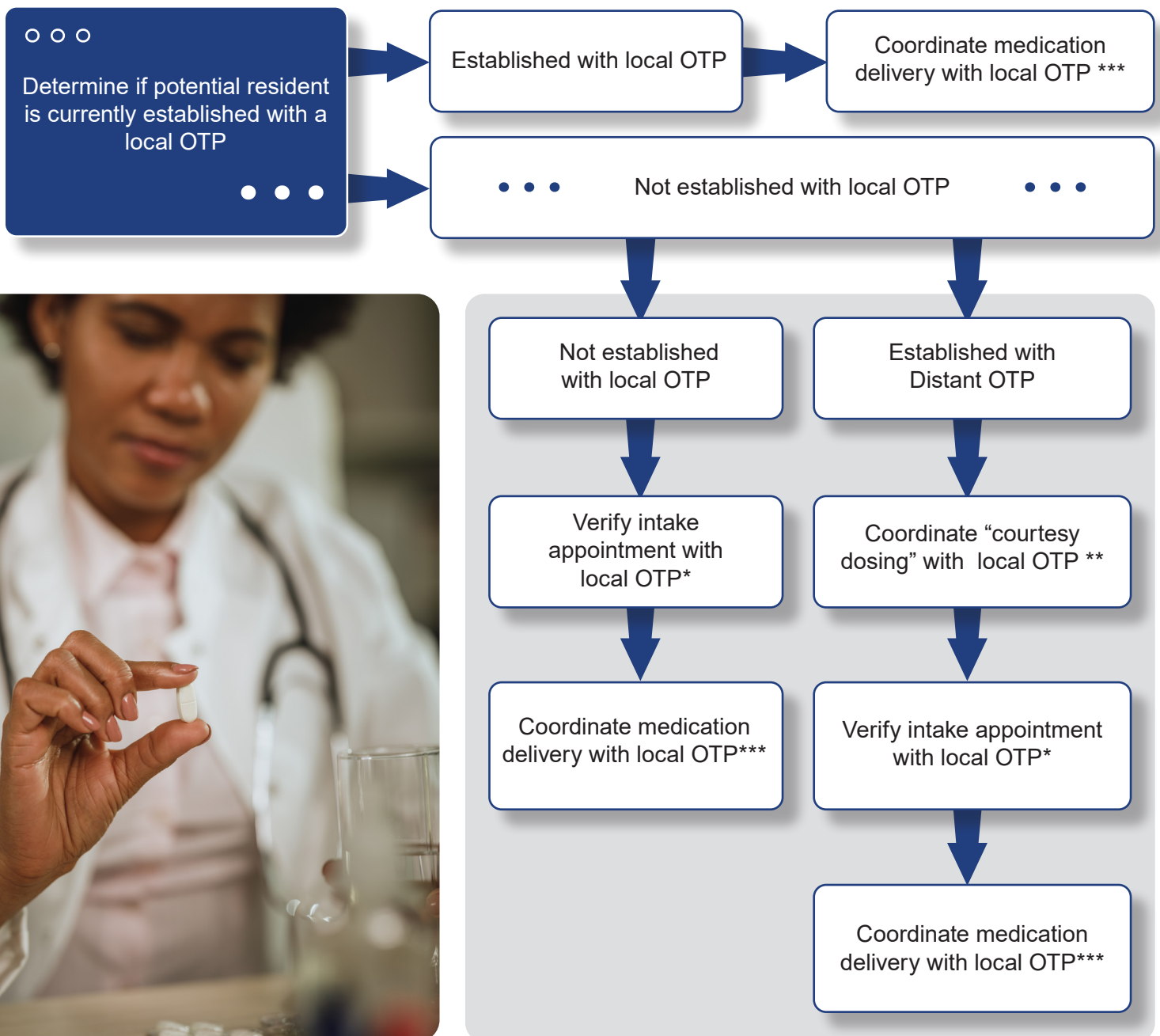


Nursing facilities can play an important role in the continuum of care for residents prescribed methadone for the treatment of Opioid Use Disorder (OUD). The following steps can support a nursing facility's efforts to expand care capacity.

Care Coordination with Local Opioid Treatment Programs (OTP)



***Verify Intake Appointment with Local OTP**

- ▶ Hospital or referring provider should establish intake appointment within 72 hours prior to nursing facility admission.
- ▶ OTP Intake appointment is best scheduled day after admission to nursing facility but must be scheduled within 72h of admission.
- ▶ If OTP intake is not scheduled within 24 hours of admission, then emergency methadone dosing is needed from the hospital. (See reference at end of document for details.)
- ▶ Anticipate in person visit at OTP for intake, but telemedicine may be possible.

****Coordinate "Courtesy Dosing" with Local OTP**

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

*****Coordinate Medication Delivery with Local OTP**

- ▶ Resident must sign Release of Information (ROI) for nursing facility, and OTP to communicate. Share the ROI with OTP. (HIPPA and 42 CFR Part 2 requirements)
- ▶ Chain of Custody Agreement to be signed for methadone acceptance, storage and dispensing.
- ▶ Designate 2 staff members (to ensure a back up is in place) to manage chain of custody.
 - Staff Member 1 _____
 - Staff Member 2 _____
- ▶ Verify resident's name, dosage and instructions on label of methadone bottles.
- ▶ Determine delivery method options:
 - OTP Delivery
 - Pick up by Resident
 - Pick up by Staff
 - Other

Logistics of Methadone Delivery

Coordinating the method of delivery with the OTP is essential. Nursing facilities can obtain the methadone from the OTP through one of four methods.

OTP Delivery	Pick up by Resident	Pick up by Staff	Other
<ul style="list-style-type: none">▶ Determine frequency of drop-off▶ Time/day(s) of the week▶ Designate two (2) staff to receive medications (on chain of custody)▶ Staff document receipt of methadone and store in double-locked secure area	<ul style="list-style-type: none">▶ Determine frequency of OTP visits▶ Determine if staff member needed (complete chain of custody)▶ Resident provides methadone to staff.▶ Staff document receipt and store in double-locked secure area	<ul style="list-style-type: none">▶ Determine frequency of pick up▶ Time/day(s) of the week▶ Designated chain of custody staff to pick up. Staff must wear badge and have identification.▶ Staff documents methadone and store in double-locked secure area	<ul style="list-style-type: none">▶ Determined prior to admission▶ Resident may have a chain of custody in place who can deliver to facility▶ Upon arrival, staff documents receipt of methadone and store in double-locked secure area

Care Planning for a New Resident with Opioid Use Disorder Treated with Methadone

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

- ▶ Nursing facility clinician should write order for daily methadone (LTC pharmacy does not dispense, OTP supply).
- ▶ Narcan should be a standing PRN order for opioid overdose.
- ▶ Narcan should be available in nursing cart.

Develop A Plan for Sedation

- ▶ 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.
- ▶ Dose adjustment can only be made by OTP provider (not nursing facility clinician).
- ▶ 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.

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.

Additional Resources:

State opiate treatment authority (SOTA): <https://www.samhsa.gov/medications-substance-use-disorders/sota>

Opioid Treatment Program Director: <https://dpt2.samhsa.gov/treatment/>

Code of Federal Law.: [eCFR :: 21 CFR 1306.07 -- Administering or dispensing of narcotic drugs.](#)



Scan the QR code to view additional resources and trainings from the COE-NF.

www.nursinghomebehavioralhealth.org