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| Title: | Diversion Control Program | | | | |
| Policy Number: | 448 | Effective Date: | 07/21 | 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. All BHG team members 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
- Patient attendance minimums
- Assurance of proper medication ingestion
- Assurance of proper take-home medication containment and storage
- Proper physical controls of medication inventory
- Proper physical controls limiting access to secure areas

PROCEDURE:

1. The program director will serve as a vehicle of communication with the community order to educate and elicit the reporting of any suspicious activity or behavior in the vicinity of a BHG treatment center.
2. All patients will be educated regarding their responsibility to immediately report to a team member any suspicions related to diversion activity for further investigation.
3. There will be regular drug testing for methadone metabolite to ensure consumption of the medication.
4. All patients are required to adhere to the requirements for take-home medication.
5. Only one patient per nurse will be permitted at the dosing window at any given time. A patient may be accompanied by a caregiver if assistance is required.
6. Dual-enrollment checks will be performed for all potential patients, prior to admission, utilizing either the (state-specific) central registry or the BHG *Prevent Multiple Enrollments* form.

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- a. Documentation obtained from any central registry or other OTP that confirms patients are not dually enrolled will be placed in the patient's record.
7. Any patient who tests positive for an opioid medication (or any controlled substances) during treatment will be required to submit a valid prescription and provide written consent for the BHG Medical Director, program provider, nurse, or counselor to contact the prescribing provider. Failure to provide a valid prescription and/or sign a consent will result in a positive drug screen.
8. Any patient found to be non-adherent with diversion control will have their take-home privileges revoked.
 - a. Non-adherence may include but is not limited to:
 - Diverting prescribed medication
 - Failure to properly store and secure medication
 - Failure to present for a medication call back
 - Failure to provide the correct amount of medication or show evidence of tampering during a medication call back
 - b. Any patient who presents for Diversion Callback that is impaired will be addressed as an impaired patient with meds the same way we address those who appear impaired without meds. Patients that appear impaired will not be allowed to leave our programs without staff contacting the emergency contact and law enforcement as indicated.
9. All patients will sign a *Take Home Guidelines* form and a *Take Home Agreement and Diversion Control Plan* form, outlining the treatment center's policy on diversion control. The forms will show acknowledgement of all principles of take-home medication, including the following:
 - a. The certainty that the patient will be called back into the treatment center and the requirement to have the correct number of take-home medication doses, including the dose for that day, which will be taken in front of the medication nurse.
 - b. The requirement of safe storage and responsible handling of all take-home medications and the need to use a lockbox to secure medications.
 - c. The requirement of returning all take-home medication bottles and/or bags upon return to the treatment center each visit. Nursing staff are responsible for ensuring the correct numbers of bottles/bags are presented and properly disposed of in the treatment center, and patients are responsible for obliterating their personal information on the bottles/bags
10. Nursing team members will have knowledge and/or ready access to medical references related to all adverse interactions between multiple medications and/or food in relation to medication use. In addition, nursing team members will contact program providers for any further assistance related to medication questions.
11. Coordination with patient medications other than treatment-center medication will be maintained in the following manner:
 - a. Patients will bring to the treatment center any prescriptions and over-the-

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- counter medications they are currently taking.
- b. A list of patient medications will be maintained in the patient's record, using the *Prescription-OTC Log*, which is reviewed by the program provider.
- c. An annual history and physical will be performed, to include any medication changes and change in physical conditions.

ADDITIONAL: The following elements of the diversion control program relate to the BHG treatment center and BHG team members:

1. BHG treatment centers utilize a multi-zone alarm system that is monitored remotely 24 hours a day, seven days a week. In addition, some treatment centers also employ an on-site security guard to patrol the parking and lobby areas.
2. BHG has a no-loitering policy.
3. All team members are required to submit to pre-employment and random urine drug screens and to undergo a criminal background check. Any background checks with unfavorable information may result in denial of employment or termination of employment as applicable.
4. All team members are oriented to their position and requirements of the position. Team-member training includes review of the diversion control plan, policy and procedures, and ongoing training pertaining to the position.
5. No activities are permitted in the dosing area that do not directly relate to the preparation and administration of medication.
6. Only team members who are licensed to prepare, administer, and dispense medication or who otherwise have clearance are permitted in the dosing area and will be listed on the *BHG Access Memo* that is displayed near the medication room entry.
7. No personal items, food, or drink are allowed in the dosing area.
8. All team members are expected to report any suspicion of diversion activity immediately to their supervisor for further investigation.
9. The diversion control program is evaluated continuously to determine its effectiveness as well as being reviewed and revised, if necessary, annually.
10. All BHG patients are required to participate in the medication callback program, which is further detailed in Policy #524
11. It may be necessary to coordinate with another treatment center to set up guest-dosing diversion control visits, which allows the patient to maintain compliance with the diversion control policy when out of town. This is further detailed in Policy #543.

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Related Policy and Procedures:

Standards:

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Authorized By: