Title:	Medication Callbacks				
Policy Number:	524	**Effective Date:**	07/18	**Next Review Date:**	10/23

POLICY: It is the policy of Behavioral Health Group (BHG) to make every effort to reduce the possibility of the diversion of controlled substances from its intended treatment use to illicit use. All patients will actively participate in the diversion control program and medication callback processes. All employees will reinforce the elements outlined in the program.

SCOPE: All BHG team members

RESPONSIBILITIES: It is the responsibility of BHG to attempt to ensure the safety of patients, patient family members, team members, and the greater community by employing and adhering to an effectual Medication Diversion Control Plan encompassing the following elements:

- Dual enrollment prevention (participation in the Central Registry and/or dual enrollment checks)
- Bottle/bag returns
- Random and/or scheduled call backs for medication counts
- Random call-ins for urine drug screening
- Drug testing results that include a review of the levels of methadone or buprenorphine and/or their metabolites.
- Patient attendance minimums

PROCEDURE:

OTPs

1. Based on the assigned take-home status (patients with three or more consecutive take-home doses or as per state policy), the patient is instructed to call into the Automated Medication Call Back System on assigned days to determine whether they must present to the treatment center with their remaining medication the next day.
   A. For locations that do not utilize SAMMS, the designated team member will randomly schedule medication call backs and call the patient in advising them to report to the treatment center for the scheduled medication call back.
2. Patients must present for a diversion-control visit a minimum of once every 90 days or more frequently as per state regulations.

A. The Program Director or Nursing Supervisor or designee will be responsible for monitoring and ensuring all required patients participate in a quarterly (or more frequent if required) medication callback. This includes manually scheduling any patients who were not randomly scheduled by SAMMS.

3. Patients are assigned two specific call-in days per week, based on their code status.
   A. It is the responsibility of the BHG team to ensure that all patients are provided with appropriate education regarding the diversion control processes.
   B. Patients will be given the appropriate information regarding calling in (the days to call in, the number to call, the information they will enter in the system) when they are first moved to a code that requires participation in the medication callback process. A demonstration of how to use the automated system will be provided, and documentation of the session and education will be placed in the patient chart.
      i. For treatment facilities that do not utilize SAMMS will instruct patients that a BHG Team Member will call the patient directly with instructions on presenting for a medication call back.
      ii. The Patient must maintain a phone on file where they can be reached.
   C. The same review of call-in processes will be provided when patients move to a code that requires different call-in days and on an annual basis.
   D. Patients are also provided education regarding the need to notify their primary counselor, nursing supervisor, or appointed designees if they are going to be out of town. Patients are instructed to continue to call in as per their schedule and to bring in any documentation of being out of town when they return. This will be documented in a service note.

4. When a patient receives notification of a required medication callback, they must present to the treatment center before the end of dosing hours the following day.

5. When presenting for a medication callback, the patient must bring to the treatment center all remaining doses (to include the dose for the presenting day) and all empty properly labeled medication containers (baggies/bottles).
   A. All empty medication containers will be kept by the patient for disposal upon their next present day.
   B. After checking in with the front desk, the patient will provide a sample for urine drug screening, and a qualified team member will complete an On-Site Verification (Redi-Test) on the given sample.
   C. The results of the Redi-Test are not the sole indicator of whether the patient

continues with their current take-home status. If the results are positive for illicit substances, the treatment center will treat each case individually until the urine drug screen results have been provided by the reference laboratory. If positive for illicit substances and/or negative for methadone or buprenorphine, confirmation is received from the reference laboratory, and intervention is then required per state regulation or BHG policy.

i. **All dosing-change or level-change orders must be given by a BHG prescribing provider. Nurses and pharmacists may not independently change a dose or level and must receive the order from the provider**.

D. The nurses will observe the patient ingest the dose, count the number of remaining doses, and record the results in the EHR.
   i. For locations using SAMMS, this is completed using the prompted template to record the diversion control visit. When executed properly, this template will automatically produce a *Diversion Control* note in the patient chart.

E. For treatment facilities utilizing SAMMS Only: Designated personnel must review the *Diversion Control No-Show* list at the end of every business day to assess which patients failed to present. Team communication is utilized to ensure the patient is contacted about the missed callback.

6. If appropriate to excuse the callback, supporting documentation must be placed in the patient chart.

7. Patients who miss their callback must be manually rescheduled within 90 days of their last successful medication call back, in accordance with regulatory standards. Patients will not be manually scheduled for a callback on their regular present day.

   A. If a patient is randomly scheduled for a callback on their medication pick-up day, the diversion control box should not be completed to prevent the appearance of a true successful medication count. Whomever is responsible for the diversion no-shows will be notified of the occurrence, and the patient will be rescheduled manually.

8. SAMMS Only: Only authorized staff will have security rights in SAMMS to view a patient's random schedule to prevent inadvertent or premature disclosure of the schedule.

9. SAMMS Only: Patient diversion control will be automatically/systematically rescheduled in SAMMS based on any approved (active) change in code.

10. SAMMS Only: When randomly scheduling diversion control patients, SAMMS will evenly distribute the number of patients based on their code status.

11. Patients who do not come to the treatment center for their diversion control

appointments and are unexcused or otherwise found to be nonadherent with diversion control will have their take-home privileges revoked, as per state-specific guidelines and program provider recommendation.

12. The Controlled Substance Act www.deadiversion.usdoj.gov/fedregs/rules/2014/2014-20926.pdf prohibits program personnel from taking back a controlled substance once it has been dispensed to the end user.

    A. In the event a patient presents for a medication call-back with medication containers that show signs of tampering or diversion, program personnel shall take the following steps:
        i. Request that the patient return to the program daily with their supply of medication for observed dosing until their scheduled return date.
        ii. If the patient refuses to attend daily or does not attend, program personnel should attempt to call the patient daily until their scheduled return date and document the outcome in the patient record.
        iii. At the next scheduled visit (i.e. when the supply of dispensed medication has been used, irrespective of whether the patient adhered to the request for observed daily dosing) the team will decide the appropriate code status for the patient
        iv. Specific circumstances of the suspected diversion, and the patient's adherence with the request to return for daily monitoring, should be considered when assessing reinstatement of code/phase level.

Guest Diversion Control

It may be necessary to coordinate with another treatment center to set up guest-dosing diversion control visits, which allow the patient to maintain adherence with the diversion control policy when out of town.

1. Guest Diversion Control In – For patients who need a medication call-back performed but who cannot present to their home treatment center:

    A. If patient's home treatment center sends paperwork and ROI, BHG team members will perform the medication call-back as per policy – verify doses of medication, administer the day's dose at the window, perform an on-site UDS, and complete paperwork sent by home treatment center, and complete a nursing service note in SAMMS.

    B. If no paperwork is received from the home treatment center, BHG team members will have the patient complete an ROI and will contact the home treatment center to verify the patient request for a diversion control visit and specific needs for the visit, i.e., drug screen, medication count, etc.

2. Guest Diversion Control Out – For BHG-enrolled patients who need a medication call-back performed somewhere other than their home clinic:

   A. The patient will first contact their primary counselor and let them know they are scheduled for a diversion call-back but will be unable to present to the home clinic due to being out
   B. The patient can present to an OTP in their area, the primary counselor will attempt to contact the OTP to plan for a guest diversion control visit. If the OTP can accommodate the request, the primary counselor will complete the "home treatment center information" section of the *Guest Dosing Medication Count* form, which will be sent to the OTP performing the visit. An appropriate service note will be completed

OBOT

Patients enrolled in OBOT services are subject to Diversion Control Plans as well. Unless a frequency is specified in state-specific regulations, call backs will occur for cause. Such "cause" includes, but is not limited to:

A. Running out of medication early

B. Reporting medication lost or stolen

C. Receiving reports of patient diversion

Procedure:

1. Clinic staff will call the patient to notify them that they have been selected for a diversion callback.

2. The patient will then be instructed to present to the clinic within the same working day and to bring their entire supply of medication with them.

3. When the patient arrives, they will receive a Redi-Test.

4. In the patient's presence, two staff members will then count the patient's medical supply, making note of the dosage and the number of doses of each dose strength of medication.

5. The provider will then be informed of the results of the medication count and the Redi-Test to include looking for the presence of buprenorphine.

6. If there is less medication than expected given the number of days since the

prescription was filled, and/or the urine drug test is non-therapeutic the provider will decide about reducing the patient to weekly visits, adjusting the dose, and/or transferring the patient to an OTP.

7. If the Redi-Test fails to show buprenorphine the sample will be sent for quantitative testing for buprenorphine and norbuprenorphine.

8. A confirmed sample failing to register buprenorphine or norbuprenorphine, or showing a ratio where buprenorphine is far more present than norbuprenorphine, the provider may elect to immediately discharge the patient.

9. Within 24 hours, an event note will be written that details why the callback was initiated, the staff members who did the count, and Redi-test results, and the provider's medical decision-making regarding dose, ordered amount, visit frequency and/or disposition will be entered into the electronic medical record.

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System Generated Footer

Related Policy and Procedures:

Standards:

Review Date: 06/21

Revision History: 06/19, 08/21, 07/22

Authorized By: