraband at any time while on McLeod Center property, the person will be asked to leave the property and law enforcement may be contacted. Patients may be discharged from treatment if they are found in possession of contraband.

* Patients are allowed to bring prescribed (including controlled substances) and OTC medications onto McLeod Centers premises for the purpose of review for approval by medical staff. Unless otherwise approved by a McLeod Centers physician, patients are not allowed to bring prescribed or OTC medications onto McLeod Centers premises at any other time. If a visitor would like to request an exception to be made due to requiring possession of a lifesaving medication, they can request approval from the Program Manager.

Confidentiality

Your right to confidentiality concerning your treatment or services received at McLeod Centers is protected by law. Your records at McLeod Centers are confidential and will not be released to anyone without your written consent, or as allowed by law. You can withdraw permission to release information at any time. You can request that only certain parts of your record be shared.

Confidentiality Exceptions

Your information may be disclosed without your written consent in the following circumstances:

- Medical emergency (including potential suicidal or homicidal thoughts, plans, or intent)
- Court order
- Crime occurring at McLeod Centers or against McLeod Centers staff

- Research
- Audit and evaluation including NC-TOPPS
- Child, elder, or disabled adult abuse
- Qualified Service Organization/Business Associate Agreement

Patient Record

You have the right to review your treatment record. You may request a copy of your treatment record including progress notes, consent to release information forms, the person-centered plan, aftercare plan, or discharge summary by contacting a staff member in medical records.

Filing an Appeal

You have the right to appeal your discharge or changes to the services you already receive or have requested to receive. The manner in which your services are funded determines the way you appeal:

- If Medicaid pays for your services, you may appeal any decision to change or deny services through the Division of Medical Assistance or Office of Administrative Hearing. You may obtain a hearing request form by calling the Division of Medical Assistance at 919-855-4260 or by calling the Office of Administrative Hearings at 919-431-3000. You have 30 days from the date on the notice of the decision to file the request for a hearing.
- If your services are paid for by state funds (sometimes called IPRS funds) or if you are paying for your services, you may appeal the decision to the appropriate Managed Care Organization (MCO). If you are not satisfied with their decision, you may appeal to the North Carolina Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (NC DMH/DD/SAS) to review the decision.
- If your private insurance pays for your services, you can appeal the decision through your insurance company.

For assistance with any questions or concerns about your rights as a patient of McLeod Centers, you may contact the Compliance Department at extension 2545 or any of the entities indicated on page 28. In addition, state advocates are noted below:

Governor’s Advocacy Council for Persons w/Disabilities
(800) 821-6922
<http://www.gacpd.com>

The ARC of North Carolina
(800) 662-8706
<http://www.arcnc.org>

Mental Health Association of North Carolina
(919) 981-0740
<http://www.mha-nc.org>

National Alliance for Mentally Ill – (NAMI)
(800)451-9682
<http://www.naminc.org>

NC Mental Health Consumers Organization, Inc.
(800) 326-3842
<http://www.naminc.org/consumer>

National Council on Alcoholism and Drug Dependence, Inc.
(800) 622-2255
<http://www.ncadd.org>