



POLICY & PROCEDURE (P&P) APPROVAL REQUEST FORM

I. P&P INFORMATION

Assigned Policy Name: Methadone Treatment

Assigned Policy Number: BHSD 5601

Policy Area(s): Mark All That Apply

- | | |
|---|--|
| <input type="checkbox"/> Plan Administration and Organization | <input type="checkbox"/> Provider Network |
| <input checked="" type="checkbox"/> Scope of Services | <input type="checkbox"/> Documentation Requirements |
| <input type="checkbox"/> Financial Reporting Requirements | <input type="checkbox"/> Coordination and Continuity of Care |
| <input type="checkbox"/> Management Information Systems | <input type="checkbox"/> Beneficiary Rights |
| <input type="checkbox"/> Quality Improvement System | <input type="checkbox"/> Beneficiary Problem Resolution |
| <input type="checkbox"/> Utilization Management Program | <input type="checkbox"/> Program Integrity |
| <input type="checkbox"/> Access and Availability of Services | <input type="checkbox"/> Reporting Requirements |

Submitted by: victor Ibabao Date: 9/23/2019

Policy developed by: Mira Parwiz, Lara windett, Christine Gibbins

Attach P&P Document For Review In this Section [Include Paperclip Icon Here]



II. APPROVAL

Section A: HHS Compliance and County Counsel

HHS Compliance:  Date: 9/23/2019

County Counsel:  Date: 9/23/2019

Section B: BHSD Executive Director

BHSD Executive Director:  Date: 9/25/2019

Note - A copy of the Approved P&P Form will be emailed to: BHSD Compliance Unit



Policy & Procedure Number: BHSD # 5601

- BHSD County Staff**
- Contract Providers**
- Specialty Mental Health**
- Specialty Substance Use Treatment Services**

Title: MONITORING OF MEDICATION ASSISTED TREATMENT PROGRAMS

Approved/Issue Date:	Behavioral Health Services Director:	
Last Review/Revision Date:	Next Review Date:	Inactive Date:

REFERENCE:
 Department Health Care Services (DHCS) Standard Agreement Amendment, Drug Medi-Cal Organized Delivery System (DMH-ODS), Exhibit A, Attachment 1, Section CC.

 Policy 835: Annual Internal Review Compliance with DEA and Title 9 Regulations.

 Section 830: Methadone Transfer: Santa Clara County Adult Custody Health Services/Jail Medication Unit

POLICY:

It is BHSD policy for Medication Assisted Treatment (MAT) Programs to ensure that all medication dispensed meets the basis for effectiveness and safety for narcotic treatment program(s). The safety and effectiveness of all MAT medications will be based on California Society of Addiction Medicine (CSAM). The monitoring mechanism shall be under the supervision of a person licensed to prescribe or dispense prescription drugs.

The Santa Clara County Pharmacy Department will be using this guideline to conduct at least quarterly reviews and ensure compliance with the standards. This external review will be in addition to the internal annual review that is based on Policy 835: Annual Internal Review Compliance with DEA and Title 9 Regulations.

DEFINITIONS:
 AMT refers to Addiction Medicine Treatment

 BHSD – Behavioral Health Services Department

 DEA – Drug Enforcement Administration

 Reviewer refers to Santa Clara County Pharmacy Employee

 SCC refers to Santa Clara County



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<input checked="" type="checkbox"/>	BHSD County Staff
<input checked="" type="checkbox"/>	Contract Providers
<input type="checkbox"/>	Specialty Mental Health
<input checked="" type="checkbox"/>	Specialty Substance Use Treatment Services

Title: MONITORING OF MEDICATION ASSISTED TREATMENT PROGRAMS

<u>PROCEDURE</u>	
<p>The safety and effectiveness of medication will be reviewed and audited by the SCC Pharmacy Division as described below.</p> <p>A) BHSD Pharmacist will conduct a randomize audit and review of AMT’s physician charts at least on a quarterly basis. The purpose of this review is to provide oversight of prescribing practices.</p> <p>B) The Pharmacy Purchasing Department, who oversees the medication inventory, will conduct reviews of medication purchases, inventory, medication errors and incident reports at least on a quarterly basis.</p>	
Responsible Party	Action Required Medication records provided by Nurse Manager to Reviewer.
AMT Clinic Manager or Nurse Manager	<ol style="list-style-type: none"> Records of Methadone and Suboxone Inventory will be maintained for each clinic in the DEA binder. All staff need to follow the guidelines that are listed under Policy 835: Annual Internal Review Compliance with DEA and Title 9 Regulations to review and inventory Methadone. For review of methadone within the Custody Health Services, BHSD will also follow the policy section 830 Methadone Transfer: Santa Clara County Adult Custody Health Services/Jail Medication Unit.
Reviewers	<ol style="list-style-type: none"> The Pharmacy department and BHSD will use the same percentage in selecting the files for reviews and audits. The BHSD Pharmacist will provide all findings to the Program Manager/Program Director for any issues that need to be corrected or addressed. The Pharmacy purchasing reviewer will audit the medication error log and incident report log for all medications. The reviewers will submit a final report with all applicable correction action plans (CAP) to the Quality Improvement Department.
Program Manager and/or	Program Manager and/or Program Director will collaborate with applicable nursing and/or medical staff to implement applicable CAPs.



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<input checked="" type="checkbox"/>	BHSD County Staff
<input checked="" type="checkbox"/>	Contract Providers
<input type="checkbox"/>	Specialty Mental Health
<input checked="" type="checkbox"/>	Specialty Substance Use Treatment Services

Title: MONITORING OF MEDICATION ASSISTED TREATMENT PROGRAMS

Program Director	The Program Manager will report the CAP status to QI within 60 days of audit.
BHSD SUTS QI	BHSD SUTS QI will respond to any medication errors in collaboration with AMT medical staff within 60 days of the audit report; if an error can be corrected, it will be corrected. If a medication error cannot be corrected a CAP will be in place to prevent future errors.
Attachments:	<p>Policy 835: Annual Internal Review Compliance with DEA and Title 9 Regulations.</p> <p>Section 830: Methadone Transfer: Santa Clara County Adult Custody Health Services/Jail Medication Unit</p>