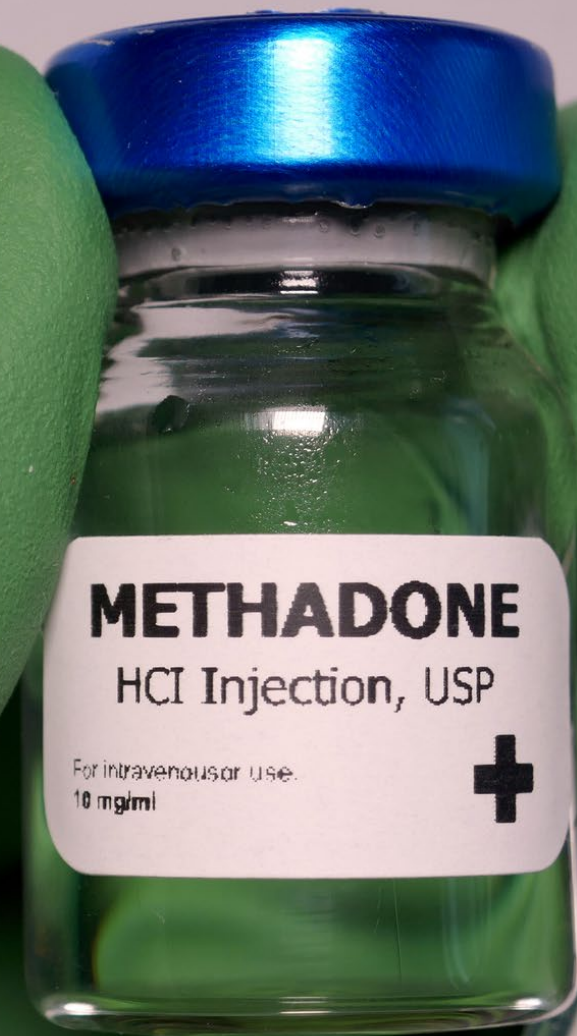




CENTER OF  
**EXCELLENCE**  
FOR BEHAVIORAL HEALTH  
IN NURSING FACILITIES

# Utilizing Methadone to Treat Residents for Pain and Opioid Use Disorder (OUD) in Nursing Facilities: A Comprehensive Guide

January 30, 2025



# Host



**Nikki Harris, MA, CBHC-BS**

Center of Excellence for Behavioral Health  
in Nursing Facilities (COE-NF)

Training and education lead

Nikki serves as the training and education lead for the Center of Excellence for Behavioral Health in Nursing Facilities (COE-NF). For the past 20 years, Nikki has provided program implementation, development, management, external and internal trainings, policy development, quality assurance, and managed training coordination and technical support throughout the southeast region.

Previously, she served as the program manager for the Division of Behavioral Health and Substance Use Services within the South Carolina Department of Corrections.

She has a B.A. in psychology from the University of South Carolina, a M.A. in counseling from Webster University and is a certified behavioral specialist.

# Presenter



**Dr. Swati Gaur, MD, MBA, CMD, AGSF**

Medical director - Post acute care  
Northeast Georgia Health System

Dr. Gaur is the medical director of New Horizons Nursing Facilities with the Northeast Georgia Health System and Alliant Health Solutions. She is also the CEO of Care Advances Through Technology, a technology innovation company. In addition, she is on the EMR transition and implementation team for the health system, providing direction to EMR entity adaptation to the LTC environment.

She has also consulted with post-acute long-term care companies on optimizing medical services in PALTC facilities, integrating medical directors and clinicians into the QAPI framework, and creating frameworks of interdisciplinary work in the organization.

# Presenter



**Jenn Azen, MD, MPH**

Clinical Associate Professor, University of Washington School of Medicine,  
Department of Medicine, Division of General Internal Medicine  
Attending Physician, UW Medicine Post-Acute Care Service  
Medical Director, UW Medical Center Addiction Medicine Consult Service  
Primary Care Physician and Physician Educator, UW Medicine Primary Care Clinics

Dr. Azen is a board-certified internal medicine and addiction medicine physician. She practices in the primary care and post-acute care with UW Medicine. Her post-acute care work includes working in facilities who care for socially complex residents including substance use disorders.

As the medical director of the UW Medical Center Addiction Consult Service, her addiction medicine service focuses on transplant, heart disease, and oncology patients.

Her primary care panel includes home visits in adult family homes, assisted living, supportive living.



# Financial Disclosures

## **Dr. Azen (CVS stockholder)**

My husband is a home infusion pharmacist with CVS and participates in the employee stock plan.

**Dr. Gaur** - Has no disclosures.



# Methadone Guide for Skilled Nursing Admissions

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Helps skilled nursing teams to assess indication for methadone

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Guides teams in the process of coordinating methadone with opioid treatment programs

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Provides tips for management after admission

# Pre-Admission Evaluation

Attention  
Admission  
Coordinators!!

If the indication  
for the  
methadone order  
is unclear, seek  
clarification from  
the referring  
hospital or  
provider

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## Methadone

### PAIN

Factors that suggest methadone is prescribed for pain:

Dose is less than 60mg total per day  
Dose is split into 3 or 4 times per day dosing

If prescribed as an outpatient for pain, dispense records available on Prescription Drug Monitoring Program (PDMP)

OK to order from  
Long-Term Care (LTC)  
Pharmacy

### Opioid Use Disorder (OUD)

Factors that suggest methadone is prescribed for OUD:

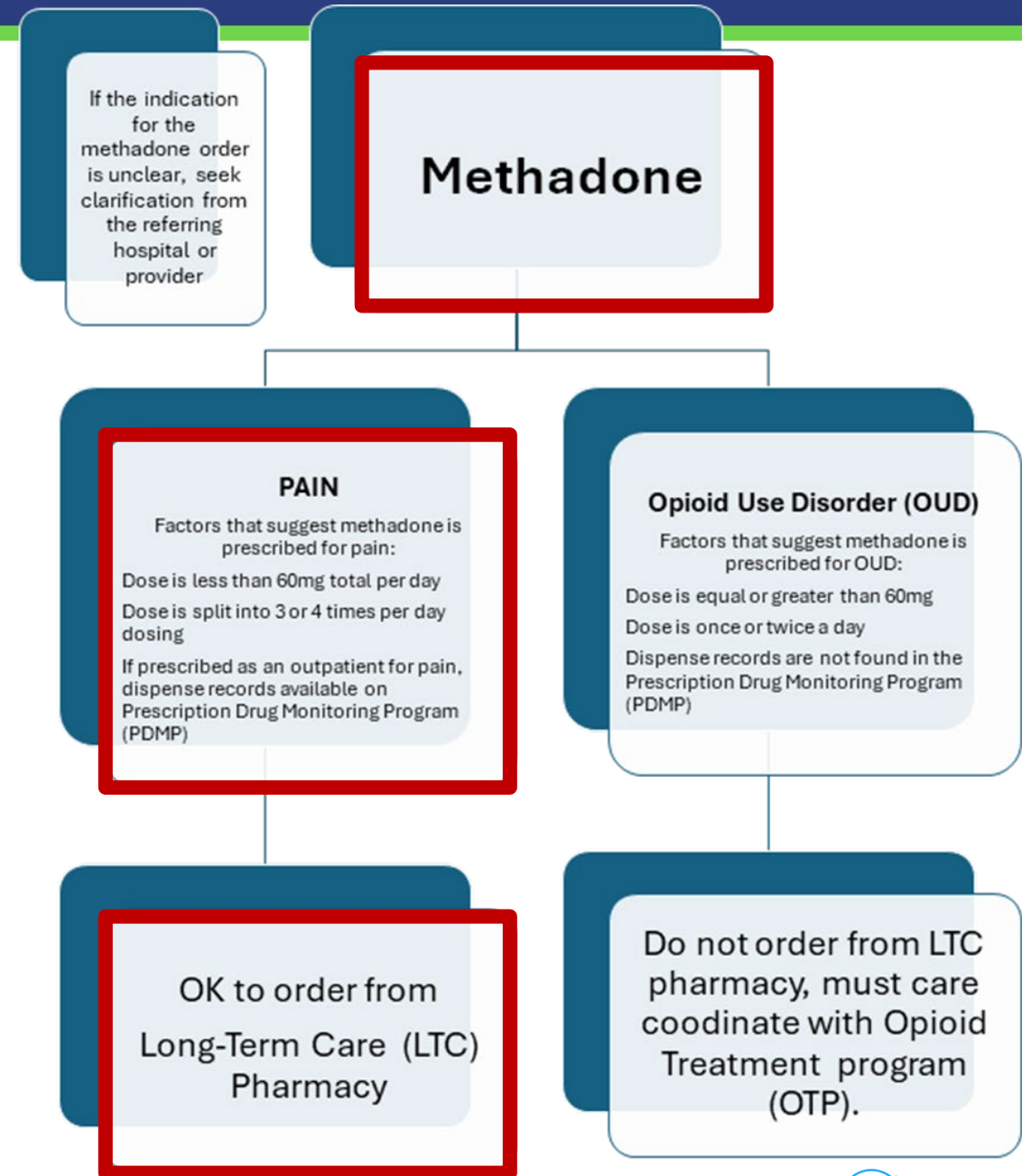
Dose is equal or greater than 60mg  
Dose is once or twice a day

Dispense records are not found in the Prescription Drug Monitoring Program (PDMP)

Do not order from LTC  
pharmacy, must care  
coordinate with Opioid  
Treatment program  
(OTP).

# Methadone for Pain

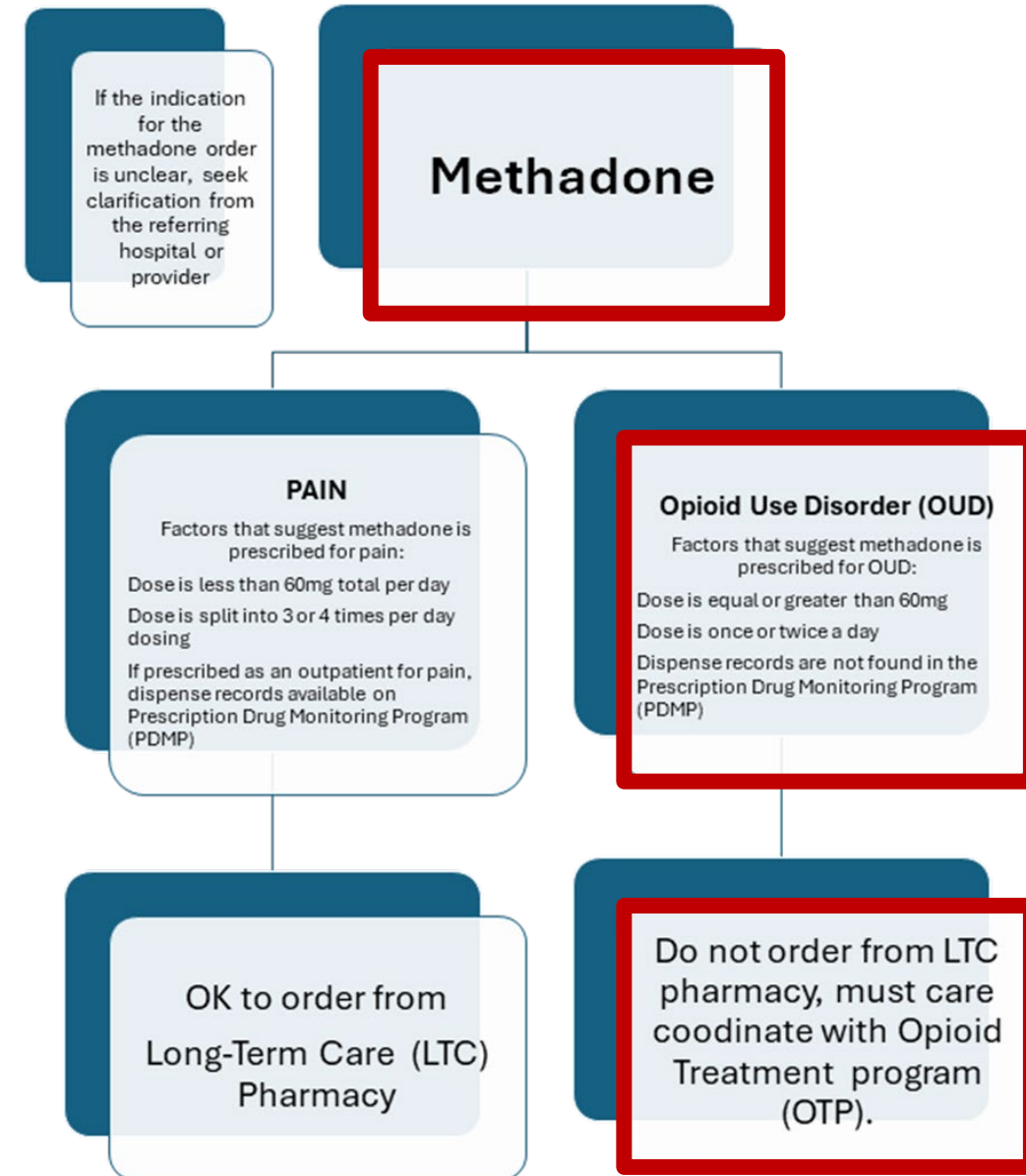
- Dose is typically less than 60mg per day
- Dose is often dosed 3-4 times per day
- Verify on Prescription Drug Monitoring Program (PDMP)
- If consistent with methadone for pain, OK to order from LTC pharmacy





# Methadone for Opioid Use Disorder

- Dose is typically greater than 60mg (but not always)
- Dose is typically once a day (can be ordered for twice a day in certain situations)
- Dispense records are generally not found in the Prescription Drug Monitoring Program (PDMP)
- DO NOT ORDER from LTC pharmacy, coordinate with OTP

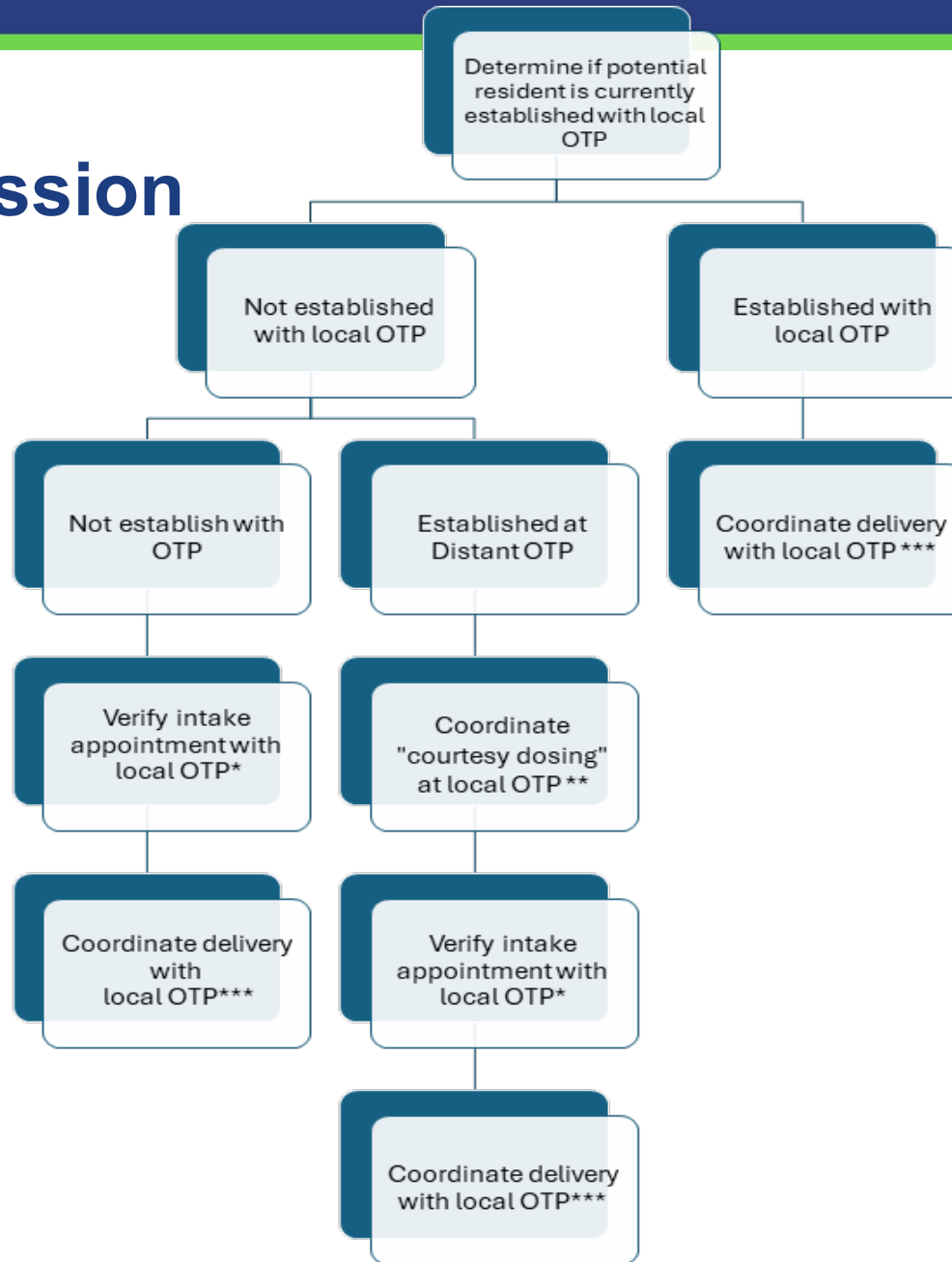


Questions?



# Pre-Admission

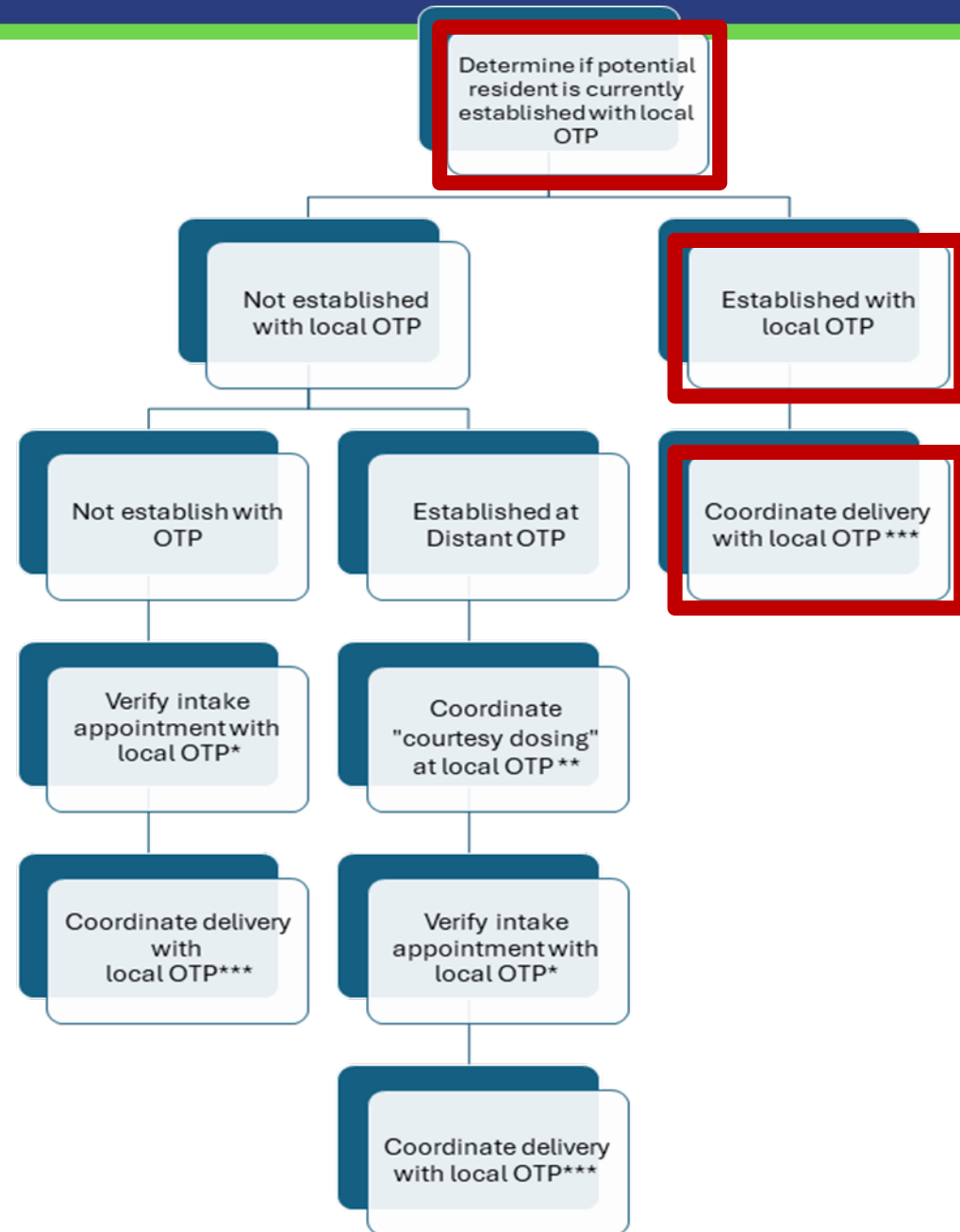
# OTP Coordination



# Established at Local OTP

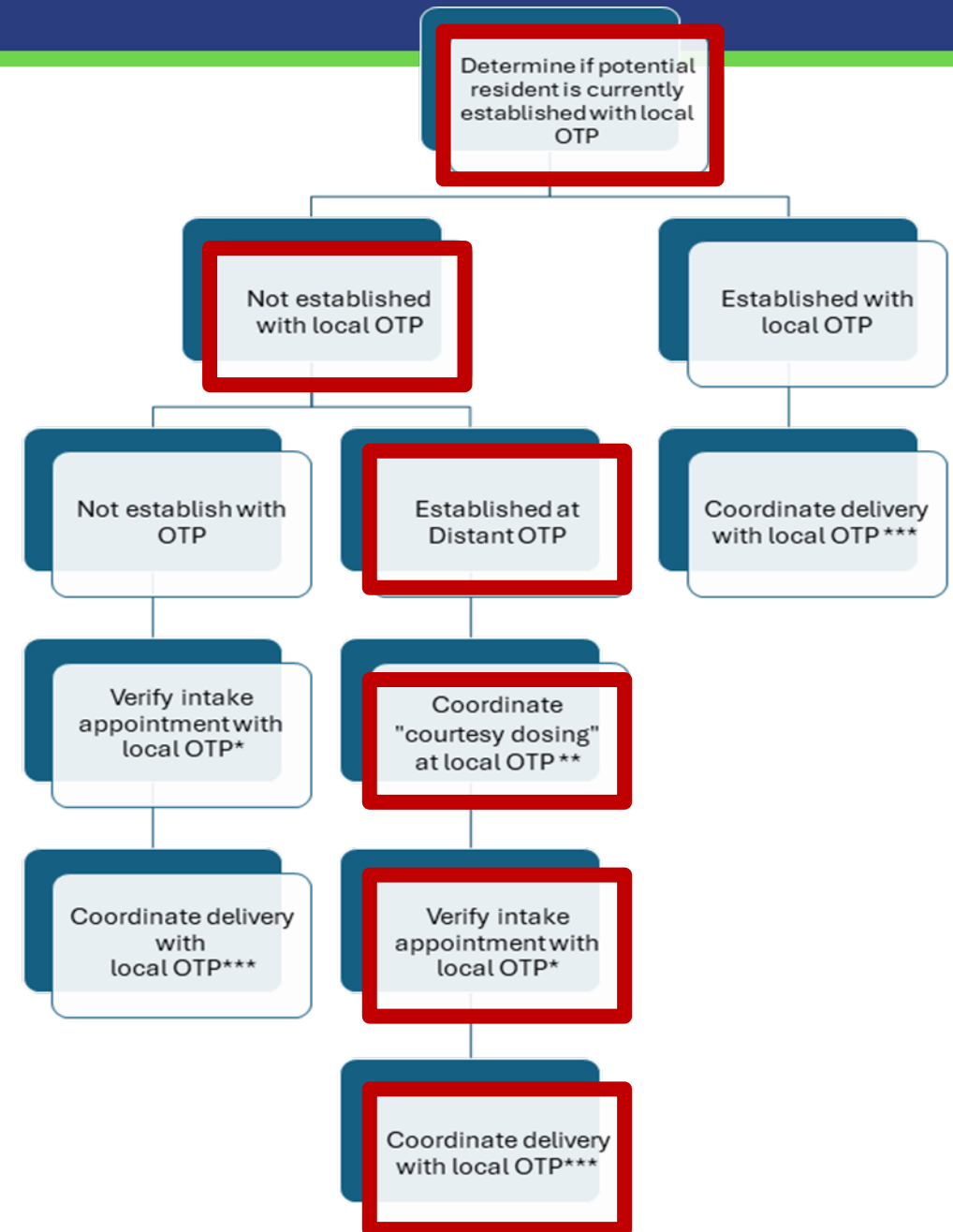
Local Opioid Treatment Program (OTP) is the first key to coordination.

If already established, “intake” is not necessary, just work with OTP team to determine delivery preference.



# Established at Distant OTP

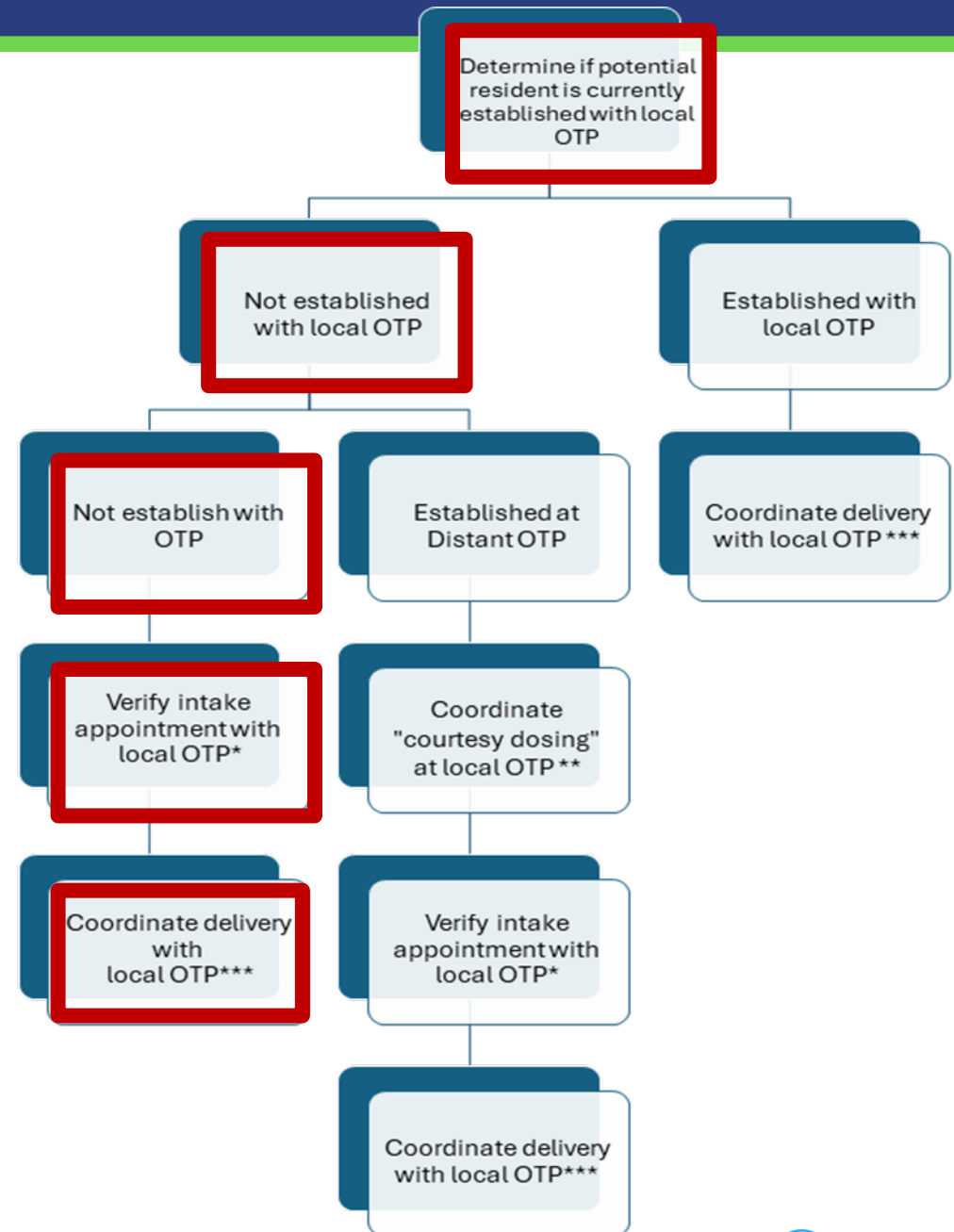
- If not established at a local OTP but established at a distant OTP, care can be transferred
- “Courtesy Dosing” can be arranged at local OTP. This is typically done by treatment coordinator at patient’s home OTP.
- Intake will need to be coordinated at the local OTP for courtesy dosing
- Coordinate delivery plans once intake is established





# Not Established at OTP

- If not established with an OTP, needs to establish at a local OTP
- Verify an intake appointment is scheduled prior to admission or within 1-2 days of admission
- Once intake is scheduled, team can start to coordinate delivery with OTP



# Verify Intake Appointment with Local OTP

- Hospital or referring provider should establish intake appointment prior to admission to SNF.
- May be done while inpatient via telemed (uncommon)
- Intake appointment is best scheduled day after admission to SNF but must be scheduled within 72h of admission to SNF
- Anticipate in person visit at OTP for intake, but telemed may be possible
- If intake not scheduled within 24h of admission, then emergency methadone dosing is needed from hospital

# Coordinate Courtesy Dosing with Local OTP

- Hospital or referring provider coordinates a transfer of dosing “courtesy dosing” from distant OTP to local OTP
- Once accepted for “courtesy dosing,” then intake appointment is established.

# Coordinate Delivery with Local OTP

- Future resident must sign Release of Information (ROI) for SNF and OTP to communicate
- Chain of Custody Agreement to be signed for methadone storage and administration (designate 2 staff members)
- Verify name and dose will be on methadone bottles
- Determine deliver method
  - OTP delivery
  - Pick up by Resident
  - Pick up by Staff
  - Other

# Logistics of methadone delivery

## OTP Delivery

- frequency of drop-off
- time and day/s of the week
- designate 2 staff to receive (on chain of custody)

## Pick up by Resident

- frequency of OTP visits
- determine if staff member needed (complete chain of custody)
- coordinate lock box logistics

## Pick up by Staff

- frequency
- day/time for pick-up
- verify staff pick-up is on chain of custody

## Other

- determine prior to admission
- resident may have a chain of custody in place who can deliver to facility



# 72-hour Emergency Administration of Methadone

- Hospitals/pharmacies can request a DEA exception which allows them to administer (not dispense) methadone for opioid use disorder for up to 72h in order to bridge to an opioid treatment program.
- The doses can be sent to skilled nursing facility with the resident to bridge to intake appointment
- Reasonable to ask referring hospitals to request this exception
- Reasonable to request LTC pharmacy explore this option

# State Opioid Treatment Authority (SOTA)

- State Opioid Treatment Authorities (SOTA) are great resources in coordinating with opioid treatment programs.
- They can help to guide OTPs with care coordination in skilled nursing facilities.
- Helpful to get SOTA involved if OTPs are pushing back on coordinating doses at nursing facilities.
- Reasonable to ask SOTA to clarify any processes from regulatory standpoint.

Questions?



# Care Planning

- Methadone documentation
- Order Narcan
- Develop plans for dose adjustment
- Substance use testing
- Behavioral treatment
- Discharge planning

Methadone Documentation and Administration
<ul style="list-style-type: none"><li>• Dose should be documented in EMR.</li><li>• Use correct diagnosis (Opioid Use Disorder).</li><li>• Dose will be observed by staff, monitoring for sedation.</li><li>• Utilize a methadone log sheet (similar to narcotics log) in which nurse and resident verify administrations of methadone. This may be provided by OTP.</li></ul>
Orders
<ul style="list-style-type: none"><li>• Nursing facility clinician should write order for daily methadone (LTC pharmacy does not dispense, OTP supply).</li><li>• Narcan should be a standing PRN order for opioid overdose.</li><li>• Narcan should be available in nursing cart.</li></ul>
Develop A Plan for Dose Adjustment
<ul style="list-style-type: none"><li>• Methadone can be held for sedation, but held doses must be communicated to OTP and resident's treating clinician.</li><li>• Resident reports of undertreatment (ongoing opioid withdrawal or cravings) should be reported to OTP.</li><li>• Dose adjustment can <b>only</b> be made by OTP provider (not nursing facility clinician).</li><li>• Dose adjustment appointments may be completed in person at OTP or via telemedicine.</li></ul>
Substance Testing
<ul style="list-style-type: none"><li>• OTP may request urine tox screening.</li><li>• Verify that fentanyl and methadone are tested with the ordered tox screening.</li></ul>
Behavioral Health Treatment
<ul style="list-style-type: none"><li>• Substance Use Counseling is available at OTP.</li><li>• Residents may choose to engage in counseling in person or via telemedicine.</li><li>• Establishing with a counselor is essential with discharge coordination.</li></ul>
Discharge Planning
<ul style="list-style-type: none"><li>• Inform OTP of resident discharge date or if resident opts to leave the facility.</li><li>• Residents <b>cannot</b> be discharged with methadone.</li><li>• Methadone disposal/return should be coordinated with OTP.</li><li>• If discharged out of the area, counselors at OTP will assist in coordinating transfer of care to a new OTP or back to previous OTP.</li></ul>

# Methadone Documentation

- Document in EMR (even when LTC pharmacy is not dispensing)
- Document correct diagnosis for methadone (opioid use disorder).
- Utilize log sheet (may be provided by OTP)
  - Patient signs for dose administered
  - Nurse cosigns dose administered

## Methadone Documentation and Administration

- Dose should be documented in EMR.
- Use correct diagnosis (Opioid Use Disorder).
- Dose will be observed by staff, monitoring for sedation.
- Utilize a methadone log sheet (similar to narcotics log) in which nurse and resident verify administrations of methadone. This may be provided by OTP.

## Orders

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- Narcan should be a standing PRN order for opioid overdose.
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## Develop A Plan for Dose Adjustment

- Methadone can be held for sedation, but held doses must be communicated to OTP and resident's treating clinician.
- Resident reports of undertreatment (ongoing opioid withdrawal or cravings) should be reported to OTP.



# Order Narcan

- Always order Narcan as needed for signs of opioid overdose
- Make sure Narcan is available in nursing cart (not only crash cart)

Methadone Documentation and Administration
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# Plan for Dose Adjustment

- Methadone can be held for sedation, but held doses must be communicated to OTP
- If resident reports undertreatment (withdrawal or cravings) report to OTP.
- Dose adjustments can only be made by OTP provider (not SNF provider)
- Dose adjustment appointments can be completed in person or telemed

## Methadone Documentation and Administration

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- Dose adjustment appointments may be completed in person at OTP or via telemedicine.

## Substance Testing

- OTP may request urine tox screening.
- Verify that fentanyl and methadone are tested with the ordered tox screening.

## Behavioral Health Treatment

- Substance Use Counseling is available at OTP.
- Residents may choose to engage in counseling in person or via telemedicine.
- Establishing with a counselor is essential with discharge coordination.

# Substance Testing

- OTP may require substance testing
- Urine toxicology screening most common
- Verify urine toxicology screening tests for methadone, fentanyl

## Methadone Documentation and Administration

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## Discharge Planning

- Inform OTP of resident discharge date or if resident opts to leave the facility.
- Residents **cannot** be discharged with methadone.
- Methadone disposal/return should be coordinated with OTP.
- If discharged out of the area, counselors at OTP will assist in coordinating transfer of care to a new OTP or back to previous OTP.

# Behavioral Treatments

- Substance use counseling is available at opioid treatment program.
- Residents may engage in counseling in person or via telemed
- Establishing with counselor (treatment coordinator) is essential with discharge coordination

## Develop A Plan for Dose Adjustment

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## Discharge Planning

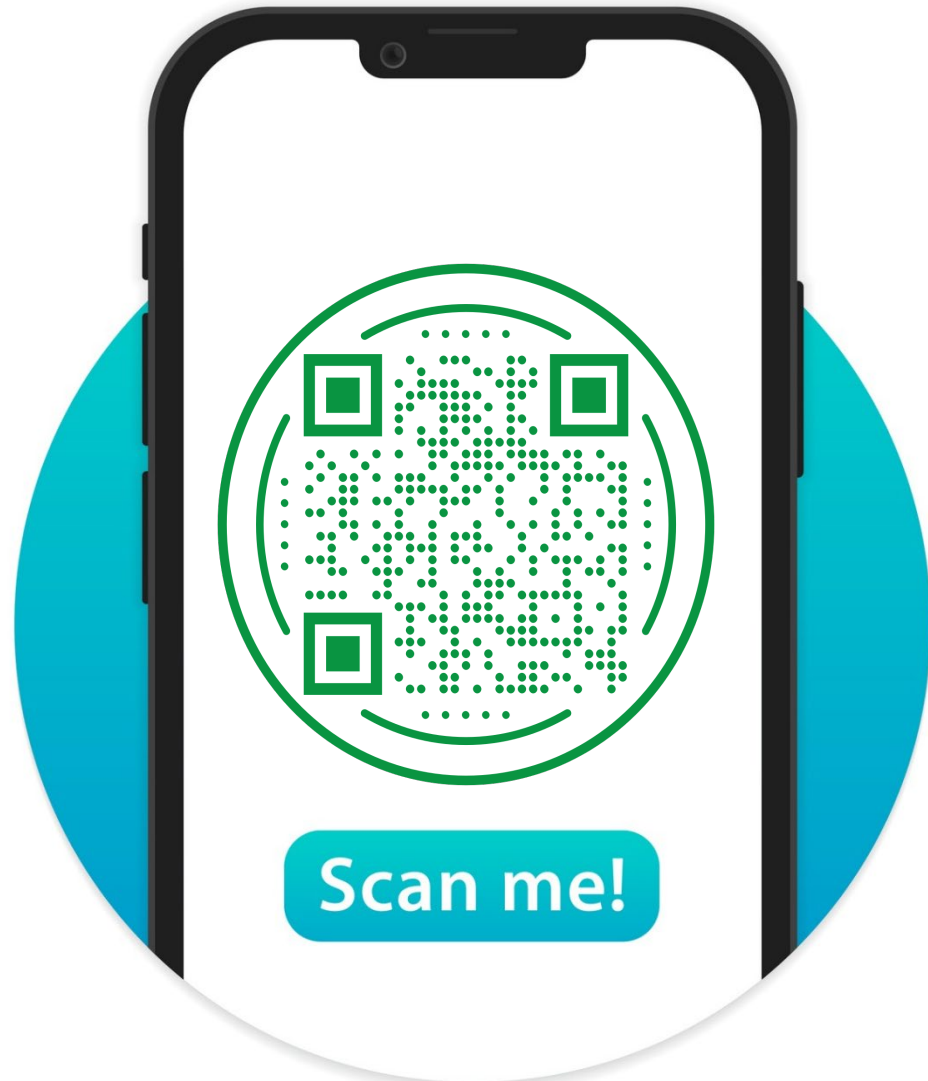
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Questions?



# Request Assistance



**To submit a request for assistance,**  
**scan the QR code.**

**We look forward to assisting you!**

**Contact us:**

For more information or to request assistance, we can be reached by phone at **1-844-314-1433** or by email at [coeinfo@allianthealth.org](mailto:coeinfo@allianthealth.org).

**Visit the website:**

[nursinghomebehavioralhealth.org](http://nursinghomebehavioralhealth.org)

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# Thank You!



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