New York State Department of Corrections and Community Supervision Division of Health Services POLICY	Title: Medication for Addiction Treatment (MAT) for Opioid Use Disorder (OUD) Section: Health Care Services	Number 1.08
Supersedes:	Page: 1 of 6	Date: 1/4/23
References:		
Approved by: Carol A. Mooca, MD		

I. POLICY:

The Department of Corrections and Community Supervision (DOCCS) will provide Medication for Addiction Treatment (MAT) when indicated for the treatment of Opioid Use Disorder (OUD) in the incarcerated patient population.

II. PROCEDURE:

A. Enrollment into MAT treatment in DOCCS:

Incarcerated individuals will be considered for MAT in the following circumstances:

1. Individuals accepted into DOCCS from county or Rikers jails that have already been on a MAT therapy. These patients will be continued on MAT therapy upon intake. Potential MAT medications include:

   a. Methadone

   b. Buprenorphine

   c. Naltrexone

2. Incarcerated individuals that were initiated on MAT therapy while an inpatient at an outside hospital. These patients will be continued on MAT therapy upon discharge.

3. Incarcerated individuals may request to be evaluated for the MAT therapy via a Sick Call request or during a clinic visit with a Primary Care Provider (PCP). Facility Executive Team members may also refer an incarcerated individual for MAT Assessment at any time based on concerning incidents or behaviors. Initial assessment for OUD diagnosis will be done by a PCP.

   a. A routine clinic appointment with the TOS (type of service) code “MAT” will be scheduled for the interested incarcerated individual to meet with a PCP (CCP- no).

   b. The PCP will assess the incarcerated individual for an OUD diagnosis and appropriateness of MAT therapy. The assessment will include obtaining a medical and drug use history (including the completion of Form 3319 “Assessment for Opioid Use Disorder”. All MAT Assessment Forms will be scanned to DOCCS.SM.HEALTH.MAT unless the specific facility has been given notice to do otherwise.

c. After the assessment is completed, the provider will enter code 960E (Provider Examination for MAT Candidate) into the incarcerated individual's FHS1 problem list.

d. If it is determined that the incarcerated individual has an opioid use disorder, the provider will enter code 960Z (Opioid Use Disorder) into the FHS1 problem list.

e. If the incarcerated individual is not an appropriate candidate for MAT therapy, the provider will enter code 960N (Opioid Use Disorder Criteria Not Met) into the FHS1 problem list.

f. If the incarcerated individual is appropriate for MAT therapy, a plan will be implemented for initiation. Form 3320 "Buprenorphine Treatment Agreement" will be discussed with the patient if the PCP chooses a buprenorphine product for the treatment plan. The patient must sign this document before buprenorphine initiation will occur. If methadone is chosen as the treatment medication, a referral will be made to the facility's assigned community OTP (Opioid Treatment Program). If a naltrexone medication is chosen, the PCP can initiate without further requirement for forms or referrals. If a patient will be on a Work Release program in the future, methadone will likely require a daily visit to a community OTP. Therefore, it may be useful to consider buprenorphine or naltrexone for those patients.

B. Initiation of MAT:

Initiation of buprenorphine or naltrexone will be completed per the PCP's orders. Initiation of methadone treatment will be per the OTP's instructions.

Once the incarcerated individual has been initiated on a MAT medication, the provider will enter code 960I (Opioid MAT Program Initiated) into the FHS1 problem code list.

All DOCCS PCPs are required to have an X-waiver on their DEA registration and to expand the capacity as needed and when eligible. Exceptions to this requirement can only be authorized by the Deputy Commissioner/Chief Medical Officer. All PCP's will also maintain an active electronic prescribing account as assigned to them by DOCCS. All prescriptions to outside pharmacies are to be sent using the electronic prescribing account as required by New York State. Exceptions should only occur for extenuating circumstances in which the electronic prescribing procedure cannot occur (i.e., a computer failure).

Random urine toxicology screens should be completed at least quarterly while the patient is taking a MAT medication. This testing can assist with confirming that the patient is in fact taking the medication and it can gather information about continued use of contraband medications.

C. Transfers between DOCCS Facilities for incarcerated individuals on Methadone or Buprenorphine:

Form 3313 "MAT Health Transfer Summary" will be completed by staff nursing personnel and scanned to the receiving facility.

To help facilitate transfers with Classification and Movement, the facility must place any incarcerated individual started on methadone or buprenorphine on a medical hold with the comment "MAT" in FHS1. Medical Hold is not required for other MAT medications.

For methadone patients:

1. The sending facility's Nurse Administrator or designee will:

   a. Alert the sending facility's OTP about the pending transfer and supply the contact information for the receiving OTP and receiving facility's medical staff. Supply the sending OTP with copies of the protected health information release consent forms below.

   b. Complete Form 3313 "MAT Program Incarcerated Individual Transfer Form".

   c. The OTP's consent form for release of PHI regarding substance use treatment (must be signed by incarcerated individual).

   d. Complete Form DOH-5032 "Authorization for Release of Information Regarding Persons with Substance Use Disorder" (must be signed by incarcerated individual).

   e. Complete Form TRS-2 "Consent for Release of Information Regarding Persons with Substance Use Disorder".

   f. Email copies of the above forms to the current OTP, receiving facility, and receiving OTP.

2. The sending facility is responsible for dosing the incarcerated individual with the prescribed MAT medication on the day of transfer (regardless of the usual scheduled time for administration of that medication at that facility).

3. The receiving facility Nurse Administrator is responsible for ensuring that all appropriate documents are received by the receiving OTP and a plan is made for continuity of care for the patient. If the sending and receiving facility are contracted with the same OTP, the OTP must be notified of the pending transfer.

4. The procedure for transferring MAT medication is described in section D.5.b. below.

D. MAT Medication:

1. Types of MAT medications used within DOCCS include, but are not limited to, methadone (FHS1 Code 3060) (as prescribed by an OTP), buprenorphine (FHS1 Code 3061) and naltrexone (FHS1 Code 9924). The form of buprenorphine or naltrexone used is up to the PCP. Sublocade (FHS1 Code 3062) (injectable buprenorphine) will be available on a limited basis at this time and will require approval by the Deputy Commissioner/Chief Medical Officer for use. Buprenorphine tablets (Subutex) may be crushed as a deterrent to diversion (may only be crushed if the prescription dosing and administration information gives the instruction for crushing the tablet). Buprenorphine films and tablets must be absorbed through the oral mucosa and should not be swallowed down to the stomach (due to decreased absorption in the stomach). Crushed Subutex tablets should not be mixed in water.

2. Administration of MAT Medications:

   a. Methadone prescribed by the OTP requires a facility administration order before the nursing staff can administer the medication. A facility PCP must write an administration order in the patient's medical record directing that the methadone be administered as per the instructions of the OTP (e.g., "Administer methadone 120 mg by mouth daily for seven days as per *OTP name* for MAT 1:1").

   b. Location of MAT medication administration for 1:1 medications will be decided per facility FOM or protocol. It is not a requirement to observe post-administration for 15 minutes in order to watch for diversion.

   c. Methadone and buprenorphine may be administered by an LPN as long as a supervisor (RN or PCP) is available for consult.

   d. Spillage/Vomit of Medications:

      A PCP is to be notified, in any instance wherein part or all of a dose is not appropriately ingested/received by the designated patient, for consideration for additional dosing or change in medication orders.

3. Any observations of signs and symptoms of opiate withdrawal will be assessed using the Clinical Opiate Withdrawal Scale (COWS). The information will be conveyed to a PCP for consideration for further evaluation or medication dosing adjustments.

4. Storage of MAT Medications:

[redacted].

Sublocade Storage:

Store refrigerated at 2 - 8°C (35.6 - 46.4°F). [redacted].

5. Transport of MAT Medications:

   a. OTP to Facility:

      1. [redacted]

      3. When the methadone arrives at the facility, there will be a two-nurse count of the contents of the locked box. In the event that only one nurse is on duty, the count will be performed with a member of the Security or Pharmacy staff. Form 3182 “Record of Controlled Substances Administered”, and Form 3184 “Change of Shift-Control/Count” will be prepared in accordance with DOCCS Directive 4929 “Controlled Drugs, Needles, Syringes & Sharps” and Health Services Policy 3.08 “Stock Drugs Storage and Accountability”.

      4. Any discrepancy between the amount received and the amount ordered, or damage to the medication, the Facility Health Services Director, Deputy Superintendent for Health, Nurse Administrator, and the provider at the OTP must be notified immediately.

      5. The DOCCS Nurse will sign the enclosed OTP Medication Administration Record form included in the lock box and return it to the OTP weekly. A copy must be kept on file.

      6. A facility PCP will review the recommendations and write the specific methadone administration orders for each incarcerated individual being treated by the OTP with methadone. These orders will be written in the Ambulatory Health Record. Form 3179 “Medication Administration Record” (MAR) will be completed with the transcribed orders for each incarcerated individual.

      7. A copy of the monthly MAR and a Record of Controlled Substances Administered will be faxed or scanned monthly to the OTP and the original MAR will be filed in the Ambulatory Health Record Miscellaneous section. Once scanned, a note should be added to the MAR that it has been scanned to the OTP with date and time along with signature of Nurse Administrator or designee.

b. Interfacility Transfers:

[redacted] A two-nurse count of the contents of the locked box will be done on arrival to the receiving facility. Form 3182 “Record of Controlled Substances Administered”, and Form 3184 “Change of Shift-Control/Count” will be completed as appropriate. Any discrepancies are noted on the appropriate forms and communication is made to the contracted OTP, Facility Health Services Director (or designee), Nurse Administrator, and to DOCCS.sm.HEALTH.MAT for tracking purposes.

E. Diversion of MAT Medications by Incarcerated Individuals:

Tapering or discontinuation of MAT medication will not be ordered without prior discussion with the patient except under emergency circumstances. A patient is to be interviewed to discuss the reasons for the diversion and possible consequences. Every effort should be made to provide MAT medication for those with OUD. However, when a patient is persistent in being uncooperative with the treatment plan or is demonstrating risky behavior that can affect the health and safety of others, it may be appropriate to taper the patient off the medication. Monthly injectable buprenorphine is another alternative to tapering a patient off an oral or sublingual medication.

F. Disposal of Unused Methadone:

Per DEA requirements, any unused methadone will be returned to the OTP for disposal. This would include methadone doses originally received from the OTP, as well as expired or surplus methadone. The amount of medication being returned to the OTP should be carefully documented to ensure that diversion cannot occur.

G. Discharge Planning:

The Nurse Administrator is responsible for discharge planning. Collaboration with the Discharge Planning Unit will occur for buprenorphine cases.

H. Acute Intoxication, Withdrawal, and Detoxification:

Incarcerated individuals presenting with signs or symptoms of acute intoxication must be assessed by healthcare staff. A PCP, emergency telemedicine, or an outside hospital emergency department is to be involved with the assessment in order to decide initial evaluation and treatment needs.

Individuals with evidence of withdrawal symptoms are to be assessed by healthcare staff with consultation with a PCP.

Elective detoxification will be done based on the PCP’s assessment and plan.

New York State Department of Corrections and Community Supervision Division of Health Services POLICY	Title: Medication for Addiction Treatment (MAT) for Opioid Use Disorder (OUD) Section: Health Care Services	Number 1.08
Supersedes: 1.08 - 1/4/23	Page: 1 of 8	Date: 6/17/25
References:		
Approved by: Carol A. Moores, MD		

I. POLICY:

The Department of Corrections and Community Supervision (DOCCS) will provide Medication for Addiction Treatment (MAT) when indicated for the treatment of Opioid Use Disorder (OUD) in the incarcerated patient population.

II. PROCEDURE:

A. Types of MAT medications:

1. Methadone
2. Buprenorphine (Suboxone, Subutex)
3. Injectable Buprenorphine (Brixadi, Sublocade)
4. Naltrexone

B. Enrollment into MAT treatment in DOCCS:

1. Community Initiation:

   a. Individuals accepted into DOCCS from county jails or Rikers that have already been on a MAT therapy will be continued on MAT therapy upon intake.

   b. Incarcerated individuals that were initiated on MAT therapy while an inpatient at an outside hospital will be continued on MAT therapy upon discharge.

2. Facility Initiation:

   a. Incarcerated individuals may request to be evaluated for MAT therapy via a Sick Call request or during a clinic visit with a Primary Care Provider (PCP). Facility Executive Team members may also refer an incarcerated individual for MAT Assessment at any time based on concerning incidents or behaviors. Initial assessment for OUD diagnosis will be done by a PCP.

      - A routine clinic appointment with the TOS (type of service) code “MAT” will be scheduled for the interested incarcerated individual to meet with a PCP (CCP- no).

- The PCP will assess the incarcerated individual for an OUD diagnosis and appropriateness of MAT therapy. The assessment will include obtaining a medical and drug use history (including the completion of Form 3319 "Assessment for Opioid Use Disorder").

- After the assessment is completed, the provider will enter code 960E (Provider Examination for MAT Candidate) into the incarcerated individual's FHS1 problem list.

- If it is determined that the incarcerated individual has an opioid use disorder, the provider will enter code 960Z (Opioid Use Disorder) into the FHS1 problem list.

- If the incarcerated individual is not an appropriate candidate for MAT therapy, the provider will enter code 960N (Opioid Use Disorder Criteria Not Met) into the FHS1 problem list.

- If the incarcerated individual is appropriate for MAT therapy, a plan will be implemented for initiation. Form 3320 "Buprenorphine Treatment Agreement" will be discussed with the patient if the PCP chooses a buprenorphine product for the treatment plan. The patient must sign this document before buprenorphine initiation will occur.

    - If methadone is chosen as the treatment medication, a referral will be made to the facility's assigned community OTP (Opioid Treatment Program). Please note, facility-initiated methadone treatment requires Central Office review through DOCCS.sm.HEALTH.MAT.

    - If naltrexone is chosen, the PCP can initiate without further requirement for forms or referrals.

    - If a patient will be on a Work Release program in the future, methadone will likely require a daily visit to a community OTP. Therefore, it may be useful to consider buprenorphine or naltrexone for those patients.

C. MAT Initiation:

1. Initiation of buprenorphine or naltrexone will be completed per the PCP's orders.

2. Initiation of methadone treatment will be per the OTP's instructions.

3. Once the incarcerated individual has been initiated on a MAT medication, the provider will enter code 960I (Opioid MAT Program Initiated) into the FHS1 problem code list. Please note, code 960I is only to be used for individuals who have been initiated by DOCCS and should not be used for individuals who have continued MAT from the community.

The specific medication code for MOUD treatment method must also be entered into FHS1. The specific medication codes are as follows:

a. Methadone – FHS1 code 3060

b. Buprenorphine – FHS1 code 3061

c. Injectable Buprenorphine – FHS1 code 3062 (comment section must include type of injectable: Brixadi or Sublocade)

d. Naltrexone – FHS1 code 9924

4. All PCP's will maintain an active electronic prescribing account as assigned to them by DOCCS. All prescriptions to outside pharmacies are to be sent using the electronic prescribing account as required by New York State. Exceptions should only occur for extenuating circumstances in which the electronic prescribing procedure cannot occur (i.e., computer failure).

5. Random urine toxicology screens should be completed at least quarterly while the patient is taking a MAT medication. This testing can assist with confirming that the patient is in fact taking the medication and it can gather information about continued use of contraband medications.

D. Transfer of MAT participants:

1. Form 3313 "MAT Health Transfer Summary" will be completed by staff nursing personnel and scanned to the receiving facility.

a. To help facilitate transfers with Classification and Movement, the facility must place any incarcerated individual started on methadone on a Medical Hold with the comment "MAT" in FHS1.

Medical Hold is not required for buprenorphine or naltrexone.

2. For methadone patients:

a. The sending facility's Registered Nurse Supervisor (RNS) or designee will:

- Alert the sending facility's OTP about the pending transfer and supply the contact information for the receiving OTP and receiving facility's medical staff.

- Supply the sending OTP with copies of the protected health information release consent forms below:

  - Complete Form 3313 "MAT Program Incarcerated Individual Transfer Form".

- Complete the OTP's consent form for release of PHI regarding substance use treatment (must be signed by the incarcerated individual).
- Complete Form DOH-5032 "Authorization for Release of Information Regarding Persons with Substance Use Disorder" (must be signed by incarcerated individual).
- Complete Form TRS-2 "Consent for Release of Information Regarding Persons with Substance Use Disorder".

- Email copies of the above forms to the current OTP, receiving facility, and receiving OTP.

b. The sending facility is responsible for dosing the incarcerated individual with the prescribed MAT medication on the day of transfer regardless of the usual scheduled time for administration of that medication at that facility.

c. The receiving facility RNS is responsible for ensuring that all appropriate documents are received by the receiving OTP and a plan is made for continuity of care for the patient. If the sending and receiving facility are contracted with the same OTP, the OTP must be notified of the pending transfer.

d. At times, it may be necessary to transfer MAT medications between facilities to facilitate continuity of care. The procedure for transferring MAT medication between facilities as well as from an OTP to a facility is described below in Section G.

E. Administration of MAT Medications:

1. Buprenorphine (Subutex) may be crushed as a deterrent to diversion; it may only be crushed if the prescription dosing and administration information gives the instruction for crushing the tablet as mentioned in Health Services Policy 1.16 "Administering Medication". Crushed tablets should not be mixed in water.

2. Buprenorphine films and tablets must be absorbed through the oral mucosa and should not be swallowed down to the stomach due to decreased absorption. It is not necessary for any medical staff member to place sublingual buprenorphine under the incarcerated individual's tongue. Instead, nursing staff should hand the sublingual buprenorphine film or tablet to the incarcerated individual and observe them placing it under the tongue.

3. Methadone prescribed by the OTP requires a facility administration order before the nursing staff can administer the medication.

A facility PCP must write an administration order in the patient's medical record directing that the methadone be administered as per the instructions of the OTP (e.g., "Administer methadone 120mg by mouth daily for seven days as per *OTP name* for MAT 1:1").

a. Location of MAT medication administration for 1:1 medications will be decided per FOM or protocol. It is not a requirement to observe post-administration for 15 minutes to watch for diversion.

4. Methadone and buprenorphine may be administered by an LPN if a supervisor (RN or PCP) is available for consult.

5. Spillage/Vomit of Medications:

a. A PCP is to be notified, in any instance wherein part of or all of a dose is not appropriately ingested/received by the designated patient, for consideration for additional dosing or change in medication orders.

6. Any observations of signs and symptoms of opiate withdrawal will be assessed using the Clinical Opiate Withdrawal Scale (COWS). The information will be conveyed to a PCP for consideration for further evaluation or medication dosing adjustments.

F. Storage of MAT Medications:

1. All controlled substances will be stored and accounted for according to Directive 4929 "Controlled Drugs, Needles, Syringes & Sharps".

2. Buprenorphine extended release (Brixadi, Sublocade) is intended for subcutaneous injection by a healthcare provider, must never be dispensed directly to the patient, and must only be administered by a healthcare professional. The goal of the Risk Evaluation and Mitigation Strategy (REMS) is to mitigate the risk of serious harm or death that could result from intravenous self-administration.

G. Transportation of MAT Medications:

1. OTP to Facility:

a. Methadone will be picked up by facility personnel in a secure locked box. The locked box will contain the OTPs Chain of Custody form, the individually labeled methadone bottles and an order form with the names of the incarcerated individuals and their dosage.

b. The keys for the locked box will be located at the OTP and on the facility's Restricted Infirmary Medication Room Nurse's key ring only.

c. When the methadone arrives at the facility, there will be a two-nurse count of the contents of the secure locked box. If only one nurse is on duty, the count will be performed with a member of the Security or Pharmacy staff.

Form 3182 "Record of Controlled Substances Administered", and Form 3184 "Change of Shift-Control/Count" will be prepared in accordance with DOCCS Directive 4929 "Controlled Drugs, Needles, Syringes & Sharps" and Health Services Policy 3.08 "Stock Drugs Storage and Accountability".

d. When a discrepancy occurs between the amount received and the amount ordered, or damage to the medication is observed, the Facility Health Services Director, Deputy Superintendent for Health, RNS, and the provider at the OTP must be notified immediately.

e. The DOCCS Nurse will sign the enclosed OTP Medication Administration Record form included in the lock box and return it to the OTP weekly. A copy must be kept on file.

f. A facility PCP will review the recommendations and write the specific methadone administration orders for each incarcerated individual being treated by the OTP with methadone. These orders will be written in the Ambulatory Health Record. Form 3179 "Medication Administration Report" (MAR) will be completed with the transcribed orders for each incarcerated individual.

A copy of the monthly MAR and a Record of Controlled Substances Administered will be faxed or scanned monthly to the OTP and the original MAR will be filed in the Ambulatory Health Record Miscellaneous section. Once scanned, a note should be added to the MAR that it has been scanned to the OTP with date and time along with signature of RNS or designee.

2. Interfacility Transfers:

MAT medications that have already been assigned to the patient (the medication has a label with the patient's name and dosing instructions) will be transported to the receiving facility in a secure lockbox. A two-nurse count of the contents of the secure locked box will be done on arrival to the receiving facility using Form 3182 "Record of Controlled Substances Administered" and Form 3184 "Change of Shift-Control/Count" initiated by the sending facility. Any discrepancies are noted on the appropriate forms and communication is made to the contracted OTP, Facility Health Services Director (or designee), RNS, and to DOCCS.sm.HEALTH.MAT for tracking purposes.

H. Diversion of MAT Medications by Incarcerated Individuals:

1. Tapering or discontinuation of MAT medication will not be ordered without prior discussion with the patient except under emergency circumstances. A patient is to be interviewed to discuss the reasons for the diversion and possible consequences. Every effort should be made to provide MAT medication for those with OUD.

However, when a patient is persistent in being uncooperative with the treatment plan or is demonstrating risky behavior that can affect the health and safety of others, it may be appropriate to taper the patient off the medication. Monthly or weekly injectable buprenorphine is another alternative to tapering a patient off an oral or sublingual medication.

2. If a MAT medication is discontinued or the medication has been switched to a different type, the RNS, or designee, must ensure that the MAT medication code in FHS1 has been inactivated. For changes in MAT medication, the "Change in MAT Medication" inactivation code must be utilized.

I. Disposal of Unused Methadone:

Any unused methadone should be disposed of in the facilities drug take-back boxes. This would include methadone doses originally received from the OTP, as well as expired or surplus methadone. The disposal should be documented on an accountability sheet and provided to the OTP upon their request as long as PHI of other incarcerated individuals are not contained on the accountability sheet.

J. Discharge Planning:

The RNS is responsible for discharge planning for incarcerated individuals who are on methadone. This should be completed in conjunction with the facility's contracted OTP as consents will need to be signed and provided to the community OTP.

1. For oral buprenorphine cases, the RNS will notify the MAT Discharge SURN via DOCCS.sm.HEALTH.MATAdmin of an upcoming release date. From there, the MAT Discharge SURN will identify a community OTP near the release residence and establish an appointment. The SURN will then create an appointment letter and notify the RNS of the amount of medication necessary to release with the incarcerated individual as described in Health Services Policy 3.07 "Preparing Medication for Incarcerated Individuals Leaving the Facility". The RNS will then obtain an ROI, fax any necessary information to the community OTP, and provide the incarcerated individual with the letter along with the take-home doses of the medication just prior to release.

   a. No oral take-home doses will be provided for injectable buprenorphine cases unless in extenuating circumstances (i.e., unable to schedule appointment before next injection is due).

K. Acute Intoxication, Withdrawal, and Detoxification:

1. Incarcerated individuals presenting with signs or symptoms of acute intoxication must be assessed by healthcare staff. A PCP, emergency telemedicine, or an outside hospital emergency department is to be involved with the assessment to decide initial evaluation and treatment needs.

2. Individuals with evidence of withdrawal symptoms are to be assessed by healthcare staff with consultation with a PCP.

3. Elective detoxification will be done based on the PCP's assessment and plan.

[redacted]

- It is not a requirement to observe each patient for 15 minutes with each medication administration for MAT. MAT medications may be given as per protocol like any 1:1 medication administration. As with any item that would be at a 1:1 med line, it is imperative that all items be returned to the nurse (such as any container that the medication was in for dosing). If the patient is allowed to dispose of a container themselves, it is more likely that the container will be diverted on their person. As with any other 1:1 medication administration, certain patients will be known to be of more concern for diversion and more stringent procedures or observation may be chosen for those cases.

[redacted]

New York State Department of Corrections and Community Supervision Division of Health Services POLICY	Title: Methadone Maintenance/Detoxification Services and Acute Intoxication and Withdrawal Section: Health Care Services	Number 1.29
Supersedes: 1.29 – 6/4/14	Page: 1 of 2 Date: 7/19/17	
References:		
Approved by: Carl Koenigsmann MD		

I. POLICY:

The Department of Corrections and Community Supervision (DOCCS) does not perform detoxification within our facilities except for pregnant women. Methadone maintenance/detoxification services are made available to opioid addicted pregnant female inmates consistent with the procedure outlined below. As state-ready male inmates are detoxed prior to entry into DOCCS, no narcotic treatment services are made available to male inmates under custody. For instances of acute intoxication and withdrawal, medical services may be provided as indicated.

II. PROCEDURE:

A. Methadone Maintenance/Detoxification of Pregnant Female Inmates:

1. Pregnant, state-ready female inmates on methadone maintenance will be received in the Department's custody at Bedford Hills Correctional Facility and be enrolled as outpatients in the Mount Vernon Hospital Methadone Maintenance Treatment Program.

2. When medically indicated, postpartum female inmates who were enrolled in the Mount Vernon Hospital Methadone Maintenance Treatment Program while assigned to the Bedford Hills Correctional Facility, will be provided with outpatient detoxification services through the same program. No other narcotic treatment services are available to female inmates in the Department's custody.

B. Acute Intoxication and Withdrawal:

1. Inmates presenting with signs or symptoms of acute intoxication must be observed and vital signs closely monitored. Evaluation in a hospital Emergency Department (ED) or by telemedicine may be necessary.

2. Any inmate presenting with signs and symptoms consistent with possible withdrawal from alcohol or other substances will be evaluated at a hospital ED or by telemedicine.

3. In response to opiate withdrawal, a clinician employed by the Department may order the administration of an opioid to an inmate for the purpose of relieving acute withdrawal symptoms if the inmate is exhibiting signs and symptoms consistent with acute opiate withdrawal (i.e. dilated pupils, piloerection (goosebumps), sweating, rhinitis, diarrhea, anxiety).

   When ordering, the clinician will:

   a. Review the history and reasonably assess the amount of opiates the inmate has been using.

   b. Order an equivalent opioid medication, preferably formulary, in a dosage tapering protocol at the clinician's discretion, to minimize withdrawal symptoms in a safe manner.

NEW YORK STATE Corrections and Community Supervision **Bedford Hills Correctional Facility**	FACILITY OPERATIONS MANUAL TITLE **METHADONE GUEST DOSING PROGRAM**	FOM. NO. **510** DATE **7/15/20**
SUPERSEDES: FOM DATED 3/6/20	DISTRIBUTION **A & B**	PAGE 1 OF 4
REFERENCES	APPROVING AUTHORITY 	

I. PURPOSE:

To establish a uniformed and secure means by which to request guest dosing methadone treatment. Transporting methadone dosing from Mount Vernon Methadone Treatment Clinic, Mount Vernon NY, to BHCF Pharmacy Unit, Bedford Hills NY., BHCF Pharmacy accountability upon receiving guest dosing methadone, Nursing Administration of the methadone, and MAR documentation.

II. POLICY:

It is the policy of BHCF to continue treatment for inmates that are pregnant and on a methadone maintenance program. Methadone maintenance guest dose services will continue until the pregnancy outcome is determined. When the inmate is no longer pregnant, inmate will be afforded the opportunity to be in the MAT Program. The inmate will be monitored, and methadone dose adjusted to achieve therapeutic maintenance dose. Babies who are affected by Methadone addiction are admitted to a neonatal hospital unit for close monitoring of their detoxification process.

III. PROCEDURE:

A. Intake Procedure for Pregnant Inmates on Methadone Maintenance:

1. DSH, FHSD, PCP, DON, NA Receives and reviews medical record package from central office or Riker's island DOCCS screening team.
2. If all required information is available, the application is forwarded to the Bedford Hills correctional Trip Nurse.
3. The BHCF Trip Nurse will coordinate between the methadone treatment program, the sending facility, and Bedford Hills Security.
4. Documentation required for intake and initial appointment includes the following
    - Obtain signed Release of Information (DOH FORM 5032) from the inmate which will provide the County Jail the leverage to obtain the information from the inmates present Methadone Treatment Program.
    - Physician order for methadone dose verification, physical examination, toxicology screening, CBC with diff, Serology for syphilis, Chem profile, UA, HEP Profile, current TB results,

Ultrasound, 3months of progress notes, Psych evaluation, and documentation of pregnancy.

- The inmate must receive her daily dose of methadone at sending facility on the morning of transport to BHCF.

B. Intake Procedure for Pregnant Inmates on Methadone Maintenance:

1. After arrival, the inmate will begin the RCOD process that will be tailored to meet her medical needs while housed in a correctional Facility.
2. The Day after arrival to Bedford Hills Correctional Facility, the inmate will be transported to Mt Vernon Methadone Treatment Program for initial intake assessment and medication dosing.
3. The inmate will receive the following at the encounter: medical and psychological evaluation, informed consent for participation in the treatment program.
4. The inmate will sign an informed consent which will include a treatment plan for methadone maintenance during pregnancy and taper post-partum.
5. Individualized treatment plan for short/long term goals are discussed and developed.
6. During this visit the inmate will receive her daily medication dose. The DOCCS consultation report will request guest dosing at this time. Until guest dosing is approved, the inmate will return daily for their Methadone maintenance dose. Once guest dosage has been approved, the officer will be issued the guest dosages for the upcoming week. The guest dosages come in individual vials which will be transported via Security in a secured locked Box.
7. Twice a month during the inmate clinic visit the Inmate will meet with a methadone maintenance treatment program counselor who will discuss education, treatment plan and provide ongoing counselling.
8. Inmates returning from Methadone Treatment Clinic, who are on guest dosing, are seen by the Clinic Nurse. Copy of consult will be given to the 1:1 medication nurse in order to initiate a Medication Administration Record (MAR)
9. Security will bring guest dosages down to the Pharmacy for intake processing by the Pharmacy Supervisor, and/or designee. After logging Inmates name, Dose, Number of Methadone vials received, and prescribing Methadone Clinic Provider's name, electronically into CIPS, the Pharmacy Supervisor will secure methadone vials in the vault.
10. Monday – Thursday the Pharmacy will deliver the prescribed Methadone vials to be administered for that day. Vials will come with a bate stamped (form 3182) "Record of Controlled Substances Administered" as needed.
11. On Friday, the Pharmacy will deliver enough Methadone vials to get the inmates through the weekend (Holidays included). As needed, vials will

12. come with a bate stamped (form 3182) “Record of Controlled Substances Administered.”
13. The pregnant inmate will receive her methadone dose at the Medication Room strictly designated for all MAT.
14. Prior to giving the inmate their dose of Methadone, the Nurse will do an initial, thorough mouth check. Once the three-way check is completed, the Nurse will give the inmate their dose of Methadone, observe them swallowing it, give them a small cup of water to swallow afterwards, and complete a second thorough mouth check.
15. The Nurse will monitor inmate for a designated period of time after the inmate has taken their dose of Methadone to ensure dose swallowing. Monday – Friday, the Pharmacy will pick up the empty vials of Methadone.
16. When vial dosage changes, return unused Methadone vials to pharmacy. NEVER WASTE METHADONE!!! DO NOT DISCARD METHADONE VIALS!!!!! ALL VIALS MUST BE RETURNED TO MOUNT VERNON’S METHADONE CLINIC.
17. The nurse will collect the empty vial and store the empty vial for Pharmacy to pick up.

C. Things that need to be reported to Mount Vernon Methadone Treatment Program:
   1. When inmate is given a dose of methadone and vomits immediately following administration, this becomes a wasted dose which the Methadone Treatment Program must be made aware, as well as the on-call Provider, DON and/or Nurse Administrator. This is a medication error and will be reported as out line in DOCCS HSPM 8.02.
   2. If the wrong Methadone dose is given to an inmate repeat the notification reporting noted above.
   3. Reporting process must be done immediately upon recognizing and error has been made.

D. Security- Pick-up and Delivery:
   1. Prior to the departure of all Mt. Vernon Methadone Clinic trips, the Transportation Officers will stop at the window to the Bedford Hill C.F. Pharmacy in the RMU basement and request a secured lock box for the inmate being transported.
   2. The Bedford Hills C.F. Pharmacy staff will provide the Transporting Officers with the correct lock box which will either be completely empty if this is the inmates first trip or will contain all the empty methadone vials if this is a follow up appointment.
   3. The Transporting Officers will maintain constant control of the lock box and will secure the lock box between the front seats of the transportation

vehicle. At no time will the lock box be secured in the passenger compartment of the transportation van with the inmate.

4. Upon arrival at the Mt. Vernon Methadone Clinic, the Transporting Officer will turn over the lock box to the Mt. Vernon Methadone Clinic staff.
5. The Transporting Officer will not depart until the lock box has been returned to them by Clinic staff.

E. Return Trip:

1. The Clinic staff will provide the Transporting Officers with the lock box which will either contain a predesignated supply of Methadone if this is either an initial or follow up appointment or will be empty if this is the inmate's final appointment.
2. The Transporting Officers will maintain constant control of the lock box and will secure the lock box between the front seats of the transportation vehicle. At no time will the lock box be secured in the passenger compartment of the transportation van with the inmate.
3. Upon arrival, back at Bedford hills Correctional Facility the lock box will not be opened while processing into the facility truck trap.
4. Once processed into the facility, the Transporting Officers will immediately report to the Bedford Hill C.F. Pharmacy window in the RMU basement and will turn over custody of the lock box to the Pharmacy staff.

NOTE: IT SHOULD BE NOTED THAT IN AN EMERGENCY; I.E.: INCLEMENT WEATHER, WHEN THE INMATE CANNOT BE TRANSPORTED TO THE METHADONE CLINIC, THE FOLLOWING PROCEDURES WILL BE IMPLEMENTED:

- THE INMATE WILL BE TRANSPORTED TO THE NEAREST HOSPITAL EMERGENCY ROOM;
- THE EMERGENCY ROOM MEDICAL PROVIDER WILL ASSESS THE INMATE AND CONTACT THE MEDICAL DIRECTOR OF THE MOUNT VERNON METHADONE MAINTENANCE TREATMENT PROGRAM (914-664-8000, EXT. 3239) TO **REVIEW THE DOSAGE OF METHADONE TO BE ADMINISTERED TO THE INMATE.**

NEW YORK STATE Corrections and Community Supervision **Albion Correctional Facility**	FACILITY OPERATIONS MANUAL TITLE: Medication Assisted Treatment	FOM. NO. 233 DATE: 06/16/21
SUPERSEDES New	DISTRIBUTION A & B	PAGE Page 1 of 6
REFERENCES Directives: Corresponding Directive(s): 4929 Health Services Policy: 3.08 Relates ACA Standard(s)	APPROVING AUTHORITY, Susan Squires, Superintendent	

I. Policy: Incarcerated individuals will draft from a reception facility who have less than 2 years of incarceration remaining and currently on active Medication Assisted Treatment (MAT) with Methadone. Sending facilities will continue the therapy until they arrive at Albion Correctional Facility. MAT treatment will be provided at Albion to eligible participants.

II. PROCEDURE:

A. Methadone Maintenance/Detoxification:

1. An eligibility list of qualifying inmates will be generated by the reception centers/sending facility to determine the admittance into Albion MAT Program. This list will be sent to the Albion Correctional Facility Inmate Records Coordinator (IRC) when the intake is completed so that proper medication can be obtained prior to the incarcerated individual's arrival at ACF.

2. When medically indicated, inmates on Methadone maintenance will be received at Albion CF and will continue to be enrolled in OTP MAT Program.

3. ACF IRC will receive notification of an incoming OTP participant and forward the information to the Nurse Administrator and Facility Health Service Director.

4. Sending facilities will ensure that all incarcerated individuals accepted for this program will receive their daily dose of methadone on the morning of their transfer of custody to Albion CF.

5. An intake medical screening will be completed by a Registered Nurse upon admittance to Albion CF.

6. Any observations of signs and symptoms of opiate withdrawal, using the Clinical Opiate Withdrawal (COW) scale will be communicated to the OTP physician in a timely manner so that possible adjustments in the patient's methadone dosing be considered.

(See attached COW Scale)
http://www.drugabuse.gov/sites/default/files/files/ClinicalOpiatWithdrawalScale.pdf

B. Logistics of Methadone Acquisition:

1. Methadone will be picked up by Albion CF from the OTP in a locked secure box. the lockbox will contain the individually labeled Methadone bottles and an order with the names of the patients and their dosage.

2. The keys for the locked box will be located at the OTP and on the Albion CF Restricted Infirmary Nurses' key rings only.

3. Upon arrival of the Methadone to Albion CF, there will be a 2-Nurse count of the contents of the locked box. In the event of only 1 Nurse on duty, the count will be performed with a member of the Security staff. A Record of Controlled Substances Administered (Form #3182) and a Change of Shift-Control/Count (Form 3184) will be prepared in accordance with DOCCS Directive 4829 and HSPM 3.08.

4. Any discrepancy between the amount of received and the amount ordered or if it is determined that there has been damage to the medication, the on-call physician at OTP must be notified immediately.

5. The DOCCS Nurses will sign the enclosed OTP Medication Administration Record form included in the lock box and return it to the OTP weekly. (Keep Copy)

6. An Albion CF provider will review the recommendations and write the specific Methadone orders to be administered for each patient in the Ambulatory Health Care Record (AHR). A Medication Administration Record (Form #3179) will be completed with the transcribed orders for each patient.

7. A copy of the monthly MAR and a record of Controlled Substances Administered will be faxed or scanned monthly to the OTP and the original MAR will be filed in the AHR MISC Section.

C. Storage of Methadone:

1. The Methadone bottles will be placed in a double-locked cabinet in the infirmary Medication Room and be accounted for as per DOCCS Directive #4929

D. Administration of Methadone and Suboxone/Subutex:

1. Nursing and Security will be responsible for administering MAT in a secure site.

2. Administration of medication will be given per 1:1 medication administration protocol to avoid distraction and decrease the likelihood of spillage or diversion.

3. The incarcerated individual must show photo ID as well as state his/her name and DIN.

4. Observe the incarcerated individual prior to administering the medication. If the incarcerated individual appears sedated, drowsy, cognitively impaired, or weak, the physician/provider must be alerted prior to giving Methadone.

5. The Methadone bottle will be labeled with the incarcerated individual's name, DIN # and dose and confirmed with the patient prior to administration.

6. Methadone: The incarcerated individual must first enunciate their name and DIN so that the nurse can assess the need for the COW scale. They are then asked to drink a cup of water before and after taking the Methadone. The nurse will then perform a mouth check and ask the incarcerated individual to clearly enunciate their name and DIN to confirm consumption of the medication.

   Suboxone/Subutex: The incarcerated individual must first enunciate their name and DIN, then drink a cup of water before the nurse does a mouth check with a flashlight. The Subutex (crushed pill) or Suboxone (film) is then placed by the nurse under the tongue of the incarcerated individual. The incarcerated individual must have their arms to their side or on a table during this time and be observed closely to prevent diversion. The nurse should perform mouth checks with the flashlight to confirm that the medication is dissolving. Once dissolved, the incarcerated individual is asked to drink a cup of water and enunciate his name and DIN. The incarcerated individual is then observed for 10-15 minutes after administration to ensure the absence of ill effects and reduce the chances of diversion. The patient will then be escorted back to their housing unit/assignment.

7. The bottle in which the Methadone was contained will be returned to the RN and properly discarded.

8. The RN will document medication administration in the MAR.

E. Diversion:

DOCCS has a zero-tolerance policy for Diversion. If an inmate is caught diverting methadone, the nurse after receiving written documentation regarding the incident will:

a. Document in the inmate's medical record in the AHR section the exact actions of the patient.

b. Notify the on-call physician and Security.

F. Discrepancies:

1. All medication errors will be resolved before the end of the tour.

2. A Medication Error report will be completed per HSPM 8.02, Medication Error Reporting.

3. The on-call physician will be notified when an error cannot be corrected before the end of the tour.

4. The Medication Error report detailing the problem and corrective actions must be left for the on-call physician to review.

5. A nurse may be asked to return to work before his/her scheduled tout to resolve Medication errors related to methadone administration.

6. If there is Loss of Controlled Substances, the nurse must immediately notify the Nurse Administrator and the on-call physician. On off-tours and weekends, the Officer of the Day and the Watch Commander will be notified in accordance to Directives 2945, 4092, 4929, HSPM 3.01, NYCRR Title 10 Part 80.100, as well as the on-call physician.

G. Spillage/Vomit of Methadone

1. If there is spillage or vomiting of the Methadone solution, the nurse will inform the DOCCS physician and the OTP physician immediately.

2. The OTP will be consulted by Albion medical staff if an additional dose is required. A consultation form will be faxed or scanned to the OTP. The OTP physician will give dosing instructions that will be documented in the AHR by the Albion provider.

H. Patients Requiring Methadone Dose Adjustment:

1. When a patient on Methadone MAT expresses any symptom of Opiate withdrawal at the medication window, sick-call, or referred by Facility Staff, the patient will be assessed using the COW scale by a nurse and will be evaluated by a provider as soon as possible.

2. The provider will fax or scan a Consultation Form to the OTP and a tele-med call with the patient will be arranged.

3. The OTP will inform the ACF medical team of the plan of action and return the form with that plan by fax to Albion Cf.

4. The provider will document any medication changes in the AHR.

I. <u>Discontinuation of Methadone:</u>

Incarcerated individuals who elect to terminate from the program voluntarily and prematurely will be reviewed by the on-call physician and the OTP.

J. Staff Education and Training:

Licensed medical professionals shall be appropriately trained in the administration of Methadone and the Policy by the collaborating OTP staff.

K. Discharge Planning:

Discharge planning for incarcerated individuals returning to the community will be handled by the designated DOCCS OTP SURN for linkage to a Medication Assisted Therapy program in the community.

L. Disposal:

If there are extra or leftover doses, Albion CF will record that the medication was disposed of (date, time, amount, reason, and for which patient) and dispose in the drop box provided in accordance with OASAS regulations.

M. Transfers to SHU:

Incarcerated individuals being transferred to Special Housing Unit will receive their medication in either the hearing room or in-cell. The provider will monitor the patient for 15 minutes.

NEW YORK STATE Corrections and Community Supervision **Cayuga Correctional Facility**	FACILITY OPERATIONS MANUAL TITLE **Medication Assisted Treatment**	FOM. NO. **4.03** DATE **03/2020**
SUPERSEDES None	DISTRIBUTION A & B	PAGE 1 OF 5
REFERENCES Directives: Corresponding Directive(s): 4929 Health Services Policy: 3.08 Relates ACA Standard (s):	APPROVING AUTHORITY	

I. POLICY: Inmates will draft from Rikers Island CF with less than 2 years of incarceration remaining, who are on active medication assisted therapy (MAT) with methadone and transit through Downstate and Elmira Correctional Facilities. Downstate CF will continue this therapy upon arrival on Thursday until they are transferred to Elmira CF on the following Tuesday. The inmate will stay at Elmira CF where their therapy will be continued until their intake is completed before being transferred to Cayuga CF. Cayuga will be the host facility and continue to ensure the safe and secure administration as well as accountability of methadone. The qualifying inmates will be under the care of Crouse Health Hospital Opioid Treatment Program (OTP) and as such, supply the patient specific methadone dosing to Cayuga Correctional Facility as described below.

II. PROCEDURE:

A. Methadone Maintenance/Detoxification

1. An eligibility list of qualifying inmates will be generated by Rikers Island to Downstate CF and Elmira CF to determine the admittance into Cayuga MAT program. This list will need to be sent to Cayuga Correctional Facility when the intake is completed so that proper medication can be obtained before the inmate arrives at Cayuga CF.

2. When medically indicated, inmates on Methadone maintenance at Elmira CF will be received at Cayuga Correctional Facility and will continue to be enrolled in Crouse Health Hospital OTP MAT Program.

3. Elmira CF will ensure that all inmates accepted for this program will receive their daily dose of methadone on the morning of their transfer of custody to Cayuga CF prior to leaving Elmira CF.

4. An intake medical screening will be completed by a Registered Nurse upon admittance to Cayuga CF.

5. Any observations of signs and symptoms of opiate withdrawal, using the Clinical Opiate Withdrawal (COW) scale will be communicated to the Crouse Health Hospital physician in a timely manner so that possible adjustments in the patient's methadone dosing can be considered. (See attached COW Scale)
https://www.drugabuse.gov/sites/default/files/files/ClinicalOpiateWithdrawalScale.pdf

B. Logistics of Methadone Acquisition:

1. Methadone will be picked up from Crouse Health Hospital OTP in a locked secure box. The lockbox will contain the individually labeled Methadone bottles and an order form with the names of the patients and their dosage.

2. The keys for the locked box will be located on both the Crouse Health Hospital and the Cayuga CF Restricted Infirmary Nurses' key rings only.

3. Upon arrival of the methadone to Cayuga CF, there will be a 2-nurse count of the contents of the locked box. In the event of only 1 nurse on duty, the count will be performed with a member of the Security staff. A Record of Controlled Substances Administered (Form #3182) and a Change of Shift-Control/Count (Form #3184) will be prepared in accordance with DOCCS Directive 4929 and HSPM 3.08.

4. Any discrepancy between the amount received and the amount ordered or if it is determined that there has been damage to the medication, the on-call physician at Crouse Health Hospital must be notified immediately.

5. The DOCCS Nurses will sign the enclosed Crouse Health Hospital Medication Administration Record form included in the lock box and return it to Crouse Health Hospital weekly. (Keep Copy)

6. The DOCCS Physician will review the recommendations and write the specific Methadone orders to be administered for each patient in the Ambulatory Health Care Record (AHR). A Medication Administration Record (MAR) (Form#3179) will be completed with the transcribed orders for each patient.

7. A copy of the monthly MAR and A Record of Controlled Substances Administered will be faxed or scanned monthly to Crouse Health Hospital and the original MAR will be filed in the AHR MISC Section.

C. Storage of Methadone:

1. The Methadone bottles will be placed in a double-locked cabinet in the Infirmary Medication Room and be accounted for as per DOCCS Directive #4929.

D. Administration of Methadone:

1. Inmates on Methadone will be called to the Medical Unit as per medical policy.

2. Administration of medication will be given one at a time to avoid distraction and decrease the likelihood of spillage or diversion.

3. The inmate must show his photo ID as well as state his name and DIN.

4. Observe the inmate prior to administering his medication. If the inmate appears sedated, drowsy, cognitively impaired, or weak, the physician must be alerted prior to giving Methadone.

5. The Methadone bottle will be labeled with inmate name, DIN # and dose and confirmed with the patient prior to administration.

6. After the inmate ingests the medication, the inmate will fill the vial with water and drink it, then the inmate must ingest a glass of water. Ask him to clearly enunciate his name and DIN to confirm he has swallowed the medication.

7. The bottle in which the methadone was contained will be returned to the RN and properly discarded.

8. The RN will document medication administration in the MAR.

E. Diversion:

DOCCS has a zero-tolerance policy for Diversion. If an inmate is caught diverting methadone, the nurse after receiving written documentation regarding the incident will:

a. Document in the inmate's medical record in the AHR section the exact actions of the patient.

b. Notify the on-call physician and Security.

F. Discrepancies

1. All medication errors will be resolved before the end of the tour.

2. A Medication Error report will be completed per HSPM 8.02, Medication Error Reporting.

3. The on-call physician will be notified when an error cannot be corrected before the end of the tour.

4. The Medication Error report detailing the problem and corrective actions must be left for the on-call physician to review.

5. A nurse may be asked to return to work before his/her scheduled tour to resolve medication errors related to methadone administration.

6. If there is Loss of Controlled Substances, the nurse must immediately notify the Nurse Administrator and the on-call physician. On off-tours and weekends, the Officer of the Day and the Watch Commander will be notified in accordance to Directives 2945, 4092, 4929, HSPM 3.01, NYCRR Title 10 Part 80.100., as well as the on-call physician.

G. Spillage/Vomit of Methadone

1. If there is spillage or vomiting of the Methadone solution, the nurse will inform the DOCCS physician and Crouse Health Hospital physician immediately.

2. Crouse Health Hospital will be consulted by the DOCCS physician if an additional dose is required. A consultation form will be faxed or scanned to Crouse Health Hospital. The Crouse Health Hospital – OTP physician will give dosing instructions that will be documented in the AHR by the DOCCS physician.

H. Patients Requiring Methadone Dose Adjustment:

1. When a patient on Methadone MAT expresses any symptom of Opiate withdrawal at the medication window, sick-call, or referred by any Facility Staff, the patient will be assessed using the COW scale by a nurse and will be evaluated by a physician as soon as possible.

2. The physician will fax or scan a Consultation Form to Crouse Health Hospital and a tele-med call with the patient will be arranged.

3. Crouse Health Hospital will inform the physician of the plan of action and return the Consultation form with that plan by fax to Cayuga CF.

4. The physician will document any medication changes in the AHR.

I. Discontinuation of Methadone:

Inmates who elect to voluntarily and prematurely terminate from the program will be reviewed by the on-call physician and Crouse Health Hospital.

J. Staff Education and Training:

Licensed medical professionals shall be appropriately trained in the administration of Methadone and the Policy.

K. Discharge Planning:

Discharge planning for inmates returning to the community will be handled by the designated Cayuga ORC for linkage to a Medication Assisted Therapy, methadone program in the community.

L. Disposal:

If there are extra or leftover doses, Crouse Health Hospital should be informed and the medication should be sent back to Crouse Health Hospital in the locked box for disposal. Cayuga CF should record that the medication was disposed of (date, time, amount, reason, and for which patient).

M. Transfers to SHU:

Inmates being transferred to Special Housing Unit will receive their medication at the cell.

NEW YORK STATE Corrections and Community Supervision **Clinton Correctional Facility**	FACILITY OPERATIONS MANUAL TITLE **Medication-Assisted Treatment**	FOP. NO. 816 DATE 1/21/22
SUPERSEDES	DISTRIBUTION A & B	PAGE 1 OF 8
REFERENCES Directives: Corresponding Directive(s): 4929 Health Services Policy: 3.08 Relates ACA Standard(s)	APPROVING AUTHORITY T. Harrigan, Deputy Superintendent/Health	

I. PURPOSE: To establish a procedure for accepting, storage and administration of Medication Assisted Treatment with Methadone or Buprenorphine for identified inmates at Clinton Correctional Facility (CCF).

II. POLICY: Incarcerated individuals drafting from a reception facility who have less than 2 years of incarceration currently on active Medication Assisted Treatment (MAT) with Methadone or Buprenorphine will have their therapy continued upon entry to Clinton Correctional Facility. Sending facilities will continue the therapy until they arrive at CCF. MAT treatment will be provided at Clinton to eligible participants.

III. PROCEDURE:

A. Methadone/ Buprenorphine Maintenance:

1. When medically indicated, incarcerated individuals on Methadone/ Buprenorphine treatment will be received at CCF and will continue to be enrolled in the MAT Program.

2. An eligibility list of qualifying incarcerated individuals will be generated by the Department of Class and Movement to determine admittance into CCF's MAT Program.

3. Once notified, the Health Class Analysists will forward the information to the Clinton Correctional Facility Incarcerated Individual Records Coordinator (IRC), DSH, Nurse Administrator (NA) and Facility Health Service Director (FHSD). CCF will be given one week's notice so that medication can be obtained prior to the incarcerated individual's arrival at the facility.

4. The sending facility will ensure that all incarcerated individuals accepted for this program will receive their daily dose of Methadone or Buprenorphine on the day of their transfer of custody to CCF.

5. An intake medical screening will be completed by a Registered Nurse upon admittance to CCF.

6. Any observations of signs and symptoms of opiate withdrawal, using the Clinical Opiate Withdrawal (COW) scale will be communicated to the OTP physician in a timely manner so that possible adjustments in the patient's Methadone dosing can be considered. (See attached COW Scale) http://www.drugabuse.gov/sites/default/files/files/ClinicalOpiateWithdrawalScale.pdf

B. Logistics of Methadone Acquisition:

1. Methadone will be picked up by CCF from the OTP in a locked secure box. The locked box will contain the individually labeled Methadone bottles and an order form with the names of the patients and their dosage.

2. The keys for the locked box will be located at the OTP and on the CCF Restricted Infirmary Medication Room nurse's key ring only (A&B sets).

3. Upon arrival of the Methadone to CCF, there will be a 2-Nurse count of the contents of the locked box. A Record of Controlled Substances Administered (Form #3182) and a Change of Shift-Control/Count (Form #3184) will be prepared in accordance with DOCCS Directive 4929 and HSPM 3.08.

4. Any discrepancy between the amount received and the amount ordered or if it is determined that there has been damage to the medication, the FHSD, DSH, NA and the provider at the OTP must be notified immediately.

5. The DOCCS Nurses will sign the enclosed OTP Medication Administration Record form included in the lock box and return it to the OTP weekly. (Keep Copy)

6. A CCF provider will review the recommendations and write the specific Methadone orders to be administered for each patient in the Ambulatory Health Care Record (AHR). A Medication Administration Record (MAR) (Form #3179) will be completed with the transcribed orders for each patient.

7. A copy of the monthly MAR and a Record of Controlled Substances Administered will be faxed or scanned monthly to the OTP and the original MAR will be filed in the AHR MISC Section. Once scanned, a note should be added to the MAR that it has been scanned to the OTP with date and time.

C. Logistics of Buprenorphine Acquisition:

1. Providers need to have the X-waiver (an X number on their DEA License which signifies their ability to prescribe and administer Buprenorphine).

2. Providers also need to have escribing capability so that they can electronically send the prescription to a pharmacy like Omnicare or Cardinal.

3. Upon arrival of the Buprenorphine to CCF, there will be a 2-Nurse count of the medication. A Record of Controlled Substances Administered (Form #3182) and a Change of Shift-Control/Count (Form #3184) will be prepared in accordance with DOCCS Directive 4929 and HSPM 3.08.

4. Any discrepancy between the amount received and the amount ordered or if it is determined that there has been damage to the medication, the on-call physician at OTP must be notified immediately, as well as the DSH, FHSD and NA.

5. The DOCCS Nurses will sign the enclosed OTP Medication Administration Record form included in the lock box and return it to the OTP weekly. (Keep Copy)

6. A CCF provider will review the recommendations and write the specific Methadone orders to be administered for each patient in the Ambulatory Health Care Record (AHR). A Medication Administration Record (MAR) (Form #3179) will be completed with the transcribed orders for each patient.

6. A copy of the monthly MAR and a Record of Controlled Substances Administered Will be faxed or scanned monthly to the OTP and the original MAR will be filed in the AHR MISC Section.

D. <u>Storage of MAT medications (Methadone/Buprenorphine):</u>

1. The Methadone and Buprenorphine are not to be stored with any other medications or sharps. They will be placed together in a double-locked cabinet in the infirmary Medication Room and be accounted for as per DOCCS Directive #4929.

2. Each Methadone bottle will be sealed with a numbered security seal, the seal number will be notated on the Accountability Sheets.

E. <u>Administration of Methadone and Buprenorphine:</u>

1. Nursing will be responsible for administering MAT in a secure site with Security supervising.

2. Administration of medication will be given per 1:1 medication administration protocol to avoid distraction and decrease the likelihood of spillage or diversion.

3. The incarcerated individual must show photo ID as well as enunciate his/her name and DIN.

4. Observe the incarcerated individual prior to administering the medication. If the incarcerated individual appears sedated, drowsy, cognitively impaired, or weak, the incarcerated individual will be immediately assessed using the COW scale. **A score of 25 or above requires immediate notification of the FHSD, DOCCS provider and the OTP's provider. The medication must not be administered until they are assessed by the facility's provider.**

5. *Methadone:*
   a. The Methadone bottle will be labeled with the incarcerated individual's name, DIN # and dose and confirmed with the patient prior to administration
   b. They are then asked to drink a cup of water before and after taking the Methadone. After the dose is given to the I/I the vial will be filled with water and to the same I/I to drink. The nurse will then perform a mouth check and ask the incarcerated individual to clearly enunciate their name and DIN to confirm consumption of the medication.
   c. The incarcerated individual will sit for 10-15 minutes so that they can be observed for any issues and to ensure digestion.
   d. The bottle in which the Methadone was contained will be returned to the RN so that the label can be removed and shredded, and the bottle properly discarded.

6. *Buprenorphine:*
   a. The incarcerated individual will be given a cup of water to drink before the nurse does a mouth check with a flashlight.
   b. The Subutex (crushed pill) or Suboxone (film) is then placed by the nurse under the tongue of the incarcerated individual.
   c. The incarcerated individual must have their arms to their side on or a table during this time and be observed closely to prevent diversion.
   d. The nurse must perform mouth checks with the flashlight to confirm that the medication is dissolving.
   e. Once dissolved, the incarcerated individual is asked to drink a cup of water and enunciate his name and DIN.
   f. The incarcerated is then observed for 10-15 minutes after administration to ensure the absence of ill effects and reduce the chances of diversion.
   g. Post ingestion, the patient will be escorted back to their housing unit/assignment.
   h. As the number of incarcerated individuals increases, the medication can be administered to several incarcerated individuals simultaneously, to shorten the medication administration time.

i. They are to be evenly and appropriately spaced on a bench or standing against a wall with their hands to their sides. Security must be diligent in observing the group for diversion.

7. The RN will document the MAT medication administration in the MAR.

F. Diversion:

1. DOCCS has a zero-tolerance policy for Diversion. If an inmate is caught diverting Methadone, the nurse after receiving written documentation regarding the incident will:
   a. Document in the inmate's medical record in the AHR section the exact actions of the patient.
   b. Notify the on-call physician and Security.

G. Discrepancies:

1. All medication errors will be resolved before the end of the tour.

2. A Medication Error report will be completed per HSPM 8.02, Medication Error Reporting.

3. The on-call physician will be notified when an error cannot be corrected before the end of the tour.

4. The Medication Error report detailing the problem and corrective actions must be left for the on-call physician to review.

5. A nurse may be asked to return to work before his/her scheduled tour to resolve Medication errors related to Methadone administration.

6. If there is Loss of Controlled Substances, the nurse must immediately notify the Nurse Administrator and the on-call physician. On off-tours and weekends, the Officer of the Day and the Watch Commander will be notified in accordance to Directives 2945, 4092, 4929, HSPM 3.01, NYCRR Title 10 Part 80.100, as well as the on-call physician.

H. Spillage/Vomit of Methadone

1. If there is spillage or vomiting of the Methadone solution, the nurse will inform the FHSD and OTP provider immediately.

2. A Consultation Form #3194 documenting the specific circumstances of the medication loss will be faxed or scanned to the OTP

3. Once returned by the OTP, the DOCCS provider will review recommendations on the consultation form and write the orders in the AHR so that the nurse can update the MAR.

I. Patients Requiring Dose Adjustment:

1. When a patient on MAT expresses any symptom of opiate withdrawal at the medication window, sick-call, or referred by a Corrections Officer, the patient will be assessed using the COW scale by a nurse and will be evaluated by a DOCCS provider as soon as possible.

2. For patients on Methadone, the Consultation Form stating the issue will be faxed/scanned to the OTP and a call should be made between the DOCCS provider and the OPT's provider to discuss the plan.

3. For patients on Buprenorphine, the DOCCS provider will assess the patient and determine the need for a dose adjustment.

4. The DOCCS provider will document any medication changes for Methadone or Buprenorphine in the AHR so that the MAR can be updated by the nurse.

J. Discontinuation of MAT:

1. Incarcerated individuals who elect to terminate voluntarily and prematurely from the program will be reviewed by the FHSD. In cases of patients on Methadone, the FHSD will consult with the OTP provider.

K. Staff Education and Training:

1. Licensed medical professionals shall be appropriately trained in the administration of MAT medication and the Policy. All Buprenorphine prescribers will have an X-waiver.

L. Discharge Planning:

1. A consent form will be signed by the incarcerated individual and faxed by the NA or designee to the OTP, along with their date of release and address, so that The OTP can share information with the OTP closest to the incarcerated individual's address and an appointment can be made to ensure continuity of care.

2. Discharge planning for incarcerated individual's return to the community will be coordinated by the designated DOCCS OTP SURN for linkage to a Medication Assisted Therapy program in the community when there is no OTP to do so.
3. Incarcerated individuals will receive their dose of MAT medication, on the day of transfer prior to leaving the facility.

M. Disposal:

1. If there are extra or leftover doses, Clinton CF will record that the medication was disposed of (date, time, amount, reason, and for which patient) and dispose in the drop box provided in accordance with OASAS and DEA regulations.

N. Transfer to an Infirmary or Specialized Confinement Housing Units

1. Within the facility:

   a. Incarcerated individuals transferred to Specialized Confinement Housing Unit will be given their medication in the back of the cell and observed for the same timeframe as outlined for each medication.

2. Transfer to another facility:

   a. CCF will alert the OTP and the medical staff of the receiving infirmary or Specialized Confinement Housing Units prior to placement.
   b. Nurse Administrator or designee will complete form 3313, MAT Program Transfer. The form will then be emailed to the facility that the incarcerated individual is being transferred to.
   c. CCF will be responsible for transporting the incarcerated individual's remaining MAT medications, MAR, and Accountability Sheets to the receiving facility in the locked box.
   d. Upon arrival to the receiving facility, the MAT medication will be immediately reconciled with a two-nurse count. If two nurses are not available, the narcotic count can be done with a nurse and a security member in accordance with Directive 4929.
   e. The receiving facility nurses will use the MAR and Accountability sheets that are provided in the lock box. These sheets and any additional doses of MAT medications must be returned to CCF upon discharge from the infirmary or Specialized Confinement Housing Units. All items will be placed in a locked box provided at time of discharge.
   f. The receiving facility medical staff will follow all MAT policies and procedures per their Facility Operating Manuals (FOM). CCF's medical staff will be alerted with regards to any medication issues.

g. At the time the incarcerated individual is medically cleared to return to CCF, the medical staff must be informed with a nurse-to-nurse discharge report.
h. Upon discharge, the remaining MAT medication will be transported back with the MAR and the accountability sheets in a locked box by security staff and brought to medical.
i. The MAT medication will be immediately reconciled with a two-nurse count. The NA, FHSD and Watch Commander will be notified immediately.
j. In the rare event that an incarcerated individual is paroled/discharged from a facility other than the sending facility, the remaining MAT medication will be returned to CCF for disposal.
k. Both facilities will require a key to access the locked box used for MAT medication transport. They key is to be placed on the restricted medication room nurses key rings for the medication room.

NEW YORK STATE Corrections and Community Supervision **Elmira Correctional Facility**	FACILITY OPERATIONS MANUAL TITLE **MEDICATION ASSISTED TREATMENT**	FOM. NO. **12.25** DATE 2/12/21
SUPERSEDES Policy dated 3/16/20	DISTRIBUTION **A**	PAGE 1 OF 7
REFERENCES Corresponding Directive(s): 4929 Health Services Policy: 3.08 Related ACA Standard(s):	APPROVING AUTHORITY John D. Rest	

I. POLICY: Inmates will draft from Rikers Island CF with less than 2 years of incarceration remaining, who are on active medication assisted therapy (MAT) with methadone and transit through [redacted]. [redacted]. Elmira will be the host facility and continue to ensure the safe and secure administration as well as accountability of methadone. The qualifying inmates will be under the care of United Health Services (UHS) Opioid Treatment Program (OTP) and as such, supply the patient specific methadone dosing to Elmira Correctional Facility as described below.

II. PROCEDURE:

A. Methadone Maintenance/Detoxification

1. An eligibility list of qualifying inmates will be generated by the Rikers Island to [redacted] The recipient will forward to Elmira Medical Doctors, Elmira Nurse Administrator, Assistant Deputy Superintendent Correctional Mental Health, Elmira Assistant Deputy Superintendent for Programs, Supervising Offender Rehabilitation Coordinator and IRC II. This list will need to be sent to UHS and to Elmira Correctional Facility COB [redacted] so that proper medication can be obtained before the inmate arrives at Elmira CF the [redacted]

2. When medically indicated, inmates on Methadone maintenance at [redacted] CF will be received at Elmira Correctional Facility and will continue to be enrolled in United Health Services MAT Program.

3. [redacted] CF will ensure that all inmates accepted for this program will receive their daily dose of methadone on the morning of their transfer of custody to Elmira CF prior to leaving [redacted]

4. An intake medical screening will be completed by a Registered Nurse upon admittance to Elmira CF.

5. Any observations of signs and symptoms of opiate withdrawal, using the Clinical Opiate Withdrawal (COW) scale will be communicated to the UHS physician in a timely manner so that possible adjustments in the patient's methadone dosing can be considered.
https://www.drugabuse.gov/sites/default/files/files/ClinicalOpiateWithdrawalScale.pdf

(See attached COW Scale)

B. Logistics of Methadone Acquisition:

1. [redacted]

2. [redacted].

3. [redacted] A Record of Controlled Substances Administered (Form #3182) and a Change of Shift-Control/Count (Form #3184) will be prepared in accordance with DOCCS Directive 4929 and HSPM 3.08.

4. Any discrepancy between the amount received and the amount ordered or if it is determined that there has been damage to the medication, the on-call physician must be notified immediately.

5. [redacted]

6. The DOCCS Physician will review the recommendations and write the specific Methadone orders to be administered for each patient in the Ambulatory Health Care Record (AHR). A Medication Administration Record (MAR) (Form#3179) will be completed with the transcribed orders for each patient.

7. A copy of the monthly MAR and A Record of Controlled Substances Administered will be faxed or scanned monthly to United Health Services and the original MAR will be filed in the AHR MISC Section.

C. Storage of Methadone:

1. [redacted].

D. Administration of Methadone:

1. Inmates on Methadone will be called to the Medical Unit as per FOM 12.22 Medication Run.

2. Administration of medication will be given one at a time to avoid distraction and decrease the likelihood of spillage or diversion.

3. The inmate must show his photo ID as well as state his name and DIN.

4. Observe the inmate prior to administering his medication. If the inmate appears sedated, drowsy, cognitively impaired, or weak the physician must be alerted prior to giving Methadone.

5. The Methadone bottle will be labeled with inmate name, DIN # and dose and confirmed with the patient prior to administration.

6. After the inmate ingests the medication, the inmate must ingest a glass of water. Ask him to clearly enunciate his name and DIN to confirm he has swallowed the medication.

7. The bottle in which the methadone was contained will be returned to the RN and properly discarded.

8. The RN will document medication administration in the MAR.

E. Diversion:

DOCCS has a zero-tolerance policy for Diversion. If an inmate is caught diverting methadone, the nurse after receiving written documentation regarding the incident will:

a. Document in the inmate's medical record in the AHR section the exact actions of the patient.

b. Notify the on-call physician and Security.

F. Discrepancies

1. All medication errors will be resolved before the end of the tour.

2. A Medication Error report will be completed per HSPM 8.02, Medication Error Reporting.

3. The on-call physician will be notified when an error cannot be corrected before the end of the tour.

4. The Medication Error report detailing the problem and corrective actions must be left for the on-call physician to review.

5. A nurse may be asked to return to work before his/her scheduled tour to resolve medication errors related to methadone administration.

6. If there is Loss of Controlled Substances, the nurse must immediately notify the Nurse Administrator and the on-call physician. On off-tours and weekends, the Officer of the Day and the Watch Commander will be notified in accordance to Directives 2945, 4092, 4929, HSPM 3.01, NYCRR Title 10 Part 80.100., as well as the on-call physician.

G. Spillage/Vomit of Methadone [1]

1. If there is spillage or vomiting of the Methadone solution, the nurse will inform the DOCCS physician and United Health Services physician immediately.

2. United Health Services will be consulted by the DOCCS physician if an additional dose is required. A consultation form will be faxed or scanned to United Health Services. The United Health Services – OTP physician will give dosing instructions that will be documented in the AHR by the DOCCS physician.

H. Patients Requiring Methadone Dose Adjustment:

1. When a patient on Methadone MAT expresses any symptom of Opiate withdrawal at the medication window, sick-call, or referred by any Facility Staff, the patient will be assessed using the COW scale by a nurse and will be evaluated by a physician as soon as possible.

2. The physician will fax or scan a Consultation Form to United Health Services and a tele-med call with the patient will be arranged.

3. United Health Services will inform the physician of the plan of action and return the Consultation form with that plan by fax to Elmira CF.
4. The physician will document any medication changes in the AHR.

H. Discontinuation of Methadone:

Inmates who elect to voluntarily and prematurely terminate from the program will be reviewed by the on-call physician and United Health Services.

[redacted].

I. Staff Education and Training:

Licensed medical professionals shall be appropriately trained in the administration of Methadone and the Policy.

J. Discharge Planning:

Discharge planning for inmates returning to the community will be handled by the designated Elmira ORC for linkage to a Medication Assisted Therapy, methadone program in the community.

As DOCCS continues to expand MAT services to the incarcerated population, it is critical that we have open communication with the Opioid Treatment Provider (OTP) associated with the patient throughout the period of treatment, and particularly as is it deals with discharge from custody and the referral to a community OTP. In order to ensure appropriate discharge planning, the following procedures should be incorporated into the Facility FOM.

- Upon arrival of an incarcerated individual participating in the MAT program, the appropriate medical code should be entered by the facility health services staff into the system. The earliest release date (ERD) should be determined and communicated to the associated OTP by the facility representative.

- Community Prep begins 4 months prior to release. The facility must ensure that a discharge plan as it pertains to the OTP is incorporated into the Community Prep process as follows:

    - ORC will meet with the incarcerated individual to determine if they were previously receiving services in the community, from which OTP and whether there is a MAT program in the community that they would prefer

- When creating the community prep, the ORC will verify a MAT DP alert appears in CMS to indicate that the individual is a methadone participant;

    - The Facility representative will notify the associated OTP of the upcoming release and request that a Community OTP be identified in the area of release (if a previous provider is identified that should be provided to the OTP);
    - If the associated OTP does not provide a discharge transition plan 2 months prior to release, the facility representative will follow up with the associated OTP;

    - If the associated OTP has not provided a discharge transition plan at the 1 month prior to release mark, the facility representative will immediately notify both the Central Office Health Services Discharge Planning Office and the MAT Coordinator;

    - The MAT Coordinator will track cases in which the OTP does not provide a discharge plan and report to the CMO.

- If the associated OTP does not identify the transitional Community OTP, the Central Office Health Services Discharge Planning Unit and MAT coordinator will use the search feature of the list of providers in order to identify the local OTP's. The information is searched on the OASAS website (https://www.oasas.ny.gov/providerDirectory/index.cfm?search_type=2)

- Once the OTP in community has been identified, the associated OTP will complete the referral and advise the ORC upon completion. ORC will update CMS as noted above.

- Once appointment has been established for releasing incarcerated individual, ORC will document provider name, address, contact person, appointment date and time in CMS program field, chronos, and document that the incarcerated individual was advised of the appointment.

- If the incarcerated individual participating in the MAT program is an immediate release or has an ERD of less than 4 months, the above time frames will be shortened, and the notifications made immediately upon receipt.

- The Parole Officer assigned to the inmate identified as being in MAT program is responsible for ensuring that the information for the OTP in the community has been updated. If the information is missing, the Parole Officer will reach out to facility to obtain such information and ensure continuity of care upon release.

NEW YORK STATE Corrections and Community Supervision **Gouverneur Correctional Facility**	FACILITY OPERATIONS MANUAL TITLE **Medication-Assisted Treatment**	FOM. NO. 0565 DATE 05/10/22
SUPERSEDES 04/27/22	DISTRIBUTION A&B	PAGE Page 1 of 6
REFERENCES Directives: Corresponding Directive(s): 4929 Health Services Policy: 3.08,8.02 Relates ACA Standard(s)	APPROVING AUTHORITY Mark Rockwood, Superintendent	

I. PURPOSE: To establish a procedure for accepting, storage and administration of Medication Assisted Treatment with Methadone or Buprenorphine for identified incarcerated individuals at Gouverneur Correctional facility (GCF).

II. POLICY: Incarcerated individuals (I/I) drafting from a reception facility who are currently on active Medication Assisted Treatment (MAT) with Methadone or Buprenorphine will continue their therapy upon entry to Gouverneur Correctional Facility. Sending facilities will continue the therapy until they arrive at GCF. MAT treatment will be provided at Gouverneur to eligible participants.

III. PROCEDURE:

A. Methadone/ Buprenorphine Maintenance:

1. When medically indicated, I/Is on Methadone/ Buprenorphine treatment will be received at GCF and will continue to be enrolled in the MAT Program.

2. An eligibility list of qualifying I/Is will be generated by the Department of Classification and Movement to determine admittance into GCF's MAT Program.

3. Once notified, the Health Class Analysists will forward the information to the Gouverneur Correctional Facility I/I Records Coordinator (IRC), Nurse Administrator (NA) and Facility Health Service Director (FHSD). GCF will be given one week's notice so that medication can be obtained prior to the I/I's arrival at the facility.

4. The sending facility will ensure that all I/Is accepted for this program will receive their daily dose of Methadone or Buprenorphine on the day of their transfer of custody to GCF.

5. An intake medical screening will be completed by a Registered Nurse upon admittance to GCF.

6. Any observations of signs and symptoms of opiate withdrawal, using the Clinical Opiate Withdrawal (COW) scale will be communicated to the Opioid Treatment Program (OTP) provider in a timely manner so that possible adjustments in the I/I's Methadone dosing can be considered. (See attached COW Scale) http://www.drugabuse.gov/sites/default/files/files/ClinicalOpiateWithdrawalScale.pdf

B. Logistics of Methadone Acquisition:

1. Methadone will be picked up by GCF from the OTP in a locked secure box. The locked box will contain the individually labeled Methadone bottles and an order form with the names of the I/Is and their dosage.

2. The keys for the locked box will be located at the OTP and on the GCF Restricted Medication Room nurse's key ring only (A&B sets).

3. Upon arrival of the Methadone to GCF, there will be a two-nurse count of the contents of the locked box. In the event of only one Nurse on duty, the count will be performed with a member of the Security or Pharmacy staff. A Record of Controlled Substances Administered (Form #3182) and a Change of Shift-Control/Count (Form #3184) will be prepared in accordance with DOCCS Directive 4929 and HSPM 3.08.

4. Any discrepancy between the amount received and the amount ordered or damage to the medication, the FHSD, NA and the provider at the OTP must be notified immediately.

5. The DOCCS Nurses will sign the enclosed OTP Medication Administration Record form included in the lock box and return it to the OTP weekly. A copy must be kept on file.

6. The GCF provider will review the recommendations and write the specific Methadone orders to be administered for each I/I in the Ambulatory Health Care Record (AHR). A Medication Administration Record (MAR) (Form #3179) will be completed with the transcribed orders for each I/I.

7. A copy of the monthly MAR and a Record of Controlled Substances Administered will be faxed or scanned monthly to the OTP and the original MAR will be filed in the AHR MISC Section. Once scanned, a note should be added to the MAR that it has been scanned to the OTP with date and time along with signature of NA or designee.

C. Logistics of Buprenorphine Acquisition:

1. Providers need to have the X-waiver (an X number on their DEA License which signifies their ability to prescribe and administer Buprenorphine).

2. Providers also need to have e-prescribing capability so that they can electronically send the prescription to a pharmacy such as Omnicare or Cardinal.

3. Upon arrival of the Buprenorphine to GCF, the medication will be counted under dual control (two nurses). If there is just one nurse on duty, the count will be conducted with a member of the security or pharmacy staff. A Record of Controlled Substances Administered (Form #3182) and a Change of Shift-Control/Count (Form #3184) will be prepared in accordance with DOCCS Directive 4929 and HSPM 3.08.

4. Any discrepancy between the amount received and the amount ordered or damage to the medication, the FHSD, NA and the pharmacy (Omnicare or Cardinal) must be

notified immediately.

5. An GCF provider will write the specific Buprenorphine orders to be administered for each I/I in the AHR. A MAR (Form #3179) will be completed with the transcribed orders for each I/I.

6. The original MAR will be filed in the AHR MISC Section.

D. Storage of MAT medications Methadone/ Buprenorphine:

1. The Methadone and Buprenorphine are not to be stored with any other medications or sharps. They will be placed separately in their own section of the double-locked cabinet in the Infirmary Medication Room and be accounted for as per DOCCS Directive #4929.

2. Each Methadone bottle will be sealed with a numbered security seal. The seal number will be notated on the Accountability forms mentioned above.

E. Administration of Methadone and Buprenorphine:

1. Nursing is responsible for administering MAT in a secure site. Security will participate in the process to address the risk of diversion.

2. Administration of medication will be given per 1:1 medication administration protocol to avoid distraction and decrease the likelihood of spillage or diversion.

3. The I/I must show photo ID as well as state their name and DIN.

4. The nurse will observe the I/I prior to administering the medication. If the I/I appears to be sedated, drowsy, cognitively impaired, or weak, the I/I will be immediately assessed using the COW scale. **A score of 25 or above requires immediate notification of the FHSD, DOCCS provider and the OTP's provider. The medication must not be administered until they are assessed by the facility's provider.**

5. *Methadone:*
   a. The Methadone bottle will be labeled with the I/I's name, DIN # and dose and confirmed with the I/I prior to administration.
   b. They are then asked to drink a cup of water before and after taking the Methadone. The nurse will then perform a mouth check and ask the I/I to clearly enunciate their name and DIN to confirm consumption of the medication.
   c. The I/I will sit for 10-15 minutes so that they can be observed for any issues and to ensure digestion.
   d. The bottle in which the Methadone was contained will be returned to the RN so that the label can be removed and shredded, and the bottle properly discarded.

6. *Buprenorphine:*
   a. The I/I will be given a cup of water to drink before the nurse does a mouth check with a flashlight.
   b. Facilities have the choice to use the buprenorphine product that they are most comfortable using (pill or film tab). Suboxone is preferred over Subutex at this time. Subutex is generally used for pregnant and breastfeeding mothers. Sublocade is now being approved on a case-by-case basis only (CMO). The Subutex (crushed pill) or Suboxone (film) is then placed by the nurse under the tongue of the I/I.
      i. There is evidence to show that crushing the buprenorphine tablet can decrease the possibility of diversion and does not impact significantly on absorption. It is permissible to crush the tablet (DO NOT MIX WITH WATER).
      ii. The method of introducing film tab sublingually into the patient's mouth should never involve a finger into the oral cavity.
   c. The I/I must have their arms to their side on or a table during this time and be observed closely to prevent diversion.
   d. The nurse must perform mouth checks with the flashlight to confirm that the medication is dissolving.
   e. Once the medication is dissolved, the I/I is asked to drink a cup of water and enunciate their name and DIN.
   f. The I/I must be observed for 10-15 minutes after administration to ensure the absence of ill effects and reduce the chances of diversion.
   g. As the number of I/Is increases, the medication can be administered to several I/I simultaneously, to shorten the medication administration time.
   i. They are to be evenly and appropriately spaced on a bench or standing against a wall with their hands to their sides. Security must be diligent in observing the group for diversion.

6. The RN will document the MAT medication administration in the MAR.

F. <u>Diversion</u>

1. If an I/I is observed to be diverting the medication, the nurse will:
   a. Document exact actions of the I/I in the I/I's medical record in the AHR section.
   b. Notify the FHSD and NA.

G. <u>Discrepancies:</u>

1. The NA and provider must be notified immediately, and the error resolved before the end of the tour.

2. A Medication Error report will be completed per HSPM 8.02, Medication Error Reporting.

3. The Medication Error report detailing the problem and corrective actions must be given to the provider to review.

4. A nurse may be asked to return to work before their scheduled tour to resolve

Medication errors.

5. If there is Loss of Controlled Substances, the nurse must immediately notify the Nurse Administrator, provider, and Watch-Commander. On off-tours and weekends, the Officer of the Day and Watch Commander will be notified in accordance with Directives 2945, 4092, 4929, HSPM 3.01, NYCRR Title 10 Part 80.100, as well as the on-call provider.

H. Spillage/Vomit of Methadone

1. If there is spillage or vomiting of the Methadone solution, the nurse will inform the FHSD and OTP provider immediately.

2. A Consultation Form #3194 documenting the specific circumstances of the medication loss will be faxed or scanned to the OTP.

3. Once returned by the OTP, the DOCCS provider will review recommendations on the consultation form and write the new orders in the AHR. The nurse will note the orders and update the MAR.

I. I/Is Requiring Dose Adjustment:

1. When a I/I on MAT expresses any symptom of opiate withdrawal at the medication window, sick-call, or during emergency sick call, the I/I will be assessed using the COW scale by a nurse and will be evaluated by a DOCCS provider as soon as possible.

2. For I/Is on Methadone, the Consultation Form stating the issue will be faxed/scanned to the OTP and a call should be made between the DOCCS provider and the OPT's provider to discuss the plan.

3. For I/Is on Buprenorphine, the DOCCS provider will assess the I/I and determine the need for a dose adjustment.

4. The DOCCS provider will document any medication changes for Methadone or Buprenorphine in the AHR. The nurse will note the order and update the MAR.

J. Discontinuation of MAT:

1. I/Is who elect to terminate voluntarily and prematurely from the program will be reviewed by the FHSD. In cases of I/Is on Methadone, the FHSD will consult with the OTP provider.

K. Staff Education and Training:

1. Licensed medical professionals shall be appropriately trained in the administration of MAT medication and the Policy. All Buprenorphine prescribers must have an X-waiver.

L. Discharge Planning:

1. A consent form will be signed by the I/I and faxed by the NA or designee to the OTP, along with their date of release and address, so that the OTP can share information with the OTP closest to the I/I's address and an appointment can be made to ensure continuity of care.

2. Discharge planning for I/I's return to the community will be coordinated by the designated DOCCS OTP SURN for linkage to a MAT program in the community when there is no OTP to do so.

3. I/I will receive their dose of MAT medication, on the day of transfer prior to leaving the facility.

M. Disposal:

1. If there are remaining doses, GCF will record that the medication was disposed of (date, time, amount, reason, and for which I/I) and dispose in the drop box provided in accordance with OASAS and DEA regulations.

N. Transfer to an Infirmary or Specialized Confinement Housing Unit

1. Within the facility:

a. Incarcerated individuals transferred to Specialized Confinement Housing Units or the Infirmary will be escorted to the medication room so that their MAT medication can be administered.

b. Facilities with Specialized Confinement Housing Units, can keep the medication in a separate double locked cabinet designated exclusively for MAT medication in the Specialized Confinement Housing Units' medication room.

NEW YORK STATE Corrections and Community Supervision Green Haven Correctional Facility	FACILITY OPERATIONS MANUAL TITLE **Medication-Assisted Treatment**	FOM. NO. #420 DATE 2/8/2022
SUPERSEDES	DISTRIBUTION 1, 3, 6	PAGE Page 1 of 8
REFERENCES Directives: Corresponding Directive(s): 4929 Health Services Policy: 3.08,8.02 Relates ACA Standard(s)	APPROVING AUTHORITY Mark J Miller	

I. **PURPOSE:** To establish a procedure for accepting, storage and administration of Medication Assisted Treatment with Methadone or Buprenorphine for identified incarcerated individuals at Green Haven Correctional Facility.

II. **POLICY:** Incarcerated individuals drafting from a county facility who are currently on active Medication Assisted Treatment (MAT) with Methadone or Buprenorphine will continue their therapy upon entry to Green Haven Correctional Facility. Sending facilities will continue the therapy until they arrive at Green Haven Correctional Facility. MAT treatment will be provided at Green Haven Correctional Facility to eligible participants.

III. PROCEDURE:

A. Methadone/Buprenorphine Maintenance:

1. When medically indicated, incarcerated individuals on Methadone/Buprenorphine treatment will be received at Green Haven Correctional Facility and will continue to be enrolled in the MAT Program.

2. An eligibility list of qualifying incarcerated individuals will be generated by the Department of Class and Movement to determine admittance into Green Haven Correctional Facility's MAT Program.

3. Once notified, the Health Class Analysts will forward the information to the Green Haven Correctional Facility Inmate Records Coordinator (IRC), Deputy Superintendent for Health Services (DSH), Nurse Administrator (NA) and Facility Health Service Director (FHSD). Green Haven Correctional Facility will be given one week's notice so that medication can be obtained prior to the incarcerated individual's arrival at the facility.

4. The sending facility will ensure that all incarcerated individuals accepted for this program will receive their daily dose of Methadone or Buprenorphine on the day of their transfer of custody to Green Haven Correctional Facility.

5. An intake medical screening will be completed by a Registered Nurse upon admittance to Green Haven Correctional Facility.

6. Any observations of signs and symptoms of opiate withdrawal, using the Clinical Opiate Withdrawal (COW) scale will be communicated to the Opioid Treatment Program (OTP) provider in a timely manner so that possible adjustments in the incarcerated individual's Methadone dosing can be considered. See attached COW scale.
   http://www.drugabuse.gov/sites/default/files/files/ClinicalOpiateWithdrawalScale.pdf

B. Logistics of Methadone Acquisition:

1. [redacted]
2. [redacted]
3. [redacted]A Record of Controlled Substances Administered (form #3182) and a Change of Shift – Control/Count (form #3184) will be prepared in accordance with DOCCS Directive #4929 and HSPM 3.08.

4. Any discrepancy between the amount received and the amount ordered or damage to the medication, the FHSD, NA and the provider at the OTP must be notified immediately.

5. [redacted]

6. The Green Haven Correctional Facility provider will review the recommendations and write the specific Methadone orders to be administered to each incarcerated individual in the Ambulatory Health Care Record (AHR). A Medication Administration Record (MAR) (form #3179) will be completed with the transcribed orders for each incarcerated individual.

7. A copy of the monthly MAR and a Record of Controlled Substances Administered will be faxed or scanned monthly to the OTP and the original MAR will be filed in the AHR MISC Section. Once scanned, a note should be added to the MAR that it has been scanned to the OTP with date and time along with signature of NA or designee.

C. Logistics of Buprenorphine Acquisition:

1. Providers need to have the X-waiver (an X number on their DEA License which signifies their ability to prescribe and administer Buprenorphine).

2. Providers also need to have e-prescribing capability so that they can electronically send the prescription to a pharmacy such as Omnicare or Cardinal.

3. Green Haven Pharmacy will order the Buprenorphine from Central Pharmacy to maintain a small stock supply. Upon arrival of the Buprenorphine to Green Haven Correctional Facility, the medication will be counted under dual control. A Record of Controlled Substances Administered (form #3182) will be completed in accordance with DOCCS Directive #4929 and HSPM 3.08.

4. Any discrepancy between the amount received and the amount ordered or damage to the medication, the FHSD, NA and the pharmacy (Omnicare, Cardinal or Central Pharmacy) must be notified immediately.

5. Green Haven Pharmacy will provide the amount of Buprenorphine needed for incarcerated individual dosing to the clinic medication room the day prior to administration. A Record of Controlled Substances Administered (form #3182) will be maintained and a Change of Shift – Control/Count (form #3184) will be prepared in accordance with DOCCS Directive #4929 and HSPM 3.08.

6. A Green Haven Correctional Facility provider will review the recommendations and write the specific Buprenorphine orders to be administered for each incarcerated individual in the AHR. A MAR (form #3179) will be completed with the transcribed orders for each incarcerated individual.

D. Storage of MAT medications Methadone/Buprenorphine:

1. [redacted]

2.

E. Administration of Methadone and Buprenorphine:

1. Nursing is responsible for administering MAT in a secure site. Security will participate in the process to address the risk of diversion.

2. Administration of medication will be given per 1:1 medication administration protocol to avoid distraction and decrease the likelihood of spillage or diversion.

3. The incarcerated individual must show ID as well as state their name and DIN.

4. The nurse will observe the incarcerated individual prior to administering the medication. If the incarcerated individual appears to be sedated, drowsy, cognitively impaired or weak, the incarcerated individual will be immediately assessed using the COW scale. **A score of 25 or above requires immediate notification of the FHSD, DOCCS provider, and the OTP's provider. The medication must not be administered until they are assessed by the facility's provider.**

5. *Methadone:*
   a. The Methadone bottle will be labeled with the incarcerated individual's name, DIN and dose and confirmed with the incarcerated individual prior to administration.
   b. They are then asked to drink a cup of water before and after taking the Methadone. The nurse will then perform a mouth check and ask the incarcerated individual to clearly enunciate their name and DIN to confirm consumption of the medication.
   c. The incarcerated individual will sit for 10-15 minutes so that they can be observed for any issues and to ensure digestion.
   d. The bottle in which the Methadone was contained will be returned to the RN so that the label can be removed and shredded, and the bottle properly discarded.

6. *Buprenorphine:*
   a. The incarcerated individual will be given a cup of water to drink before the nurse does a mouth check with a flashlight.
   b. The Subutex (crushed pill) or Suboxone (film) is then placed by the nurse under the tongue of the incarcerated individual.
   c. The incarcerated individual must have their arms to their side or on a table during this time and be observed closely to prevent diversion.
   d. The nurse must perform mouth checks with the flashlight to confirm that the medication is dissolving.
   e. Once the medication is dissolved, the incarcerated individual is asked to drink a cup of water and enunciate their name and DIN.
   f. The incarcerated individual must be observed for 10-15 minutes after administration to ensure the absence of ill effects and reduce the chances of diversion.
   g. Post ingestion, the incarcerated individual will be escorted back to their housing unit/assignment.
   h. As the number of incarcerated individuals increases, the medication can be administered to several incarcerated individuals simultaneously to shorten the medication administration time.

i. They are to be evenly and appropriately spaced on a bench or standing against a wall with their hands to their sides. Security must be diligent in observing the group for diversion.

7. The RN will document the MAT medication administration in the MAR.

F. Diversion:

1. If an incarcerated individual is observed to be diverting the medication, the nurse will:
   a. Document exact actions of the incarcerated individual in the incarcerated individual's medical record in the AHR section.
   b. Notify the FHSD and NA.

G. Discrepancies:

1. The NA and provider must be notified immediately, and the error resolved before the end of the tour.

2. A Medication Error report will be completed per HSPM 8.02, Medication Error Reporting.

3. The Medication Error report detailing the problem and corrective actions must be given to the provider for review.

4. A nurse may be asked to return to work before their scheduled tour to resolve Medication Errors.

5. If there is Loss of Controlled Substances, the nurse must immediately notify the Nurse Administrator, provider, and Watch Commander. On off-tours and weekends, the Officer of the Day and Watch Commander will be notified in accordance with DOCCS Directives #2945, #4092, #4929, HSPM 3.01, NYCRR Title 10 Part 80.100, as well as the on-call provider.

H. Spillage/Vomit of Methadone:

1. If there is spillage or vomiting on the Methadone solution, the nurse will inform the FHSD and OTP provider immediately.

2. A Consultation Form #3194 documenting the specific circumstances of the medication loss will be faxed or scanned to the OTP.

3. Once returned by the OTP, the DOCCS provider will review recommendations on the consultation form and write the new orders in the AHR. The nurse will note the orders and update the MAR.

I. Incarcerated individuals Requiring Dose Adjustment:

1. When an incarcerated individual on MAT expresses any symptom of opiate withdrawal at the medication window, sick call, or during emergency sick call, the incarcerated individual will be assessed using the COW scale by a nurse and will be evaluated by a DOCCS provider as soon as possible.

2. For incarcerated individuals on Methadone, the Consultation Form stating the issue will be faxed/scanned to the OTP and a call should be made between the DOCCS provider and the OTP's provider to discuss the plan.

3. For incarcerated individuals on Buprenorphine, the DOCCS provider will assess the incarcerated individual and determine the need for a dose adjustment.

4. The DOCCS provider will document any medication changes for Methadone or Buprenorphine in the AHR. The nurse will note the order and update the MAR.

J. Discontinuation of MAT:

1. Incarcerated individuals who elect to terminate voluntarily and prematurely from the program will be reviewed by the FHSD. In cases of incarcerated individuals on Methadone, the FHSD will consult with the OTP provider.

K. Staff Education and Training:

1. Licensed medical professionals shall be appropriately trained in the administration of MAT medication and the policy. All Buprenorphine prescribers must have an X-waiver.

L. Discharge Planning:

1. A consent form will be signed by the incarcerated individual and faxed by the NA or designee to the OTP, along with the date of release and address, so that the OTP can share information with the OTP closest to the incarcerated individual's address and an appointment can be made to ensure continuity of care.

2. Discharge planning for incarcerated individuals' return to the community will be coordinated by the designated DOCCS OTP SURN for linkage to a MAT Program in the community when there is no OTP to do so.

3. Incarcerated individuals will receive their dose of MAT medication on the day of transfer prior to leaving the facility.

M. Disposal:

1. If there are remaining doses, Green Haven Correctional Facility will record that the medication was disposed of (date, time, amount, reason, and for which incarcerated individual) and dispose I the drop box provided in accordance with OASAS and DEA regulations.

N. Transfer to an Infirmary or Specialized Confinement Housing Units:

1. Transfer to another facility:
   a. The NA or designee will alert the OTP and the medical staff of the receiving infirmary or Specialized Confinement Housing Units prior to placement.
   b. NA or designee will complete form #3313, MAT Program Transfer. The form will then be emailed to the facility that the incarcerated individual is being transferred to.
   c. Green Haven Correctional Facility will be responsible for transporting the incarcerated individual's remaining MAT medications, MAR, and Accountability Sheets to the receiving facility [redacted]
   d. Upon arrival to the receiving facility, the MAT medication will be immediately reconciled with a two-nurse count. If two nurses are not available, the narcotic count can be done with a nurse and a security member in accordance with DOCCS Directive #4929.
   e. The receiving facility nurses will use the MAR and Accountability sheets that are provided [redacted] These sheets and any additional doses of MAT medications must be returned to Green Haven Correctional Facility upon discharge from the infirmary or Specialized Confinement Housing Units. [redacted]
   f. The receiving facility medical staff will follow all MAT policies and procedures per their Facility Operating Manuals (FOM). Green Haven Correctional Facility's medical staff will be alerted with regards to any medication issues.
   g. At the time the incarcerated individual is medically cleared to return to Green Haven Correctional Facility, the medical staff must be informed with a nurse-to-nurse discharge report.
   h. Upon discharge, the remaining MAT medication will be transported back with the MAR and the accountability sheets [redacted] by security staff and brought to Medical.
   i. The MAT medication will be immediately reconciled with a two-nurse count. If two nurses are not available, the count can be done with a nurse and a security staff member. Any discrepancy noted, the NA, FHSD and Watch Commander must be notified immediately.

j. In the rare event that an incarcerated individual is paroled/discharged from a facility other than the sending facility, the remaining MAT medication will be returned to Green Haven Correctional Facility for disposal.

k. [redacted]

NEW YORK STATE Corrections and Community Supervision Lakeview Correctional Facility	FACILITY OPERATIONS MANUAL TITLE **Medication-Assisted Treatment**	FOM. NO. 4318 DATE 10/22/21
SUPERSEDES	DISTRIBUTION A & B	PAGE Page 1 of 8
REFERENCES Directives: Corresponding Directive(s): 4929 Health Services Policy: 3.08 Relates ACA Standard(s)	APPROVING AUTHORITY	

I. **PURPOSE:** To establish a procedure for accepting, storage and administration of Medication Assisted Treatment with Methadone or Buprenorphine for identified incarcerated individuals at Lakeview Shock Incarceration Correctional Facility (LSICF).

II. **POLICY:** Incarcerated individuals drafting from a reception facility who have less than 2 years of incarceration currently on active Medication Assisted Treatment (MAT) with Methadone or Buprenorphine will have their therapy continued upon entry to Lakeview Shock Incarcerated Correctional Facility. Sending facilities will continue the therapy until they arrive at LSICF. MAT treatment will be provided at Lakeview to eligible participants.

III. **PROCEDURE:**

A. Methadone/ Buprenorphine Maintenance:

1. When medically indicated, incarcerated individuals on Methadone/ Buprenorphine treatment will be received at LSICF and will continue to be enrolled in the MAT Program.

2. An eligibility list of qualifying incarcerated individuals will be generated by the Department of Class and Movement to determine admittance into LSICF's MAT Program.

3. Once notified, the Health Class Analysists will forward the information to the Lakeview Shock Incarceration Correctional Facility Incarcerated Individual Records Coordinator (IRC), Nurse Administrator (NA) and Facility Health Service Director (FHSD). LSICF will be given one week's notice so that medication can be obtained prior to the incarcerated individual's arrival at the facility.

4. The sending facility will ensure that all incarcerated individuals accepted for this program will receive their daily dose of Methadone or Buprenorphine on the day of their transfer of custody to LSICF.

5. An intake medical screening will be completed by a Registered Nurse upon

admittance to LSICF.

6. Any observations of signs and symptoms of opiate withdrawal, using the Clinical Opiate Withdrawal (COW) scale will be communicated to the OTP physician in a timely manner so that possible adjustments in the patient's Methadone dosing can be considered. (See attached COW Scale) http://www.drugabuse.gov/sites/default/files/files/ClinicalOpiateWithdrawalScale.pdf

B. Logistics of Methadone Acquisition:

1. Methadone will be picked up by LSICF from the OTP in a locked secure box. The locked box will contain the individually labeled Methadone bottles and an order form with the names of the patients and their dosage.

2. The keys for the locked box will be located at the OTP and on the LSICF Restricted Medication Room nurse's key ring only (A&B sets).

3. Upon arrival of the Methadone to LSICF, there will be a 2-Nurse count of the contents of the locked box. In the event of only 1 Nurse on duty, the count will be performed with a member of the Security staff. A Record of Controlled Substances Administered (Form #3182) and a Change of Shift-Control/Count (Form #3184) will be prepared in accordance with DOCCS Directive 4929 and HSPM 3.08.

4. Any discrepancy between the amount received and the amount ordered or if it is determined that there has been damage to the medication, the FHSD, NA and the provider at the OTP must be notified immediately.

5. The DOCCS Nurses will sign the enclosed OTP Medication Administration Record form included in the lock box and return it to the OTP weekly. (Keep Copy)

6. A LSICF provider will review the recommendations and write the specific Methadone orders to be administered for each patient in the Ambulatory Health Care Record (AHR). A Medication Administration Record (MAR) (Form #3179) will be completed with the transcribed orders for each patient.

7. A copy of the monthly MAR and a Record of Controlled Substances Administered will be faxed or scanned monthly to the OTP and the original MAR will be filed in the AHR MISC Section. Once scanned, a note should be added to the MAR that it has been scanned to the OTP with date and time.

C. Logistics of Buprenorphine Acquisition:

1. Providers need to have the X-waiver (an X number on their DEA License which signifies their ability to prescribe and administer Buprenorphine).

2. Providers also need to have escribing capability so that they can electronically send the prescription to a pharmacy like Omnicare or Cardinal.

3. Upon arrival of the Buprenorphine to LCF, there will be a 2-Nurse count of the medication. In the event of only 1 Nurse on duty, the count will be performed with a member of the Security staff. A Record of Controlled Substances Administered (Form #3182) and a Change of Shift-Control/Count (Form #3184) will be prepared in accordance with DOCCS Directive 4929 and HSPM 3.08.

4. Any discrepancy between the amount received and the amount ordered or if it is determined that there has been damage to the medication, the on-call physician at OTP must be notified immediately.

5. The DOCCS Nurses will sign the enclosed OTP Medication Administration Record form included in the lock box and return it to the OTP weekly. (Keep Copy)

6. An LCF provider will review the recommendations and write the specific Methadone orders to be administered for each patient in the Ambulatory Health Care Record (AHR). A Medication Administration Record (MAR) (Form #3179) will be completed with the transcribed orders for each patient.

7. A copy of the monthly MAR and a Record of Controlled Substances Administered will be faxed or scanned monthly to the OTP and the original MAR will be filed in the AHR MISC Section.

D. Storage of MAT medications (Methadone/Buprenorphine):

1. The Methadone and Buprenorphine are not to be stored with any other medications or sharps. They will be placed together in a double-locked cabinet in the infirmary Medication Room and be accounted for as per DOCCS Directive #4929.

2. Each Methadone bottle will be sealed with a numbered security seal, the seal number will be notated on the Accountability Sheets.

E. Administration of Methadone and Buprenorphine:

1. Nursing and Security will be responsible for administering MAT in a secure site.

2. Administration of medication will be given per 1:1 medication administration protocol to avoid distraction and decrease the likelihood of spillage or diversion.

3. The incarcerated individual must show photo ID as well as enunciate his/her name and DIN.

4. Observe the incarcerated individual prior to administering the medication. If the incarcerated individual appears sedated, drowsy, cognitively impaired, or weak, the incarcerated individual will be immediately assessed using the COW scale. **A score of 25 or above requires immediate notification of the FHSD, DOCCS provider and the OTP's provider. The medication must not be administered until they are assessed by the facility's provider.**

5. *Methadone:*
   a. The Methadone bottle will be labeled with the incarcerated individual's name, DIN # and dose and confirmed with the patient prior to administration
   b. They are then asked to drink a cup of water before and after taking the Methadone. The nurse will then perform a mouth check and ask the incarcerated individual to clearly enunciate their name and DIN to confirm consumption of the medication.
   c. The incarcerated individual will sit for 10-15 minutes so that they can be observed for any issues and to ensure digestion.
   d. The bottle in which the Methadone was contained will be returned to the RN so that the label can be removed and shredded, and the bottle properly discarded.

6. *Buprenorphine:*
   a. The incarcerated individual will be given a cup of water to drink before the nurse does a mouth check with a flashlight.
   b. The Subutex (crushed pill) or Suboxone (film) is then placed by the nurse under the tongue of the incarcerated individual.
   c. The incarcerated individual must have their arms to their side on or a table during this time and be observed closely to prevent diversion.
   d. The nurse must perform mouth checks with the flashlight to confirm that the medication is dissolving.
   e. Once dissolved, the incarcerated individual is asked to drink a cup of water and enunciate his name and DIN.
   f. The incarcerated is then observed for 10-15 minutes after administration to ensure the absence of ill effects and reduce the chances of diversion.

g. Post ingestion, the patient will be escorted back to their housing unit/assignment.
h. As the number of incarcerated individuals increases, the medication can be administered to several incarcerated individuals simultaneously, to shorten the medication administration time.
i. They are to be evenly and appropriately spaced on a bench or standing against a wall with their hands to their sides. Security must be diligent in observing the group for diversion.

7. The RN will document the MAT medication administration in the MAR.

F. Diversion:

1. DOCCS has a zero-tolerance policy for Diversion. If an incarcerated individual is caught diverting Methadone, the nurse after receiving written documentation regarding the incident will:

   a. Document in the incarcerated individual's medical record in the AHR section the exact actions of the patient.
   b. Notify the on-call physician and Security.

G. Discrepancies:

1. All medication errors will be resolved before the end of the tour.

2. A Medication Error report will be completed per HSPM 8.02, Medication Error Reporting.

3. The on-call physician will be notified when an error cannot be corrected before the end of the tour.

4. The Medication Error report detailing the problem and corrective actions must be left for the on-call physician to review.

5. A nurse may be asked to return to work before his/her scheduled tour to resolve Medication errors related to Methadone administration.

6. If there is Loss of Controlled Substances, the nurse must immediately notify the Nurse Administrator and the on-call physician. On off-tours and weekends, the Officer of the Day and the Watch Commander will be notified in accordance to Directives 2945, 4092, 4929, HSPM 3.01, NYCRR Title 10 Part 80.100, as well as the on-call physician.

H. Spillage/Vomit of Methadone

1. If there is spillage or vomiting of the Methadone solution, the nurse will inform the FHSD and OTP provider immediately

2. A Consultation Form #3194 documenting the specific circumstances of the medication loss will be faxed or scanned to the OTP

3. Once returned by the OTP, the DOCCS provider will review recommendations on the consultation form and write the new orders in the AHR so that the nurse can update the MAR.

I. Patients Requiring Dose Adjustment:

1. When a patient on MAT expresses any symptom of opiate withdrawal at the medication window, sick-call, or referred by a Corrections Officer, the patient will be assessed using the COW scale by a nurse and will be evaluated by a DOCCS provider as soon as possible.

2. For patients on Methadone, the Consultation Form stating the issue will be faxed/scanned to the OTP and a call should be made between the DOCCS provider and the OPT's provider to discuss the plan.

3. For patients on Buprenorphine, the DOCCS provider will assess the patient and determine the need for a dose adjustment.

4. The DOCCS provider will document any medication changes for Methadone or Buprenorphine in the AHR so that the MAR can be updated by the nurse.

J. Discontinuation of MAT:

1. Incarcerated individuals who elect to terminate voluntarily and prematurely from the program will be reviewed by the FHSD. In cases of patients on Methadone, the FHSD will consult with the OTP provider.

K. Staff Education and Training:

1. Licensed medical professionals shall be appropriately trained in the administration of MAT medication and the Policy. All Buprenorphine prescribers will have an X-waiver.

L. Discharge Planning:

1. A consent form will be signed by the incarcerated individual and faxed by the

NA or designee to the OTP, along with their date of release and address, so that the OTP can share information with the OTP closest to the incarcerated individual's address and an appointment can be made to ensure continuity of care.

2. Discharge planning for incarcerated individual's return to the community will be coordinated by the designated DOCCS OTP SURN for linkage to a Medication Assisted Therapy program in the community when there is no OTP to do so.

3. Incarcerated individuals will receive their dose of MAT medication, on the day of transfer prior to leaving the facility.

M. Disposal:

1. If there are extra or leftover doses, Lakeview SICF will record that the medication was disposed of (date, time, amount, reason, and for which patient) and dispose in the drop box provided in accordance with OASAS and DEA regulations.

N. Transfer to an Infirmary or Specialized Confinement Housing Units

1. Within the facility:

   a. Incarcerated individuals transferred to Specialized Confinement Housing Units or the Infirmary will be escorted to the medication room so that their MAT medication can be administered.
   b. Facilities with Specialized Confinement Housing Units, can keep the medication in a separate double locked cabinet designated for MAT medication in the Specialized Confinement Housing Units' medication room.

2. Transfer to another facility:

   a. LSICF will alert the OTP and the medical staff of the receiving infirmary or Specialized Confinement Housing Units prior to placement.
   b. Nurse Administrator or designee will complete form 3313, MAT Program Transfer. The form will then be emailed to the facility that the incarcerated individual is being transferred to.
   c. LSICF will be responsible for transporting the incarcerated individual's remaining MAT medications, MAR, and Accountability Sheets to the receiving facility in the locked box.
   d. Upon arrival to the receiving facility, the MAT medication will be immediately reconciled with a two-nurse count. If two nurses are not available, the narcotic count can be done with a nurse and a security

member in accordance with Directive 4929.

e. The receiving facility nurses will use the MAR and Accountability sheets that are provided in the lock box. These sheets and any additional doses of MAT medications must be returned to LSICF upon discharge from the infirmary or Specialized Confinement Housing Units. All items will be placed in a locked box provided at time of discharge.

f. The receiving facility medical staff will follow all MAT policies and procedures per their Facility Operating Manuals (FOM). LSICF's medical staff will be alerted with regards to any medication issues.

g. At the time the incarcerated individual is medically cleared to return to LSICF, the medical staff must be informed with a nurse-to-nurse discharge report.

h. Upon discharge, the remaining MAT medication will be transported back with the MAR and the accountability sheets in a locked box by security staff and brought to the medical.

i. The MAT medication will be immediately reconciled with a two-nurse count. If two nurses are not available, the count can be done with a nurse and a security staff member. Any discrepancy noted, the NA, FHSD and Watch Commander must be notified immediately.

j. In the rare event that an incarcerated individual is paroled/discharged from a facility other than the sending facility, the remaining MAT medication will be returned to LSICF for disposal.

k. Both facilities will require a key to access the locked box used for MAT medication transport. They key is to be placed on the restricted medication room nurses key rings for the medication room.

O. IASAT:

1. Incarcerated individuals in the Intensive Alcohol and Substance Abuse program (IASAT) will receive their medication in the holding area or in their individual cell to be determined by the LSICF provider.

NEW YORK STATE Corrections and Community Supervision **Marcy Correctional Facility**	FACILITY OPERATIONS MANUAL TITLE **MEDICATION ASSISTED TREATMENT**	FOM. NO. **15.24** DATE 10/21/21
SUPERSEDES MCF 15.24 dated 3/12/20	DISTRIBUTION **A**	PAGE 1 OF 6
REFERENCES Corresponding Directive(s): 4929 Health Services Policy: 3.08 Related ACA Standard(s):	APPROVING AUTHORITY	

I. **POLICY:** Incarcerated individuals will draft from Rikers Island CF with less than 2 years of incarceration remaining, who are on active medication assisted therapy (MAT) with methadone and transit through [redacted]. [redacted] CF will continue this therapy upon arrival on [redacted] until they are transferred to [redacted] CF on the following [redacted] The incarcerated individual will stay at [redacted] CF where their therapy will be continued until their intake is completed before being transferred to Marcy CF. Marcy will be the host facility and continue to ensure the safe and secure administration as well as accountability of methadone. The qualifying incarcerated individuals will be under the care of Beacon Center Opioid Treatment Program (OTP) and as such, supply the patient specific methadone dosing to Marcy Correctional Facility as described below.

II. **PROCEDURE:**

A. Methadone Maintenance/Detoxification

1. An eligibility list of qualifying incarcerated individuals will be generated by the Rikers Island to [redacted] CF and [redacted] CF to determine the admittance into Marcy MAT program. This list will need to be sent to Marcy Correctional Facility when the intake is completed so that proper medication can be obtained before the incarcerated individual arrives at Marcy CF.

2. When medically indicated, incarcerated individuals on Methadone maintenance at [redacted] CF will be received at Marcy Correctional Facility and will continue to be enrolled in Beacon Center OTP MAT Program.

3. [redacted] CF will ensure that all incarcerated individuals accepted for this program will receive their daily dose of methadone on the morning of their transfer of custody to Marcy CF prior to leaving [redacted] CF.

4. An intake medical screening will be completed by a Registered Nurse upon admittance to Marcy CF.

   Any observations of signs and symptoms of opiate withdrawal, using the Clinical Opiate Withdrawal (COW) scale will be communicated to the Beacon Center physician in a timely manner so that possible adjustments in the patient's methadone dosing can be considered. (See attached COW Scale)
   https://www.drugabuse.gov/sites/default/files/files/ClinicalOpiateWithdrawalScale.pdf

B. Logistics of Methadone Acquisition:

1. [redacted]

2. [redacted]

3. [redacted] A Record of Controlled Substances Administered (Form #3182) and a Change of Shift-Control/Count (Form #3184) will be prepared in accordance with DOCCS Directive #4929 and HSPM 3.08.

4. Any discrepancy between the amount received and the amount ordered or if it is determined that there has been damage to the medication, the on-call physician must be notified immediately.

5. The DOCCS Nurses will sign the enclosed Beacon Center Medication Administration Record form included [redacted] and return it to Beacon Center weekly. (Keep Copy)

6. The DOCCS Physician will review the recommendations and write the specific Methadone orders to be administered for each patient in the Ambulatory Health Care Record (AHR). A Medication Administration Record (MAR) (Form #3179) will be completed with the transcribed orders for each patient.

7. A copy of the monthly MAR and A Record of Controlled Substances Administered will be faxed or scanned monthly to Beacon Center and the original MAR will be filed in the AHR MISC Section.

C. Storage of Methadone:

1. [redacted]

D. Administration of Methadone:

1. Incarcerated individuals on Methadone will be called to the Medical Unit as per FOM 15.23 Medication Run.

2. Administration of medication will be given one at a time to avoid distraction and decrease the likelihood of spillage or diversion.

3. The incarcerated individual must show his photo ID as well as state his name and DIN.

4. Observe the incarcerated individual prior to administering his medication. If the incarcerated individual appears sedated, drowsy, cognitively impaired, or weak the physician must be alerted prior to giving Methadone.

5. The Methadone bottle will be labeled with incarcerated individual name, DIN and dose and confirmed with the patient prior to administration.

6. After the incarcerated individual ingests the medication, the incarcerated individual must ingest a glass of water. Ask him to clearly enunciate his name and DIN to confirm he has swallowed the medication.

7. The bottle in which the methadone was contained will be returned to the RN and properly discarded.

8. The RN will document medication administration in the MAR.

E. Diversion:

DOCCS has a zero-tolerance policy for Diversion. If an incarcerated individual is caught diverting methadone, the nurse after receiving written documentation regarding the incident will:

a. Document in the incarcerated individual's medical record in the AHR section the exact actions of the patient.

b. Notify the on-call physician and Security.

F. Discrepancies

1. All medication errors will be resolved before the end of the tour.

2. A Medication Error report will be completed per HSPM 8.02, Medication Error Reporting.

3. The on-call physician will be notified when an error cannot be corrected before the end of the tour.

4. The Medication Error report detailing the problem and corrective actions must be left for the on-call physician to review.

5. A nurse may be asked to return to work before his/her scheduled tour to resolve medication errors related to methadone administration.

6. If there is Loss of Controlled Substances, the nurse must immediately notify the Nurse Administrator and the on-call physician. On off-tours and weekends, the Officer of the Day and the Watch Commander will be notified in accordance to Directives 2945, 4092, 4929, HSPM 3.01, NYCRR Title 10 Part 80.100., as well as the on-call physician.

G. Spillage/Vomit of Methadone [1]

1. If there is spillage or vomiting of the Methadone solution, the nurse will inform the DOCCS physician and Beacon Center physician immediately.

2. Beacon Center will be consulted by the DOCCS physician if an additional dose is required. A consultation form will be faxed or scanned to Beacon Center. The Beacon Center – OTP physician will give dosing instructions that will be documented in the AHR by the DOCCS physician.

H. Patients Requiring Methadone Dose Adjustment:

1. When a patient on Methadone MAT expresses any symptom of Opiate withdrawal at the medication window, sick-call, or referred by any Facility Staff, the patient will be assessed using the COW scale by a nurse and will be evaluated by a physician as soon as possible.

2. The physician will fax or scan a Consultation Form to Beacon Center and a tele-med call with the patient will be arranged.

3. Beacon Center will inform the physician of the plan of action and return the Consultation form with that plan by fax to Marcy CF.
4. The physician will document any medication changes in the AHR.

H. Discontinuation of Methadone:

Incarcerated individuals who elect to voluntarily and prematurely terminate from the program will be reviewed by the on-call physician and Beacon Center.

I. Staff Education and Training:

Licensed medical professionals shall be appropriately trained in the administration of Methadone and the Policy.

J. Disposal:

[redacted]

K. Discharge Planning:

Discharge planning for incarcerated individuals returning to the community will be handled by the designated Marcy ORC for linkage to a Medication Assisted Therapy, methadone program in the community.

L. Continuity of Care:

1. Upon arrival of an incarcerated individual participating in the MAT program, the appropriate medical code should be entered by the facility health services staff into the system. The earliest release date (ERD) should be determined and communicated to the associated Opioid Treatment Provider (OTP) by the facility representative.

2. Community Prep begins 4 months prior to release. The facility must ensure that a discharge plan as it pertains to the OTP is incorporated into the Community Prep process as follows:

    - ORC will meet with the incarcerated individual to determine if they were previously receiving services in the community, from which OTP and whether there is a MAT program in the community that they would prefer.

3. When creating the Community Prep, the ORC will verify a MAT DP alert appears in CMS to indicate that the individual is a methadone participant.

- The Facility representative will notify the associated OTP of the upcoming release and request that a community OTP be identified in the area of release (if a previous provider is identified that should be provided to the OTP).
- If the associated OTP does not provide a discharge transition plan 2 months prior to release, the facility representative will follow up with the associated OTP.
- If the associated OTP has not provided a discharge transition plan at the 1 month prior to release mark, the facility representative will immediately notify both the Central Office Health Services Discharge Planning Office and the MAT Coordinator.
- The MAT Coordinator will track cases in which the OTP does not provide a discharge plan and report to the CMO.

4. If the associated OTP does not identify the transitional Community OTP, the Central Office Health Services Discharge Planning Unit and MAT Coordinator will use the search feature of the list of providers in order to identify the local OTP's. The information is searched on the OASAS website: (https://www.oasas.ny.gov/providerDirectory/index.cfm?search)

5. Once the OTP in the community has been identified, the associated OTP will complete the referral and advise the ORC upon completion. ORC will update CMS as noted above.

6. Once appointment has been established for releasing incarcerated individual, ORC will document provider name, address, contact person, appointment date and time in CMS program field, Chronos, and document that the incarcerated individual was advised of the appointment.

7. If the incarcerated individual participating in the MAT program is an immediate release or has an ERD of less than 4 months, the above time frames will be shortened, and the notifications made immediately upon receipt.

8. The Parole Officer assigned to the incarcerated individual identified as being in MAT program is responsible for ensuring that the information for the OTP in the community has been updated. If the information is missing, the Parole Officer will reach out to the facility to obtain such information and ensure continuity of care upon release.

NEW YORK STATE Corrections and Community Supervision **Marcy Correctional Facility**	FACILITY OPERATIONS MANUAL TITLE **Acquisition and Administration of Buprenorphine (Suboxone)**	FOM. NO. **15.29** DATE **10/21/21**
SUPERSEDES MCF 15.29 Dated 3/12/20	DISTRIBUTION **A**	PAGE **1 of 3**
REFERENCES **Directive #4929**	APPROVING AUTHORITY	

I. AUTHORITY: Superintendent

II. PURPOSE: To establish a uniform and secure means with Buprenorphine (Suboxone) for qualifying incarcerated individuals at Marcy Correctional Facility.

II. POLICY: Incarcerated individuals drafting into Marcy Correctional Facility who are on active Buprenorphine (Suboxone) will continue their therapy upon arrival to Marcy Correctional Facility. The qualifying Buprenorphine (Suboxone) incarcerated individuals will be under the direct care of Marcy Correctional Facility qualified prescribing providers.

III. PROCEDURE:

A. Acquisition of Buprenorphine (Suboxone):

1. A Physician with an X waiver will be the prescriber for Buprenorphine (Suboxone). The medication is to be ordered from Omnicare. The order must be done three (3) business days prior to the incarcerated individual(s) arrival.

2. The prescriber will order the Buprenorphine (Suboxone) using the FOB provided for E-Scribing. If unable to use the E-Form, the prescriber will physically write on a script.

3. The medication will be provided by Omnicare, our backup prescribing Pharmacy.

4. The medication will be delivered directly to the facility per the Omnicare contract.

5. When the medication is delivered to the Marcy C.F. lobby, a nurse will be called to pick up the medication.

6. The medication will be brought to medical and logged on to the Form #3182, per Directive #4929, “Controlled Drugs, Needles, Syringes, & Sharps”.

B. Administration of Buprenorphine (Suboxone):

1. Nursing is responsible for the administration of the MAT expansion Buprenorphine (Suboxone). The administration will take place at the Health Services medication window area. Medical staff will observe the incarcerated individual to ensure proper administration and security staff will be responsible to prevent diversion. Buprenorphine (Suboxone)

incarcerated individuals will be placed at the end of the medication run and will remain at the window until staff are satisfied that the medication was administered successfully. The incarcerated individual must show their photo ID as well as state their name and DIN. Incarcerated individuals housed in SHU and RMHU will be brought out and placed in a restart chair or a therapeutic cube. Medication will be administered following the established 1:1 protocol.

2. The incarcerated individual will be observed prior to administering medication. If the incarcerated individual appears sedated, drowsy, cognitively impaired, or weak, the physician must be alerted prior to giving the medication.

3. The medication will be labeled with incarcerated individual name, DIN, and dose and confirmed with the incarcerated individual prior to administration.

   Buprenorphine (Suboxone):

   - The incarcerated individual is not allowed to handle the medication. Their hands must be on the table/counter throughout the duration of the process.

   - The incarcerated individual is required to drink a cup of water before and after taking the Buprenorphine (Suboxone).

   - A nurse will check the incarcerated individual's mouth with a flashlight for the presence of cotton, bread, or other substance before the administration of the medication.

   - The Buprenorphine (Suboxone) is placed by the nurse under the tongue (sublingual). The nurse will check the incarcerated individual's mouth for the second time using a flashlight to assure swallowing has taken place.

4. The incarcerated individual will be observed for at least 5 minutes after administration to ensure the absence of ill effects, reduce the chances of diversion, and ensure the film is completely dissolved.

5. The RN will document the medication administration in the Medication Administration Record (Form 3179).

6. A Record of Controlled Substances Administered (Form 3182) and a Change of Shift Control/Count (Form 3184) will be prepared in accordance with DOCCS Directive 4929 "Controlled Drugs, Needles, Syringes & Sharps".

C. Continuity of Care:

1. Upon arrival of an incarcerated individual participating in the MAT program, the appropriate medical code should be entered by the facility health services staff into the system. The earliest release date (ERD) should be determined and communicated to

the Central Office Health Services Discharge Planning Unit and MAT coordinator by the facility.

- ORC will meet with the incarcerated individual to determine if they were previously receiving services in the community, from which provider and whether there is a MAT program in the community that they would prefer.

- The facility representative will notify the Central Office Health Services Discharge Planning Unit and MAT coordinator of the upcoming release and request that a Community provider be identified in the area of release (if a previous provider is identified that information should be provided).

- If the Central Office Health Services Discharge Planning Unit and MAT coordinator does not provide a discharge transition plan 2 months prior to release, the facility representative will follow up with the Central Office Health Services.

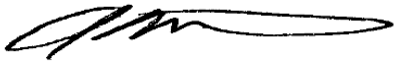
2. The Central Office Health Services Discharge Planning Unit and MAT coordinator will use the search feature of the list of providers in order to identify the local Opioid Treatment Providers (OTP). The information is searched on the OASAS website: (https://www.oasas.ny.gove/providerDirectory/index.cfm?search_type=2)

3. Once the provider in the community has been identified, the Central Office Health Services Discharge Planning and MAT coordinator will complete the referral and advise the ORC completion. ORC will update CMS as noted above.

4. Once appointment has been established for releasing incarcerated individual, ORC will document provider name, address, contact person, appointment date and time in CMS program field, chronos, and document that the incarcerated individual was advised of the appointment.

5. If the incarcerated individual participating in the MAT program is an immediate release or has an ERD of less than 4 months, the above time frames will be shortened, and the notifications made immediately upon receipt.

6. The Parole Officer assigned to the incarcerated individual identified as being in MAT program is responsible for ensuring that the information for the community provider has been updated, If the information is missing, the Parole Officer will reach out to the facility to obtain such information and ensure continuity of care upon release.

NEW YORK STATE Corrections and Community Supervision **Mohawk Correctional Facility**	FACILITY OPERATIONS MANUAL TITLE **Medication Assisted Treatment**	FOM. NO. **5.19** DATE 03/02/22
SUPERSEDES FOM Dtd 10/14/21	DISTRIBUTION A & B	PAGE Page 1 of 8
REFERENCES Directives: Corresponding Directive(s): 4929 Health Services Policy: 3.08 Relates ACA Standard(s)	APPROVING AUTHORITY  Acting Superintendent	

I. PURPOSE: To establish a procedure for accepting, storage and administration of Medication Assisted Treatment with Methadone or Buprenorphine for identified incarcerated individuals at Mohawk Correctional Facility (MCF).

II. POLICY: Incarcerated individuals (I/I) drafting from a reception facility who are currently on active Medication Assisted Treatment (MAT) with Methadone or Buprenorphine will continue their therapy upon entry to Mohawk Correctional Facility. Sending facilities will continue the therapy until they arrive at MCF. MAT treatment will be provided at Mohawk to eligible participants.

III. PROCEDURE:

A. Methadone/ Buprenorphine Maintenance:

1. When medically indicated, (I/I) on Methadone/ Buprenorphine treatment will be received at MCF and will continue to be enrolled in the MAT Program.

2. An eligibility list of qualifying (I/I) will be generated by the Department of Class and Movement to determine admittance into MCF's MAT Program.

3. Once notified, the Health Class Analysists will forward the information to the Mohawk Correctional Facility Incarcerated Individual Records Coordinator (IRC), Deputy Superintendent of Health (DSH), Nurse Administrator (NA) and Facility Health Service Director (FHSD). MCF will be given one week's notice so that medication can be obtained prior to the incarcerated individual's arrival at the facility.

4. The sending facility will ensure that all (I/I) accepted for this program will receive their daily dose of Methadone or Buprenorphine on the day of their transfer of custody to MCF.

5. An intake medical screening will be completed by a Registered Nurse upon admittance to MCF.

6. Any observations of signs and symptoms of opiate withdrawal, using the Clinical Opiate Withdrawal (COW) scale will be communicated to the Opioid Treatment

Program (OTP) provider in a timely manner so that possible adjustments in the I/I's Methadone dosing can be considered. (See attached COW Scale) http://www.drugabuse.gov/sites/default/files/files/ClinicalOpiateWithdrawalScale.pdf

B. Logistics of Methadone Acquisition:

1. Methadone will be picked up by MCF from the OTP in a locked secure box. The locked box will contain the individually labeled Methadone bottles and an order form with the names of the I/Is and their dosage.

2. The keys for the locked box will be located at the OTP and on the MCF Restricted Infirmary Medication Room nurse's key ring only (A&B sets).

3. Upon arrival of the Methadone to MCF, there will be a two-nurse count of the contents of the locked box. In the event of only one Nurse on duty, the count will be performed with a member of the Security or Pharmacy staff. A Record of Controlled Substances Administered (Form #3182) and a Change of Shift-Control/Count (Form #3184) will be prepared in accordance with DOCCS Directive 4929 and HSPM 3.08.

4. Any discrepancy between the amount received and the amount ordered or damage to the medication, the FHSD, DSH, NA and the provider at the OTP must be notified immediately.

5. The DOCCS Nurses will sign the enclosed OTP Medication Administration Record form included in the lock box and return it to the OTP weekly. A copy must be kept on file.

6. A MCF provider will review the recommendations and write the specific Methadone orders to be administered for each I/I in the Ambulatory Health Care Record (AHR). A Medication Administration Record (MAR) (Form #3179) will be completed with the transcribed orders for each I/I.

7. A copy of the monthly MAR and a Record of Controlled Substances Administered will be faxed or scanned monthly to the OTP and the original MAR will be filed in the AHR MISC Section. Once scanned, a note should be added to the MAR that it has been scanned to the OTP with date and time along with signature of NA or designee.

C. Logistics of Buprenorphine Acquisition:

1. Providers need to have the X-waiver (an X number on their DEA License which signifies their ability to prescribe and administer Buprenorphine).

2. Providers also need to have e-prescribing capability so that they can electronically send the prescription to a pharmacy such as Omnicare or Cardinal.

3. Upon arrival of the Buprenorphine to MCF, the medication will be counted under dual control (two nurses). If there is just one nurse on duty, the count will be conducted with a member of the security or pharmacy staff. A Record of Controlled Substances Administered (Form #3182) and a Change of Shift-Control/Count (Form #3184) will be prepared in accordance with DOCCS Directive 4929 and HSPM 3.08.

4. Any discrepancy between the amount received and the amount ordered or damage to the medication, the FHSD, NA and the pharmacy (Omnicare or Cardinal) must be notified immediately.

5. The DOCCS Nurses will sign the enclosed OTP Medication Administration Record form included in the lock box and return it to the OTP weekly. A copy must be kept on file.

6. A MCF provider will review the recommendations and write the specific Methadone orders to be administered for each I/I in the AHR. A MAR (Form #3179) will be completed with the transcribed orders for each I/I.

7. A copy of the monthly MAR and a Record of Controlled Substances Administered will be faxed or scanned monthly to the OTP by the NA or designee. Once scanned, a date, time, and person scanning document will be place on the document. The original MAR will be filed in the AHR MISC Section.

D. Storage of MAT medications (Methadone/Buprenorphine):

1. The Methadone and Buprenorphine are not to be stored with any other medications or sharps. They will be placed separately in their own section of the double-locked cabinet in the Infirmary Medication Room and be accounted for as per DOCCS Directive #4929.

2. Each Methadone bottle will be sealed with a numbered security seal. The seal number will be notated on the Accountability forms mentioned above.

E. Administration of Methadone and Buprenorphine:

1. Nursing is responsible for administering MAT in a secure site. Security will participate in the process to address the risk of diversion.

2. Administration of medication will be given per 1:1 medication administration protocol to avoid distraction and decrease the likelihood of spillage or diversion.

3. The I/I must show photo ID as well as enunciate their name and DIN.

4. The nurse will observe the I/I prior to administering the medication. If the I/I appears to be sedated, drowsy, cognitively impaired, or weak, the I/I will be immediately assessed using the COW scale. **A score of 25 or above requires immediate notification of the FHSD, DOCCS provider and the OTP's provider. The medication must not be administered until they are assessed by the facility's provider.**

5. *Methadone:*
   a. The Methadone bottle will be labeled with the incarcerated individual's name, DIN # and dose and confirmed with the I/I prior to administration.
   b. They are then asked to drink a cup of water before and after taking the Methadone. After the dose is given to the I/I the vial will be filled with water and to the same I/I to drink. The nurse will then perform a mouth check and ask the I/I to clearly enunciate their name and DIN to confirm consumption of the medication.
   c. The I/I will sit for 10-15 minutes so that they can be observed for any issues and to ensure digestion.
   d. The bottle in which the Methadone was contained will be returned to the RN so that the label can be removed and shredded, and the bottle properly discarded.

6. *Buprenorphine:*
   a. The I/I will be given a cup of water to drink before the nurse does a mouth check with a flashlight.
   b. The Subutex (crushed pill) or Suboxone (film) is then placed by the nurse under the tongue of the I/I.
   c. The I/I must have their arms to their side on or a table during this time and be observed closely to prevent diversion.
   d. The nurse must perform mouth checks with the flashlight to confirm that the medication is dissolving.
   e. Once the medication is dissolved, the I/I is asked to drink a cup of water and enunciate their name and DIN.
   f. The I/I is then observed for 10-15 minutes after administration to ensure the absence of ill effects and reduce the chances of diversion.
   g. Post ingestion, the I/I will be escorted back to their housing unit/assignment.
   h. As the number of (I/I) increases, the medication can be administered to several (I/I) simultaneously, to shorten the medication administration time.
   i. They are to be evenly and appropriately spaced on a bench or standing against a wall with their hands to their sides. Security must be diligent in observing the group for diversion.

7. The RN will document the MAT medication administration in the MAR.

F. Diversion:

1. If an I/I is observed to be diverting the medication, the nurse will:

   a. Document exact actions of the I/I in the I/I's medical record in the AHR section.
   b. Notify the FHSD and NA.

G. Discrepancies:

1. The NA and provider must be notified immediately, and the error resolved before the end of the tour.

2. A Medication Error report will be completed per HSPM 8.02, Medication Error Reporting.

3. The Medication Error report detailing the problem and corrective actions must be given to the provider to review.

4. A nurse may be asked to return to work before their scheduled tour to resolve Medication errors.

5. If there is Loss of Controlled Substances, the nurse must immediately notify the Nurse Administrator, provider and Watch-Commander. On off-tours and weekends, the Officer of the Day and Watch Commander will be notified in accordance with Directives 2945, 4092, 4929, HSPM 3.01, NYCRR Title 10 Part 80.100, as well as the on-call provider.

H. Spillage/Vomit of Methadone

1. If there is spillage or vomiting of the Methadone solution, the nurse will inform the FHSD and OTP provider immediately.

2. A Consultation Form #3194 documenting the specific circumstances of the medication loss will be faxed or scanned to the OTP.

3. Once returned by the OTP, the DOCCS provider will review recommendations on the consultation form and write the new orders in the AHR. The nurse will note the orders and update the MAR.

I. I/Is Requiring Dose Adjustment:

1. When a I/I on MAT expresses any symptom of opiate withdrawal at the medication window, sick-call, or during emergency sick call, the I/I will be assessed using the COW scale by a nurse and will be evaluated by a DOCCS provider as soon as possible.

2. For I/Is on Methadone, the Consultation Form stating the issue will be faxed/scanned to the OTP and a call should be made between the DOCCS provider and the OPT's provider to discuss the plan.

3. For I/Is on Buprenorphine, the DOCCS provider will assess the I/I and determine the need for a dose adjustment.

4. The DOCCS provider will document any medication changes for Methadone or Buprenorphine in the AHR. The nurse will note the orders and update the MAR.

J. Discontinuation of MAT:

1. (I/I) who elect to terminate voluntarily and prematurely from the program will be reviewed by the FHSD. In cases of I/Is on Methadone, the FHSD will consult with the OTP provider.

K. Staff Education and Training:

1. Licensed medical professionals shall be appropriately trained in the administration of MAT medication and the Policy. All Buprenorphine prescribers will have an X-waiver.

L. Discharge Planning:

1. A consent form will be signed by the I/I and faxed by the NA or designee to the OTP, along with their date of release and address, so that the OTP can share information with the OTP closest to the I/I's address and an appointment can be made to ensure continuity of care.

2. Discharge planning for I/I's return to the community will be coordinated by the designated DOCCS OTP SURN for linkage to a MAT program in the community when there is no OTP to do so.

3. (I/I) will receive their dose of MAT medication, on the day of transfer prior to leaving the facility.

M. Disposal:

1. If there are remaining doses, MCF will record that the medication was disposed of (date, time, amount, reason, and for which I/I) and dispose in the drop box provided in

accordance with OASAS and DEA regulations.

N. Transfer to an Infirmary or Specialized Confinement Housing Units

1. Within the facility:

a. (I/I) transferred to Specialized Confinement Housing Units or the Infirmary will be escorted to the medication room so that their MAT medication can be administered.

Attachment A

Clinical Opiate Withdrawal Scale

For each item, circle the number that best describes the patient's signs or symptom. Rate on just the apparent relationship to opiate withdrawal. For example, if heart rate is increased because the patient was jogging just prior to assessment, the increase pulse rate would not add to the score.

Patient's Name:_____ Date and Time ____/____/____:_____

Reason for this assessment:_____

Resting Pulse Rate: _____beats/minute *Measured after patient is sitting or lying for one minute* 0 pulse rate 80 or below 1 pulse rate 81-100 2 pulse rate 101-120 4 pulse rate greater than 120	**GI Upset:** *over last 1/2 hour* 0 no GI symptoms 1 stomach cramps 2 nausea or loose stool 3 vomiting or diarrhea 5 multiple episodes of diarrhea or vomiting
Sweating: *over past 1/2 hour not accounted for by room temperature or patient activity.* 0 no report of chills or flushing 1 subjective report of chills or flushing 2 flushed or observable moistness on face 3 beads of sweat on brow or face 4 sweat streaming off face	**Tremor** *observation of outstretched hands* 0 no tremor 1 tremor can be felt, but not observed 2 slight tremor observable 4 gross tremor or muscle twitching
Restlessness *Observation during assessment* 0 able to sit still 1 reports difficulty sitting still, but is able to do so 3 frequent shifting or extraneous movements of legs/arms 5 unable to sit still for more than a few seconds	**Yawning** *Observation during assessment* 0 no yawning 1 yawning once or twice during assessment 2 yawning three or more times during assessment 4 yawning several times/minute
Pupil size 0 pupils pinned or normal size for room light 1 pupils possibly larger than normal for room light 2 pupils moderately dilated 5 pupils so dilated that only the rim of the iris is visible	**Anxiety or Irritability** 0 none 1 patient reports increasing irritability or anxiousness 2 patient obviously irritable or anxious 4 patient so irritable or anxious that participation in the assessment is difficult
Bone or Joint aches *If patient was having pain previously, only the additional component attributed to opiates withdrawal is scored* 0 not present 1 mild diffuse discomfort 2 patient reports severe diffuse aching of joints/muscles 4 patient is rubbing joints or muscles and is unable to sit still because of discomfort	**Gooseflesh skin** 0 skin is smooth 3 piloerrection of skin can be felt or hairs standing up on arms 5 prominent piloerrection
Runny nose or tearing *Not accounted for by cold symptoms or allergies* 0 not present 1 nasal stuffiness or unusually moist eyes 2 nose running or tearing 4 nose constantly running or tears streaming down cheeks	Total Score _____ The total score is the sum of all 11 items Initials of person completing assessment: _____

Score: 5-12 = mild; 13-24 = moderate; 25-36 = moderately severe; more than 36 = severe withdrawal

This version may be copied and used clinically.

Journal of Psychoactive Drugs Volume 35 (2), April - June 2003

Source: Wesson, D. R., & Ling, W. (2003). The Clinical Opiate Withdrawal Scale (COWS). *J Psychoactive Drugs*, 35(2), 253–9.

NEW YORK STATE Corrections and Community Supervision Orleans Correctional Facility	FACILITY OPERATIONS MANUAL TITLE **Medication-Assisted Treatment**	FOM. NO. 116 DATE: 12/8/21
SUPERSEDES	DISTRIBUTION A	PAGE Page 1 of 8
REFERENCES Directives: Corresponding Directive(s): 4929 Health Services Policy: 3.08,8.02 Relates ACA Standard(s)	APPROVING AUTHORITY	

I. **PURPOSE:** To establish a procedure for accepting, storage and administration of Medication Assisted Treatment with Methadone or Buprenorphine for identified incarcerated individuals at Orleans Correctional facility (OCF).

II. **POLICY:** Incarcerated individuals drafting from a reception facility who are currently on active Medication Assisted Treatment (MAT) with Methadone or Buprenorphine will have their therapy continued upon entry to Orleans Correctional Facility. The sending facilities will continue the therapy until they arrive at OCF. MAT treatment will be provided at OCF to eligible participants.

I. **PROCEDURE:**

A. Methadone/ Buprenorphine Maintenance:

1. When medically indicated, incarcerated individuals on Methadone/ Buprenorphine treatment will be received at OCF and will continue to be enrolled in the MAT Program.

2. An eligibility list of qualifying incarcerated individuals will be generated by the Department of Class and Movement to determine admittance into Orleans' MAT Program.

3. Once notified, the Health Class Analysists will forward the information to the Orleans Correctional Facility Incarcerated Individual Records Coordinator (IRC), Nurse Administrator (NA) and Facility Health Service Director (FHSD). OCF will be given one week's notice so that medication can be obtained prior to the incarcerated individual's arrival at the facility.

4. The sending facility will ensure that all incarcerated individuals accepted for this program will receive their daily dose of Methadone or Buprenorphine on the day of their transfer of custody to OCF.

5. An intake medical screening will be completed by a Registered Nurse upon admittance to OCF.

6. Any observations of signs and symptoms of opiate withdrawal, using the Clinical Opiate Withdrawal (COW) scale will be communicated to the OTP physician in a timely manner so that possible adjustments in the patient's Methadone dosing can be considered. (See attached COW Scale) http://www.drugabuse.gov/sites/default/files/files/ClinicalOpiateWithdrawalScale.pdf

B. Logistics of Methadone Acquisition:

1. [redacted]

2. [redacted]

3. [redacted] A Record of Controlled Substances Administered (Form #3182) and a Change of Shift-Control/Count (Form #3184) will be prepared in accordance with DOCCS Directive 4929 and HSPM 3.08.

4. Any discrepancy between the amount received and the amount ordered or if it is determined that there has been damage to the medication, the FHSD, NA and the provider at the OTP must be notified immediately.

5. [redacted]

6. The OCF provider will review the recommendations and write the specific Methadone orders to be administered for each patient in the Ambulatory Health Care Record (AHR). A Medication Administration Record (MAR) (Form #3179) will be completed with the transcribed orders for each patient.

7. A copy of the monthly MAR and a Record of Controlled Substances Administered will be faxed or scanned monthly to the OTP and the original MAR will be filed in the AHR MISC Section. Once scanned, a note should be added to the MAR that it has been scanned to the OTP with date and time.

C. Logistics of Buprenorphine Acquisition:

1. Providers need to have the X-waiver (an X number on their DEA License which signifies their ability to prescribe and administer Buprenorphine).

2. Providers also need to have e-prescribing capability so that they can electronically send the prescription to a pharmacy such as Omnicare or Cardinal.

3. Upon arrival of the Buprenorphine to OCF, there will be a 2-Nurse count of the medication. In the event of only 1 Nurse on duty, the count will be performed with a member of the Security staff. A Record of Controlled Substances Administered (Form #3182) and a Change of Shift-Control/Count (Form #3184) will be prepared in accordance with DOCCS Directive 4929 and HSPM 3.08.

4. Any discrepancy between the amount received and the amount ordered or if it is determined that there has been damage to the medication, the on-call physician at OTP must be notified immediately.

5. The DOCCS Nurses will sign the enclosed OTP Medication Administration Record form included [redacted] and return it to the OTP weekly. (Keep Copy)

6. An OCF provider will review the recommendations and write the specific Methadone orders to be administered for each patient in the Ambulatory Health Care Record (AHR). A Medication Administration Record (MAR) (Form #3179) will be completed with the transcribed orders for each patient.

7. A copy of the monthly MAR and a Record of Controlled Substances Administered will be faxed or scanned monthly to the OTP and the original MAR will be filed in the AHR MISC Section.

D. Storage of MAT medications Methadone/ Buprenorphine:

1. [redacted]

2. [redacted]

E. Administration of Methadone and Buprenorphine:

1. Nursing and Security will be responsible for administering MAT in a secure site.

2. Administration of medication will be given per 1:1 medication administration protocol to avoid distraction and decrease the likelihood of spillage or diversion.

3. The incarcerated individual must show photo ID as well as state his/her name and DIN.

4. Observe the incarcerated individual prior to administering the medication. If the incarcerated individual appears sedated, drowsy, cognitively impaired, or weak, the incarcerated individual will be immediately assessed using the COW scale. **A score of 25 or above requires immediate notification of the FHSD, DOCCS provider and the OTP's provider. The medication must not be administered until they are assessed by the facility's provider.**

5. *Methadone:*
   a. The Methadone bottle will be labeled with the incarcerated individual's name, DIN # and dose and confirmed with the patient prior to administration
   b. They are then asked to drink a cup of water before and after taking the Methadone. The nurse will then perform a mouth check and ask the incarcerated individual to clearly enunciate their name and DIN to confirm consumption of the medication.
   c. The incarcerated individual will sit for 10-15 minutes so that they can be observed for any issues and to ensure digestion.
   d. The bottle in which the Methadone was contained will be returned to the RN so that the label can be removed and shredded, and the bottle properly discarded.

6. *Buprenorphine:*
   a. The incarcerated individual will be given a cup of water to drink before the nurse does a mouth check with a flashlight.
   b. The Subutex (crushed pill) or Suboxone (film) is then placed by the nurse under the tongue of the incarcerated individual.
   c. The incarcerated individual must have their arms to their side on or a table during this time and be observed closely to prevent diversion.
   d. The nurse must perform mouth checks with the flashlight to confirm that the medication is dissolving.
   e. Once dissolved, the incarcerated individual is asked to drink a cup of water and enunciate his name and DIN.
   f. The incarcerated is then observed for 10-15 minutes after administration to ensure the absence of ill effects and reduce the chances of diversion.
   g. Post ingestion, the patient will be escorted back to their housing unit/assignment.
   h. As the number of incarcerated individuals increases, the medication can be administered to several incarcerated individuals simultaneously, to shorten the medication administration time.
   i. Patients are to be evenly and appropriately spaced on a bench or standing against a wall with their hands to their sides. Security must be diligent in observing the group for diversion.

7. The RN will document the MAT medication administration in the MAR.

F. Diversion

1. DOCCS has a zero-tolerance for Diversion. If an incarcerated individual is observed to be diverting Methadone, the nurse will:

    a. Document exact actions of the patient in the incarcerated individual's medical record in the AHR section.
    b. Notify the Facility Health Director and security.

G. Discrepancies:

1. All medication errors will be resolved before the end of the tour.

2. A Medication Error report will be completed per HSPM 8.02, Medication Error Reporting.

3. The on-call physician will be notified when an error cannot be corrected before the end of the tour.

4. The Medication Error report detailing the problem and corrective actions must be left for the on-call physician to review.

5. A nurse may be asked to return to work before his/her scheduled tour to resolve Medication errors related to Methadone administration.

6. If there is Loss of Controlled Substances, the nurse must immediately notify the Nurse Administrator and the on-call physician. On off-tours and weekends, the Officer of the Day and the Watch Commander will be notified in accordance with Directives 2945, 4092, 4929, HSPM 3.01, NYCRR Title 10 Part 80.100, as well as the on-call physician.

H. Spillage/Vomit of Methadone

1. If there is spillage or vomiting of the Methadone solution, the nurse will inform the FHSD and OTP provider immediately.

2. A Consultation Form #3194 documenting the specific circumstances of the medication loss will be faxed or scanned to the OTP

3. Once returned by the OTP, the DOCCS provider will review recommendations on the consultation form and write the be orders in the AHR so that the nurse can update the MAR.

I. Patients Requiring Dose Adjustment:

1. When a patient on MAT expresses any symptom of opiate withdrawal at the medication window, sick-call, or referred by a Corrections Officer, the patient will be assessed using the COW scale by a nurse and will be evaluated by a DOCCS provider as soon as possible.

2. For patients on Methadone, the Consultation Form stating the issue will be faxed/scanned to the OTP and a call should be made between the DOCCS provider and the OPT's provider to discuss the plan.

3. For patients on Buprenorphine, the DOCCS provider will assess the patient and determine the need for a dose adjustment.

4. The DOCCS provider will document any medication changes for Methadone or Buprenorphine in the AHR so that the MAR can be updated by the nurse.

J. Discontinuation of MAT:

1. Incarcerated individuals who elect to terminate voluntarily and prematurely from the program will be reviewed by the FHSD. In cases of patients on Methadone, the FHSD will consult with the OTP provider since Methadone dosing changes are determined by the OTP providers.

K. Staff Education and Training:

1. Licensed medical professionals shall be appropriately trained in the administration of MAT medication and the Policy. All Buprenorphine prescribers will have an X-waiver.

L. Discharge Planning:

1. A consent form will be signed by the incarcerated individual and faxed by the NA or designee to the OTP, along with their date of release and address, so that the OTP can share information with the OTP closest to the incarcerated individual's address and an appointment can be made to ensure continuity of care.

2. Discharge planning for incarcerated individual's return to the community will be coordinated by the designated DOCCS OTP SURN for linkage to a Medication Assisted Therapy program in the community when there is no OTP to do so.

3. Incarcerated individuals will receive their dose of MAT medication, on the day of transfer prior to leaving the facility.

M. Disposal:

1. If there are extra or leftover doses, OCF will record that the medication was disposed of (date, time, amount, reason, and for which patient) and dispose in the drop box provided in accordance with OASAS and DEA regulations.

N. Transfer to an Infirmary or Specialized Confinement Housing Units

1. Within the facility:

   a. Incarcerated individuals transferred to Specialized Confinement Housing Units or the Infirmary will be escorted to the medication room so that their MAT medication can be administered.
   b. Facilities with Specialized Confinement Housing Units, can keep the medication in a separate double locked cabinet designated exclusively for MAT medication in the Specialized Confinement Housing Units' medication room.

2. Transfer to another facility:

   a. OCF will alert the OTP and the medical staff of the receiving infirmary or Specialized Confinement Housing Units prior to placement.
   b. Nurse Administrator or designee will complete form 3313, MAT Program Transfer. The form will then be emailed to the facility that the incarcerated individual is being transferred to.
   c. [redacted]
   d. Upon arrival to the receiving facility, the MAT medication will be immediately reconciled with a two-nurse count. If two nurses are not available, the narcotic count can be done with a nurse and a security member in accordance with Directive 4929.
   e. [redacted]
   f. The receiving facility medical staff will follow all MAT policies and procedures per their Facility Operating Manuals (FOM). OCF's medical staff will be alerted with regards to any medication issues.
   g. At the time the incarcerated individual is medically cleared to return to OCF, the medical staff must be informed with a nurse-to-nurse discharge report.

h. Upon discharge, the remaining MAT medication will be transported back with the MAR and the accountability sheets [redacted] by security staff and brought to the medical.

i. The MAT medication will be immediately reconciled with a two-nurse count. If two nurses are not available, the count can be done with a nurse and a security staff member. Any discrepancy noted, the NA, FHSD and Watch Commander must be notified immediately.

j. In the rare event that an incarcerated individual is paroled/discharged from a facility other than the sending facility, the remaining MAT medication will be returned to OCF for disposal.

k. [redacted]

New York State Correctional Facility
Medication Assisted Treatment
Pre-Release Pilot Program

NYS Department of Corrections & Community Supervision

Orleans Correctional Facility

NYS Office of Alcoholism & Substance Abuse Services

Genesee/Orleans Council on Alcoholism and Substance Abuse, Inc.

PURPOSE

The purpose of the Medication Assisted Treatment (MAT) Pre-Release Pilot Program is to provide treatment transition for persons identified as suffering from opioid use disorder reentering communities from the correctional facility. This document specifies the process that will be followed by all parties involved to achieve this goal.

DEFINITIONS

Medication Assisted Treatment (MAT): The use of medications with counseling and behavioral therapies to treat substance use disorder. Extended release injectable naltrexone is a medication available to treat both opiate and alcohol addiction. It blocks other opioids from acting on the receptors in the brain and can also help ease drug cravings. By blocking the effects of opioids, it takes away the pleasurable effect, which can help with preventing relapse. Although it is not fully understood as to why an opioid antagonist works in treating alcoholism, it is believed that extended release injectable naltrexone blocks the pleasurable effects of alcohol by blocking the release of endorphins caused by alcohol.

MAT provider staff member: The MAT provider staff member is an employee of Genesee/Orleans Council on Alcoholism and Substance Abuse, Inc. and manages admission and discharge duties. This person, depending on specific circumstances, may or may not be the MAT Clinician or MAT RN.

Client: For purposes of this MAT Pre-Release Pilot Program, client shall mean persons incarcerated at Orleans Correctional Facility, under the jurisdiction of the Department of Corrections and Community Supervision (DOCCS), that meet program eligibility and volunteer to participate in this program.

Licensed Prescriber: The Licensed Prescriber (LP) is an employee of Genesee/Orleans Council on Alcoholism and Substance Abuse, Inc. and is primarily responsible for client medical care related to participation in the pilot program to include: assessing for program eligibility, conducting a history and physical, and prescribing and administering medication.

MAT Clinician: The MAT clinician is an employee of Genesee/Orleans Council on Alcoholism and Substance Abuse, Inc., who is a clinician with expertise in the treatment of substance use disorder (SUD).

MAT Registered Nurse: The MAT Registered Nurse (RN) is an employee of Genesee/Orleans Council on Alcoholism and Substance Abuse, Inc. and is a registered nurse with expertise in the treatment of substance use disorder (SUD).

Offender Rehabilitation Coordinator: The Offender Rehabilitation Coordinator (ORC) is an employee of the DOCCS facility and is the primary counselor to persons incarcerated at Orleans Correctional Facility.

Motivational Enhancement Therapy (MET): A systematic intervention for evoking positive change in individuals struggling with a substance use disorder. This approach is designed to produce rapid,

internally motivated change. MET employs motivational strategies to mobilize the client's own change resources and will be used with all MAT Pre-Release Pilot Program participants throughout their treatment episode.

PARTICIPANT SELECTION

The MAT Pre-Release Pilot Program will be available to selected Orleans Correctional Facility clients, as defined herein, on a voluntary basis. At this time, participation is limited to clients in the parole diversion program. Clients must have a primary diagnosis of opioid use disorder, be determined medically appropriate, agree to enhanced treatment services while residing at Orleans Correctional Facility and agree to a referral to ambulatory MAT services upon release. Enhanced treatment services will consist of a weekly MAT support group which will include supportive counseling and education on opioid use disorder and the use of medication to support individual recovery. Additionally, clients participating in the pilot program will be required to complete up to six individual MET sessions. This information will be provided to all potential participants in an orientation seminar conducted by Genesee/Orleans Council on Alcoholism and Substance Abuse, Inc..

All clients attending the orientation will receive information regarding treatment with extended release injectable naltrexone, will be educated about the drug, its protective factors, how it is administered, what the contraindications are and associated risks. All clients attending the orientation should be provided with information on overdose avoidance, reversal and other information to reduce the risk of harm from continued opioid use.

TREATMENT PROTOCOL

1. DOCCS ORC will forward a list of names of all potential clients entering the DOCCS facility with opioid use history to the designated MAT provider staff member, as soon as feasible, but no later than within four business days, after the potential client arrives at the facility.
2. The designated MAT provider staff member will provide basic education on the Orleans Correctional Facility MAT Pre-Release Pilot program medication-assisted treatment options to those potential clients identified as having opioid use history, no later than five business days after receiving the list of names. The MAT Clinician will determine whether or not potential clients have a primary diagnosis of opioid use disorder.
3. Within five business days of admission, the MAT Clinician will provide further education to the client and assess appropriateness and motivation for participation in the MAT Pre-Release Pilot Program.
4. The MAT Clinician will complete a Orleans Correctional Facility Medication Assisted Treatment (MAT) Pre-Release Pilot Program Consent Form for all clients volunteering to participate in the program. A copy of this consent will be provided to the ORC staff and Medical Department.
5. The MAT Clinician will provide a referral to the MAT RN for all clients volunteering to participate in the program.
6. The names of potential clients, who have an opioid use disorder but who are unmotivated or ambivalent about participating in the MAT Pre-Release Pilot Program, will be emailed to the ORC and to the DOCCS research staff.

7. The MAT Clinician will conduct a follow up counseling session with each client to further explore their lack of motivation and/or ambivalence toward MAT. Any change in motivation/ambivalence will be communicated to the ORC and step 4 will be repeated.
8. The MAT RN and/or the Licensed Prescriber will request specific medical tests be conducted by DOCCS medical staff for purposes of assessing client eligibility for participation in the program.
9. DOCCS medical staff will make any test results available to the MAT Clinician, MAT RN and Licensed Prescriber as well as each patients Primary Care Provider
10. Within five business days of the referral, the MAT RN will meet with each client referred to provide further education and to conduct a detailed nursing screening (to include clinical labwork) to determine any factors that might prevent the client from participating in the MAT Pre-Release Pilot Program.
11. Within five business days of the nursing screening, the client will be scheduled for a History & Physical with the Licensed Prescriber to determine appropriateness to begin MAT.
12. Upon completion of the History & Physical, and once determination is made that client has met all eligibility factors to enroll in MAT, ORC will be notified of client's enrollment in order for ORC to notify the field PO of client's enrollment in MAT, as well as to give ORC opportunity to update spreadsheet that will be used to capture the enrollment information which will be utilized during conference calls as outlined in the DATA COLLECTION section of this document.
13. When medically appropriate, the Licensed Prescriber will complete a prescription for extended release injectable naltrexone.
14. Upon issuance of a prescription, the MAT clinician will begin a person-centered care plan to prepare the client for transition to the community upon release.
15. Upon receipt of the prescription, the MAT RN will communicate with the designated representative of Alkermes, the pharmaceutical company supplying the medication, to schedule delivery of the medication.
16. Approximately one to three days before release, the MAT RN will schedule an appointment with the client and will administer the extended release injectable naltrexone.
17. The MAT RN maintains a log that includes the client's name, counselor, drug of choice, date of initial appointment, outcome/determination of medical appropriateness for medication, date of prescription (if applicable), initial injection date (if applicable) and due date of next injection (if applicable) for all clients who are referred for a medical assessment.
18. At the end of each week, the MAT RN emails the log to the Program Director, Licensed Prescriber, MAT Clinician, DOCCS Supervising ORC, and Orleans medical staff for review.
19. For those clients volunteering to participate in the MAT Pre-Release Pilot Program, the MAT Clinician will meet with the client for a Motivational Enhancement Therapy (MET) session on a weekly basis which may include a discussion of the impact of the medication on the client's recovery, concerns about the medication, medication compliance, and any other clinical issue related to MAT.
20. For those clients participating in MAT, the MAT Clinician will facilitate a weekly MAT support group to discuss clinical issues associated with MAT.
21. The MAT RN will schedule a follow up appointment, with each client receiving an injection, prior to their release to review their discharge plan and to discuss medication compliance, medication side effects and any other adverse medical issues related to MAT.
22. Clients participating in MAT, who report medication side effects will be scheduled for an appointment with the MAT RN prior to their release.

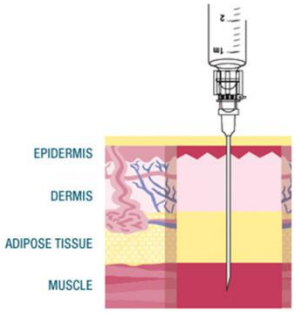
MEDICAL PROTOCOL

1. The Licensed Prescriber will determine the need for a history and physical examination on all clients referred for MAT and complete as applicable. The history and physical will include a review of laboratory tests. Laboratory tests that are required before starting clients on MAT include liver enzymes and serum bilirubin, as well as tests for hepatitis B and C and HIV (where client consent is obtained). All laboratory tests must be coordinated with DOCCS medical personnel.
2. The Licensed Prescriber will provide written information and counseling related to MAT.
    a. Clients rejecting MAT, should be asked to consider the following points:
        i. They are making a huge change in their lives right now and a difficult one; why not take advantage of all available tools to maintain abstinence.
        ii. They have chosen in the past to put many harmful substances in their bodies, why not take a chance with one that will be helpful and is known to be safe.
    b. Counseling for clients considering MAT with extended release injectable naltrexone includes:
        i. Treatment of opioid dependence in clients who are able to abstain in an outpatient setting.
        ii. Prevention of relapse to opioid dependence, following opioid detoxification.
        iii. Extended release injectable naltrexone is effective as one component of a comprehensive management program that includes counseling, education, and relapse prevention training
        iv. Because extended release injectable naltrexone blocks the effects of exogenous opioids for approximately 28 days after administration, clients are likely to have a reduced tolerance to opioids after opioid detoxification and there is a risk of opioid overdose, including death, in clients who used opioids at the end of a dosing interval, after missing a scheduled dose, or after discontinuing treatment. Any attempt by a client to overcome the extended release injectable naltrexone blockade by taking opioids may lead to fatal overdose.
        v. Importance of follow-up visits for medical monitoring while on MAT.
        vi. Increase in suicidality and depression have been reported in some clients on extended release injectable naltrexone. Information materials will be made available to the client and his or her family. Counseling staff should monitor client for signs of worsening depression.
        vii. Some clients have developed hepatitis while on extended release injectable naltrexone. Clients should report to their provider any nausea, vomiting or changes in color of urine or stool.
3. Extended release injectable naltrexone Ordering, Storage and Control systems
    a. The Licensed Prescriber will prescribe the medication for medically appropriate and willing clients.
    b. Alkermes, the medication manufacturer, has agreed to donate injections of the medication to the Orleans Correctional Facility MAT Pre-Release Pilot Program at no cost. Due to the presence of needles/syringes this medication must be double-locked at the facility.
    c. The MAT RN will work with the designated Alkermes representative to schedule delivery of the medication to the Orleans Correctional Facility.

d. Medication will be stored in the refrigerator in the DOCCS medical department. Medication must be immediately refrigerated upon delivery.
e. Receipt and administration of medication will be carefully recorded in a log book as each dose contains a hypodermic needle.

4. Initiating extended release injectable naltrexone
   a. Clients participating in the MAT Pre-Release Pilot Program will receive the first injection of extended release injectable naltrexone approximately one to three days prior to their release.
   b. Genesee/Orleans Council on Alcoholism and Substance Abuse, Inc. will provide the client with a medical alert bracelet, which must be worn at all times post injection, so that in the event of an emergency, EMS or emergency workers are aware that the client has been administered extended release injectable naltrexone.
   c. Genesee/Orleans Council on Alcoholism and Substance Abuse, Inc. will notify the DOCCS Medical Department in writing at the time of all administered injections. This communication will include the name of the licensed prescriber administering the injection as well as the location of the injection site.
   d. DOCCS Primary Care Provider will ensure that the diagnosis code 9924 Vivitrol Injection NOS is entered on the inmate's FHS1 problem list with the date of the injection specified in the comments section of the problem code.
   e.
   f. To prevent precipitated withdrawal, clients:
      i. Should be opioid-free (including tramadol) for a minimum of seven to ten days before starting Naltrexone. All clients will be administered a rapid drug screen on the scheduled date of injection prior to the administration of naltrexone.
      ii. Clients transitioning from buprenorphine or methadone may be vulnerable to precipitated withdrawal for as long as two weeks.
      iii. Clients should be made aware of the risk associated with precipitated withdrawal and be encouraged to give an accurate account of last opioid use.

5. Administering extended release injectable naltrexone
   a. The medication is only available in 1 dose, 380 mg and must be administered by a healthcare professional.
   b. The medication must be re-constituted as per package directions before administration.
   c. The medication is given as a 4-mL gluteal intramuscular injection, delivering medication continuously over a 28 day period.
   d. The medication must not be given intravenously, subcutaneously, or into adipose tissue.
   e. Select proper needle size for patient body size, and use only the needles provided in the carton.
   f. Needle must be directed downward at 90 degrees (see illustration below).



6. Managing injection site reactions

a. The medication injections may be followed by pain, tenderness, induration, swelling, erythema, bruising, or pruritus.
b. In some cases, injection site reactions may be very severe. Injection site reactions not improving may require prompt medical attention, including, in some cases, surgical intervention.
c. Clients should be informed that any concerning injection site reactions should be brought to the attention of their healthcare provider immediately.

DISCHARGE PLANNING

1. Clients participating in the MAT Pre-Release Pilot program are requested to submit an address of a residence that will be utilized upon discharge. This address is submitted to both the MAT provider staff member and to the ORC.
2. During the initial case conference, the MAT provider staff member and ORC will review the submitted address. The ORC will submit the address to the Parole Officer who works on approving the address for post-release. Any questions or concerns regarding the proposed residence should be discussed with the field Parole Officer.
3. MAT provider staff member will make an appropriate referral to an outpatient substance use disorder and/or medical provider, which will allow the client continued access to MAT. The referral should consist of providing access to all medical documentation related to participation in continued MAT. Discharge planning may include assistance with obtaining appropriate medical coverage to ensure continued access to outpatient treatment and MAT. The MAT provider staff member should contact the Genesee/Orleans Council on Alcoholism and Substance Abuse, Inc. entitlements department to determine current Medicaid status.
4. MAT provider staff member will ensure that the necessary substance use disorder referral is in a location near to the area of the approved residence, including referral to a program other than one operated by Genesee/Orleans Council on Alcoholism and Substance Abuse, Inc., if necessary, and that the provider can administer a second dosage of extended release injectable Naltrexone.
5. A discharge plan is reviewed by the MAT provider staff member and the DOCCS ORC in case conference and is ultimately signed off on by the client, the MAT provider staff member and the ORC. The client is provided a copy of the signed discharge plan.
6. The ORC provides a copy of the signed discharge plan to the field Parole Officer, copying the Senior Parole Officer, and enters all the specific program referrals that were made in DOCCS Case Management System.
7. Within seven business days of discharge, the MAT provider staff member will contact the client and the referred outpatient substance use disorder and/or medical provider to determine whether they have accessed the referral for continued MAT.
8. The MAT provider staff member will contact the client and the referred outpatient substance use disorder and/or medical provider at 90 days post release and 120 days post release to determine treatment progress and/or outcome and MAT continuation/discontinuation.
9. The DOCCS Supervising ORC and Senior Parole Officer will be included in all communication regarding client progress pre- and post-release

DATA COLLECTION

1. Genesee/Orleans Council on Alcoholism and Substance Abuse, Inc. is responsible for providing information on each participant interviewed and assessed for the MAT Pre-Release Pilot Program. This information will be sent to designated Orleans and DOCCS research staff on at least a weekly basis. At a minimum, information collected includes verification of opioid use disorder, orientation attendance by prospective participants, final assessment of MAT eligibility, verification of Medicaid status, count of individual counseling sessions attended, number of group sessions attended, date of agreement to MAT injection, date of MAT injection, projected date of second MAT injection after release, and the name of outpatient treatment provider the participant is referred to. Sample data collection forms are attached and labelled as Appendix XX. Note that this spreadsheet also contains information that is the responsibility of DOCCS staff as well.
2. At a time interval designated by DOCCS, Genesee/Orleans Council on Alcoholism and Substance Abuse, Inc. will participate in teleconference sessions for the purpose of monitoring the activities of the MAT Pre-Release Pilot Program and individual participant progress both while at Orleans and once released to the community.

NEW YORK STATE Corrections and Community Supervision **Queensboro Correctional Facility**	FACILITY OPERATIONS MANUAL TITLE **Medication Assisted Treatment**	FOM. NO. **9016** DATE **02/05/19**
SUPERSEDES 09/27/18	DISTRIBUTION **A**	PAGE 1 OF 7
REFERENCES Corresponding Directive(s): 4929 Health Services Policy: 3.08 Related ACA Standard(s):	APPROVING AUTHORITY Dennis Breslin, Supervising Superintendent	

I. **POLICY:** Return Parole Violators (RPV) drafting from Rikers Island (RI) with less than 120 days of incarceration remaining, who are on active medication-assisted therapy with methadone at Rikers Island will be continued on this therapy upon entry to Queensboro Correctional Facility (QBCF). QBCF will be the host facility and continue to ensure the safe and secure administration as well as accountability of methadone. The qualifying Parole Violators will be under the care of Samaritan Daytop Village (SDV) Opioid Treatment Program and as such, supply the patient specific methadone dosing to QBCF as described below.

II. PROCEDURE:

A. Methadone Maintenance/Detoxification of Male RPV

1. An eligibility list of RPV's will be generated by the Rikers Island (RI) Screening Unit to determine the admittance into QBCF MAT program.

2. When medically indicated, RPV's on Methadone maintenance at RI will be received in the Department's custody at QBCF and will continue to be enrolled in SDV MAT Program.

3. RI will ensure that all parole violators accepted for this program will receive their daily dose of methadone on the morning of their transfer of custody to DOCCS prior to leaving Rikers Island.

4. An intake medical screening will be completed by a Registered Nurse upon admittance to QBCF.

5. Any observations of signs and symptoms of opiate withdrawal, using the Clinical Opiate Withdrawal (COW) scale will be communicated to the physician in a timely manner so that possible adjustments in the patient's methadone dosing can be considered.
https://www.drugabuse.gov/sites/default/files/files/ClinicalOpiateWithdrawalScale.pdf

(See attached COW Scale)

B. Logistics of Methadone Acquisition:

1. [redacted].

2. [redacted]

3. [redacted] A Record of Controlled Substances Administered (Form #3182) and a Change of Shift-Control/Count (Form #3184) will be prepared in accordance with DOCCS Directive 4929 and HSPM 3.08.

4. Any discrepancy between the amount received and the amount ordered or if it is determined that there has been damage to the medication, the FHSD must be notified immediately.

5. The DOCCS Nurses will sign the enclosed SDV-Medication Administration Record form [redacted] and return it to SDV weekly.

6. The DOCCS Physician will review the recommendations and write the specific Methadone orders to be administered for each patient in the Ambulatory Health Care Record (AHR). A Medication Administration Record (MAR) (Form#3179) will be completed with the transcribed orders for each patient.

7. A copy of the monthly MAR and A Record of Controlled Substances Administered will be faxed or scanned monthly to SDV and the original MAR will be filed in the AHR MISC Section.

C. Storage of Methadone:

1. [redacted]

2. [redacted]

D. Administration of Methadone:

1. RPV's on Methadone will be called to the Medical Unit together.

2. Administration of medication will be given one at a time to avoid distraction and decrease the likelihood of spillage or diversion.

3. The RPV must show his photo ID as well as state his name and DIN.

4. Observe the RPV prior to administering his medication. If the RPV appears sedated, drowsy, cognitively impaired, or weak the physician must be alerted prior to giving Methadone.

5. The Methadone wafers will be placed in a 5-oz. cup and the dose shown and confirmed with the patient prior to dissolution.

6. Pour a small amount of hot water onto the methadone to dissolve the tablet completely, after which an equal amount of cold water is added. Administer the methadone to the patient.

7. After the RPV ingests the medication, ask him to clearly enunciate his name and DIN to confirm he has swallowed the medication.

8. The cup in which the methadone is dissolved will be discarded in a Red Bag

9. Document medication administration in the MAR.

E. Diversion:

DOCCS has a zero-tolerance policy for Diversion. If an inmate is caught diverting methadone, the nurse will:

a. Document in the RPV's medical record in the AHR section the exact actions of the patient.

b. Notify the Clinician and Security.

F. Discrepancies

1. All medication errors will be resolved before the end of the tour.

2. A Medication Error report will be completed per HSPM 8.02, Medication Error Reporting.

3. The FHSD will be notified when an error cannot be corrected before the end of the tour.

4. The Medication Error report detailing the problem and corrective actions must be left for the FHSD to review.

5. A nurse may be asked to return to work before his/her scheduled tour to resolved medication errors related to methadone administration.

6. If there is Loss of Controlled Substances, the nurse must immediately notify the Nurse Administrator and FHSD. On off-tours and weekends, the Officer of the Day and the Watch Commander will be notified in accordance to Directives 2945, 4092, 4929, HSPM 3.01, NYCRR Title 10 Part 80.100., as well as the FHSD.

G. Spillage/Vomit of Methadone [1]

1. If there is spillage or vomiting of the Methadone solution, the nurse will inform the physician immediately.

2. The physician will give dosing instructions that will be documented in the AHR.SDV will be consulted by the physician if an additional dose is required. A consultation form will be faxed or scanned to SDV.

[1] **Dosing for patients who have vomited**

Vomited dose	Action
Within 20 minutes, not witnessed by a staff member	Do not dose again
Within 20 minutes, witnessed by a staff member	Provide half normal dose if needed
After 20 minutes	No action necessary

Clinical Guidelines for Withdrawal Management and Treatment of Drug Dependence in Closed Settings. Geneva: World Health Organization; 2009.

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H. Patients Requiring Methadone Dose Adjustment:

1. When a patient on Methadone MAT expresses any symptom of Opiate withdrawal at the medication window, sick-call, or referred by a Corrections Officer, the patient will be assessed using the COW scale by a nurse and will be evaluated by a clinician as soon as possible.

2. The clinician will fax or scan a Consultation Form to SDV and a conference call with the patient will be arranged.

3. SDV will inform the clinician of the plan of action and return the Consultation form with that plan by fax to QBCF.

4. The clinician will document any medication changes in the AHR.

I. Discontinuation of Methadone:

Inmates who elect to voluntarily and prematurely terminate from the program will be reviewed by the FHSD.

J. Staff Education and Training:

Personnel who deliver opioid agonist medication shall be appropriately trained in the administration of Methadone and the Policy.

K. Discharge Planning:

Discharge planning for RPVs returning to the community will be handled by SDV and the designated QBCF ORC for linkage to a Medication Assisted Therapy, methadone program in the community.

L. Transfer of Parole Violators to an Infirmary of SHU:

Queensboro C.F. is a Medical Service Level 2 facility, and does not have an Infirmary or Emergency Telemed. Parole Violators requiring infirmary admission or SHU placement will be housed at [redacted] C.F. Infirmary or SHU. The alternate facility is [redacted] C.F. Infirmary or SHU.

1. QBCF's physician will alert SDV as well as the FHSD of the accepting Infirmary facility of the Infirmary transfer.

2. QBCF medical staff will follow all Infirmary Admission protocol. Emails of transfers are to be sent to both facilities.

3. QBCF will be responsible for transporting the patients remaining Methadone, MAR, and Accountability Sheets to the accepting facility [redacted].

4. [redacted]

5. The accepting facility nurses will use the MAR and Accountability sheets that are provided by QBCF [redacted]. These sheets must be returned to QBCF upon discharge from the infirmary or [redacted] delivered with additional doses of Methadone for an extended stay.

6. The accepting facility Medical staff will follow all MAT Policy and procedures. The QBCF physician will be alerted with regards to any medication issues and not SDV directly unless instructed to by the QBCF physician.

7. At the time, the RPV is medically cleared to return to QBCF, the QBCF physician must be informed as well as nurse-to-nurse discharge report.

8. Upon discharge, the remaining Methadone will be transported back to QBCF with the MAR and Accountability sheets [redacted] by Security Staff and brought to the Medical Department upon return.

9. In the rare event that an inmate is paroled from a facility other than QBCF the remaining methadone will be returned to QBCF with the MAR and Accountability Sheets.

10. [redacted].

MAT: Policy Addendum

Patients on MAT are required to have a urine Toxicology screen collected on admission and monthly:

Bio Reference	
Test Name:	**DRUG ABUSE SCREEN, URINE**
Test Code:	0628-8
Short Description:	DRUG ABUSE SCREEN, URINE
Mnemonic:	DRUG ABUSE SCREEN, URINE
Long Description:	Drug Abuse Screen, Urine. (8 drug)
Requisition Type:	General
Components:	0433-3 Opiates, Urine Screen 0920-9 Amphetamines Screen, Urine 0921-7 Barbiturates, Urine SCREEN 0922-5 Cannabinoids Screen, Urine, 100 0923-3 Cocaine, Urine Screen, 300 0924-1 Benzodiazepines, URN., QUAL. 0925-8 Methadone, Urine Screen, 300 0926-6 Phencyclidine(PCP), Urn. Screen (25) 1890-3 CREATININE, URINE, DAU SCREEN
CPT Codes:	80324,80345,80349,80353,80346,80358,80361,83992,84311
Container Description:	Urine Cup
Container Code:	USC
Minimum Volume:	5.00 mL
Collection Instructions:	USC: Collect urine in cup, label with patient's name

An OMH psychosocial evaluation be requested upon admission using Form 3150.

(The evaluation is required for referral to community based programs upon parole)

NEW YORK STATE Corrections and Community Supervision Taconic Correctional Facility	FACILITY OPERATIONS MANUAL TITLE **Medication-Assisted Treatment**	FOM. NO. 631 DATE : 3/9/22
SUPERSEDES FOM 631 dated 12/17/21	DISTRIBUTION A	PAGE Page 1 of 7
REFERENCES Directives: Corresponding Directive(s): 4929 Health Services Policy: 3.08,8.02 Relates ACA Standard(s)	APPROVING AUTHORITY E. Williams	

I. **PURPOSE:** To establish a procedure for accepting, storage and administration of Medication Assisted Treatment with Methadone or Buprenorphine for identified incarcerated individuals at Taconic Correctional Facility (TCF).

II. **POLICY:** Incarcerated individuals (I/I) drafting from a reception facility who are currently on active Medication Assisted Treatment (MAT) with Methadone or Buprenorphine will continue their therapy upon entry to Taconic Correctional Facility. Sending facilities will continue the therapy until they arrive at TCF. MAT treatment will be provided at Taconic to eligible participants.

III. **PROCEDURE:**

A. Methadone/ Buprenorphine Maintenance:

1. When medically indicated, I/Is on Methadone/ Buprenorphine treatment will be received at TCF and will continue to be enrolled in the MAT Program.

2. An eligibility list of qualifying I/Is will be generated by the Department of Classification and Movement to determine admittance into TCF's MAT Program.

3. Once notified, the Health Class Analysists will forward the information to the Taconic Correctional Facility I/I Records Coordinator (IRC), Nurse Administrator (NA) and Facility Health Service Director (FHSD). TCF will be given one week's notice so that medication can be obtained prior to the I/I's arrival at the facility.

4. The sending facility will ensure that all I/Is accepted for this program will receive their daily dose of Methadone or Buprenorphine on the day of their transfer of custody to TCF.

5. An intake medical screening will be completed by a Registered Nurse upon admittance to TCF.

6. Any observations of signs and symptoms of opiate withdrawal, using the Clinical Opiate Withdrawal (COW) scale will be communicated to the Opioid Treatment

Program (OTP) provider in a timely manner so that possible adjustments in the I/I's Methadone dosing can be considered. (See attached COW Scale) http://www.drugabuse.gov/sites/default/files/files/ClinicalOpiateWithdrawalScale.pdf

B. Logistics of Methadone Acquisition:

1. [redacted]

2. [redacted]

3. [redacted] A Record of Controlled Substances Administered (Form #3182) and a Change of Shift-Control/Count (Form #3184) will be prepared in accordance with DOCCS Directive 4929 and HSPM 3.08.

4. Any discrepancy between the amount received and the amount ordered or damage to the medication, the FHSD, NA and the provider at the OTP must be notified immediately.

5. The DOCCS Nurses will sign the enclosed OTP Medication Administration Record form included [redacted] and return it to the OTP weekly. A copy must be kept on file.

6. The TCF provider will review the recommendations and write the specific Methadone orders to be administered for each I/I in the Ambulatory Health Care Record (AHR). A Medication Administration Record (MAR) (Form #3179) will be completed with the transcribed orders for each I/I.

7. A copy of the monthly MAR and a Record of Controlled Substances Administered will be faxed or scanned monthly to the OTP and the original MAR will be filed in the AHR MISC Section. Once scanned, a note should be added to the MAR that it has been scanned to the OTP with date and time along with signature of NA or designee.

C. Logistics of Buprenorphine Acquisition:

1. Providers need to have the X-waiver (an X number on their DEA License which signifies their ability to prescribe and administer Buprenorphine).

2. Providers also need to have e-prescribing capability so that they can electronically

send the prescription to a pharmacy such as Omnicare or Cardinal.

3. Upon arrival of the Buprenorphine to TCF, the medication will be counted under dual control (two nurses). If there is just one nurse on duty, the count will be conducted with a member of the security staff. A Record of Controlled Substances Administered (Form #3182) and a Change of Shift-Control/Count (Form #3184) will be prepared in accordance with DOCCS Directive 4929 and HSPM 3.08.

4. Any discrepancy between the amount received and the amount ordered or damage to the medication, the FHSD, NA and the pharmacy (Omnicare or Cardinal) must be notified immediately.

5. A TCF provider will write the specific Buprenorphine orders to be administered for each I/I in the AHR. A MAR (Form #3179) will be completed with the transcribed orders for each I/I.

6. The original MAR will be filed in the AHR MISC Section.

D. Storage of MAT medications Methadone/ Buprenorphine:

1. [redacted]

2. [redacted]

E. Administration of Methadone and Buprenorphine:

1. Nursing is responsible for administering MAT in a secure site. Security will participate in the process to address the risk of diversion.

2. Administration of medication will be given per 1:1 medication administration protocol to avoid distraction and decrease the likelihood of spillage or diversion.

3. The I/I must show photo ID as well as state their name and DIN.

4. The nurse will observe the I/I prior to administering the medication. If the I/I appears to be sedated, drowsy, cognitively impaired, or weak, the I/I will be immediately assessed using the COW scale. **A score of 25 or above requires immediate notification of the FHSD, DOCCS provider and the OTP's provider. The**

medication must not be administered until they are assessed by the facility's provider.

5. *Methadone:*
   a. The Methadone bottle will be labeled with the I/I's name, DIN # and dose and confirmed with the I/I prior to administration.
   b. They are then asked to drink a cup of water before and after taking the Methadone. The nurse will then perform a mouth check and ask the I/I to clearly enunciate their name and DIN to confirm consumption of the medication.
   c. The I/I will sit for 10-15 minutes so that they can be observed for any issues and to ensure digestion.
   d. The bottle in which the Methadone was contained will be returned to the RN so that it can be returned to the OTP.

6. *Buprenorphine:*
   a. The I/I will be given a cup of water to drink before the nurse does a mouth check with a flashlight.
   b. The Subutex (crushed pill) or Suboxone (film) is then placed by the nurse under the tongue of the I/I.
   c. The I/I must have their arms to their side on or a table during this time and be observed closely to prevent diversion.
   d. The nurse must perform mouth checks with the flashlight to confirm that the medication is dissolving.
   e. Once the medication is dissolved, the I/I is asked to drink a cup of water and enunciate their name and DIN.
   f. The I/I must be observed for 10-15 minutes after administration to ensure the absence of ill effects and reduce the chances of diversion.
   g. As the number of I/Is increases, the medication can be administered to several I/I simultaneously, to shorten the medication administration time.
   h. They are to be evenly and appropriately spaced on a bench or standing against a wall with their hands to their sides. Security must be diligent in observing the group for diversion.

7. The RN will document the MAT medication administration in the MAR.

F. <u>Diversion</u>

1. If an I/I is observed to be diverting the medication, the nurse will:

   a. Document exact actions of the I/I in the I/I's medical record in the AHR section.
   b. Notify the FHSD and NA.

G. Discrepancies:

1. The NA and provider must be notified immediately, and the error resolved before the end of the tour.
2. A Medication Error report will be completed per HSPM 8.02, Medication Error Reporting.
3. The Medication Error report detailing the problem and corrective actions must be given to the provider to review.
4. A nurse may be asked to return to work before their scheduled tour to resolve Medication errors.
5. If there is Loss of Controlled Substances, the nurse must immediately notify the NA, provider and Watch-Commander. On off-tours and weekends, the Officer of the Day and Watch Commander will be notified in accordance with Directives 2945, 4092, 4929, HSPM 3.01, NYCRR Title 10 Part 80.100, as well as the on-call provider.

H. Spillage/Vomit of Methadone

1. If there is spillage or vomiting of the Methadone solution, the nurse will inform the FHSD and OTP provider immediately.
2. A Consultation Form #3194 documenting the specific circumstances of the medication loss will be faxed or scanned to the OTP.
3. Once returned by the OTP, the DOCCS provider will review recommendations on the consultation form and write the new orders in the AHR. The nurse will note the orders and update the MAR.

I. I/Is Requiring Dose Adjustment:

1. When a I/I on MAT expresses any symptom of opiate withdrawal at the medication window, sick-call, or during emergency sick call, the I/I will be assessed using the COW scale by a nurse and will be evaluated by a DOCCS provider as soon as possible.
2. For I/Is on Methadone, the Consultation Form stating the issue will be faxed/scanned to the OTP and a call should be made between the DOCCS provider and the OTP's provider to discuss the plan.
3. For I/Is on Buprenorphine, the DOCCS provider will assess the I/I and determine the need for a dose adjustment.

4. The DOCCS provider will document any medication changes for Methadone or Buprenorphine in the AHR. The nurse will note the order and update the MAR.

J. Discontinuation of MAT:

1. (I/I) who elect to terminate voluntarily and prematurely from the program will be reviewed by the FHSD. In cases of I/Is on Methadone, the FHSD will consult with the OTP provider.

K. Staff Education and Training:

1. Licensed medical professionals shall be appropriately trained in the administration of MAT medication and the Policy. All Buprenorphine prescribers must have an X-waiver.

L. Discharge Planning:

1. A consent form will be signed by the I/I and faxed by the NA or designee to the OTP, along with their date of release and address, so that the OTP can share information with the OTP closest to the I/I's address and an appointment can be made to ensure continuity of care.

2. Discharge planning for I/I's return to the community will be coordinated by the designated DOCCS OTP SURN for linkage to a MAT program in the community when there is no OTP to do so.

3. (I/I) will receive their dose of MAT medication, on the day of transfer prior to leaving the facility.

M. Disposal:

1. [redacted]

N. Transfer to an Infirmary or Specialized Confinement Housing Units

1. Transfer to another facility:

   a. The NA or designee will alert the OTP and the medical staff of the receiving infirmary or Specialized Confinement Housing Units prior to placement.
   b. NA or designee will complete form 3313, MAT Program Transfer. The form will then be emailed to the facility that the I/I is being transferred to.
   c. TCF will be responsible for transporting the I/I's remaining MAT medications, MAR, and Accountability Sheets to the receiving facility[redacted]
   d. Upon arrival to the receiving facility, the MAT medication will be immediately

reconciled with a two-nurse count. If two nurses are not available, the narcotic count can be done with a nurse and a security member in accordance with Directive 4929.

e. The receiving facility nurses will use the MAR and Accountability sheets that are provided in the lock box. These sheets and any additional doses of MAT medications must be returned to TCF upon discharge from the infirmary or Specialized Confinement Housing Units [redacted]

f. The receiving facility medical staff will follow all MAT policies and procedures per their Facility Operating Manuals (FOM). TCF's medical staff will be alerted with regards to any medication issues.

g. At the time the I/I is medically cleared to return to TCF, the medical staff must be informed with a nurse-to-nurse discharge report.

h. Upon discharge, the remaining MAT medication will be transported back with the MAR and the accountability sheets [redacted] by security staff and brought to the medical.

i. The MAT medication will be immediately reconciled with a two-nurse count. If two nurses are not available, the count can be done with a nurse and a security staff member. Any discrepancy noted, the NA, FHSD and Watch Commander must be notified immediately.

j. In the rare event that an I/I is paroled/discharged from a facility other than the sending facility, the remaining MAT medication will be returned to TCF for return to the OTP.

k. [redacted]

NEW YORK STATE Corrections and Community Supervision Wallkill Correctional Facility	FACILITY OPERATIONS MANUAL TITLE **MEDICATION ASSISTED TREATMENT**	FOM. NO. **PPA-10** DATE 3/16/2020
SUPERSEDES PPA-10 dated 8/28/19	DISTRIBUTION A	PAGE 1 OF 12
REFERENCES Corresponding Directive(s): 4929 Health Services Policy: 3.08 Related ACA Standard(s):	APPROVING AUTHORITY	

I. **POLICY:** Inmates in-drafting from Rikers Island CF with less than 2 years of incarceration remaining, who are on active and stabilized on a medication assisted treatment (MAT) with methadone will transit through [redacted] Correctional Facilities. [redacted] CF will continue this treatment upon arrival on [redacted] until they are transferred to [redacted] CF on the following [redacted] The inmate will stay at [redacted] CF where their treatment will be continued until their intake is completed before being transferred to Wallkill CF. Wallkill will be the host facility and continue to ensure the safe and secure administration, as well as, accountability of methadone. The qualifying inmates will be under the care of Lexington Opioid Treatment Program (OTP) and as such, supply the inmate specific methadone dosing to Wallkill Correctional Facility as described below.

II. **PROCEDURE:**

A. Methadone Maintenance/Detoxification

1. An eligibility list of qualifying inmates will be generated by Rikers Island to [redacted] CF and [redacted] CF to determine the admittance into Wallkill MAT program. This list will need to be sent to Wallkill Correctional Facility when the intake is completed so that proper medication can be obtained before the inmate arrives at Wallkill CF.

2. When medically indicated, inmates on Methadone maintenance at [redacted] CF will be received at Wallkill Correctional Facility and will continue to be enrolled in the Lexington OTP MAT Program.

3. [redacted] CF will ensure that all MAT inmates receive their daily dose of methadone on the morning of their transfer of custody to Wallkill CF prior to leaving [redacted]

4. An intake medical screening at Wallkill, including completion of a HIPAA form (DOH 5032 on page 11) permitting disclosure of protected health information will be performed by a Registered Nurse. This information will be shared with Lexington OTP for treatment.

5. Any observations of signs and symptoms of opiate withdrawal, using the Clinical Opiate Withdrawal (COW) scale will be communicated to the Lexington physician in a timely manner so that possible adjustments in the patient's methadone dosing can be considered.
(See attached COW Scale on page 12)

B. Logistics of Methadone Acquisition:

1. [redacted]

2. [redacted]

3. [redacted] A Record of Controlled Substances Administered (Form #3182) and a Change of Shift-Control/Count (Form #3184) will be prepared in accordance with DOCCS Directive 4929 and HSPM 3.08.

4. Any discrepancy between the amount received and the amount ordered or if it is determined that there has been damage to the medication, the DOCCS on-call physician must be notified immediately.

5. The DOCCS Nurses will sign the enclosed Lexington Medication Administration Record form included [redacted] and return it to Lexington weekly. (Keep Copy)

6. The DOCCS Physician will review the recommendations and write the specific Methadone orders to be administered for each inmate in the Ambulatory Health Care Record (AHR). A Medication Administration Record (MAR) (Form#3179) will be completed with the transcribed orders for each patient.

7. A copy of the monthly MAR and A Record of Controlled Substances Administered will be sent monthly to Lexington and the original MAR will be filed in the AHR MISC Section.

C. Storage of Methadone:

1. [redacted]

D. Administration of Methadone:

1. Inmates on Methadone must arrive at their scheduled Medication Run.

2. Administration of medication will be given one at a time to avoid distraction and decrease the likelihood of spillage or diversion.

3. The inmate must show his photo ID as well as state his name and DIN.

4. Observe the inmate prior to administering his medication. If the inmate appears sedated, drowsy, cognitively impaired, or weak the DOCCS physician must be alerted prior to giving Methadone.

5. The Methadone bottle will be labeled with inmate name, DIN # and dose and confirmed with the inmate prior to administration.

6. The Methadone dosage wafers are shown and confirmed with the inmate prior to dissolution.

7. After confirmation of dosage, pour a small amount of hot water onto the methadone to dissolve the wafer completely, after which an equal amount of cold water is added. Administer the methadone to the inmate.

8. Upon administering the methadone to the inmate, the RN will document medication administration in the MAR.

E. Diversion:

DOCCS has a zero-tolerance policy for Diversion. If an inmate is caught diverting methadone, after receiving written documentation regarding the incident the nurse will:

a. Document in the inmate's medical record in the AHR section the exact actions of the patient.

b. Notify the on-call physician and Security.

F. Discrepancies

1. All medication errors will be resolved before the end of the tour.

2. A Medication Error report will be completed per HSPM 8.02, Medication Error Reporting.

3. The on-call physician will be notified when an error cannot be corrected before the end of the tour.

4. The Medication Error report detailing the problem and corrective actions must be left for the on-call physician to review.

5. A nurse may be ordered to return to work before his/her scheduled tour or ordered to remain on duty to resolve medication errors related to methadone administration.

6. If there is Loss of Controlled Substances, the nurse must immediately notify the Nurse Administrator and the on-call physician. On off-tours and weekends, the Officer of the Day and the Watch Commander will be notified in accordance to Directives 2945, 4092, 4929, HSPM 3.01, NYCRR Title 10 Part 80.100., as well as the on-call physician.

G. Spillage/Vomit of Methadone

1. If there is spillage or vomiting of the Methadone solution, the nurse will inform the DOCCS physician and Lexington physician immediately.

2. Lexington will be consulted by the DOCCS physician if an additional dose is required. A consultation form will be faxed or scanned to Lexington. The Lexington – OTP physician will give dosing instructions that will be documented in the AHR by the DOCCS physician.

H. Methadone Dose Adjustment:

1. When an inmate on Methadone MAT expresses any symptom of Opiate withdrawal at the medication window, sick-call, or referred by any Facility Staff, the inmate will be assessed using the COW scale by a nurse and will be evaluated by a physician as soon as possible.

2. The physician will fax or scan a Consultation Form to Lexington and a tele-med call with the inmate will be arranged.

3. Lexington will inform the physician of the plan of action and return the Consultation form with that plan by fax or scan to Wallkill CF.

4. The physician will document any medication changes in the AHR.

I. Discontinuation of Methadone:

Inmates who elect to voluntarily and prematurely terminate from the program will be reviewed by the on-call physician and Lexington.

J. Staff Education and Training:

Licensed medical professionals shall be appropriately trained in the administration of Methadone and the Policy.

K. Discharge Planning:

Discharge planning for inmates returning to the community will be handled by the assigned Wallkill ORC for linkage to a Medication Assisted Therapy, methadone program in the community. Lexington will assist in locating a program in the community and providing that information to the Wallkill ORC.

L. Disposal:

[redacted]

M. Transfer to an Infirmary or SHU:

Wallkill C.F. is a Medical Service Level 3 facility and does not have an Infirmary. Inmate's requiring infirmary admission or SHU placement will generally be housed at [redacted] or S-Block SHU.

1. Wallkill's medical staff will alert Lexington as well as the medical staff of the receiving facilities Infirmary or SHU prior to transfer.

2. Wallkill medical staff will follow all transfer protocols, which will include an email sent to receiving facilities.

3. Wallkill will be responsible for transporting the inmate's remaining Methadone, MAR, and Accountability Sheets to the receiving facility [redacted]

4. [redacted]

5. The receiving facility nurses will use the MAR and Accountability sheets that are provided by Wallkill [redacted] These sheets and any additional doses of Methadone must be returned to Wallkill upon discharge from the infirmary or SHU. [redacted]

6. The receiving facility Medical staff will follow all MAT Policy and procedures. The Wallkill medical staff will be alerted with regards to any medication issues and not Lexington directly unless instructed to by the Wallkill physician.

7. At the time, the inmate is medically cleared to return to Wallkill, the medical staff must be informed with a nurse-to-nurse discharge report.

8. Upon discharge, the remaining Methadone will be transported back to Wallkill with the MAR and Accountability sheets [redacted] by Security Staff and brought to the Medical Department upon return.

9. In the rare event that an inmate is paroled/discharged from a facility other than Wallkill the remaining methadone will be returned to Wallkill with the MAR and Accountability Sheets.

10. [redacted]

N. <u>Transfers to areas not identified:</u>

1. Wallkill's medical staff will alert Lexington as well as the medical staff of the receiving facility.

2. Wallkill medical staff will follow all transfer protocol, which will include an email sent to receiving facility.

3. Wallkill will be responsible for transporting the inmate's remaining Methadone, MAR, and Accountability Sheets to the receiving facility [redacted]

4. [redacted]

5. The receiving facility medical staff will be provided by email the seal number prior to transporting inmate.

6. [redacted]

[redacted]

7. Upon arrival to the receiving facility, the Methadone will be immediately reconciled with a 2-nurse count. If 2 nurses are not available, the narcotic count can be done with a nurse and a Security staff member. [redacted]

8. The receiving facility nurses will use the MAR and Accountability sheets that are provided by Wallkill [redacted] These sheets and any additional doses of Methadone must be returned to Wallkill upon discharge. [redacted]

9. The receiving facility Medical staff will follow all MAT Policy and procedures. The Wallkill medical staff will be alerted with regards to any medication issues and not Lexington directly unless instructed to by the Wallkill physician.

10. At the time, the inmate is medically cleared to return to Wallkill, the medical staff must be informed with a nurse-to-nurse discharge report (example RCTP Admissions).

11. Upon discharge, the remaining Methadone will be transported back to Wallkill with the MAR and Accountability sheets [redacted] provided by Wallkill transporting Staff. [redacted]

12. Discharging facility will email Wallkill medical staff with seal number prior to inmate's departure.

13. Wallkill transporting staff will report to Wallkill medical department upon return to facility. [redacted]

O. MAT-Methadone-CONTINUITY OF CARE

1. Upon arrival of an incarcerated individual participating in the MAT program, the appropriate medical code should be entered by the facility health services staff into the system. The earliest release date (ERD) should be determined and communicated to the associated OTP (Lexington) by the facility representative.

2. Community Prep begins 4 months prior to release. The facility must ensure that a discharge plan as it pertains to the OTP is incorporated into the Community Prep process as follows:

    a. ORC will meet with the incarcerated individual to determine if they were previously receiving services in the community, from with OTP and whether there is a MAT program in the community that they would prefer.

3. When creating the community prep, the ORC will verify a MAT DP alert in CMS to indicate that the individual is a methadone patient.

    a. The facility representative will notify the associated OTP of the upcoming release and request that a Community OTP be identified in the area of release (if a previous provider is identified that should be provided to the OTP);

    b. If the associate OTP has not provided a discharge transition plan 2 months prior to release, the facility representative will follow up with the associated OTP;

    c. If the associated OTP has not provided a discharge transition plan at the 1 month prior to release mark, the facility representative will immediately notify the Superintendent, the Central Office Health Services Discharge Planning Office, and the MAT Coordinator;

    d. The MAT Coordinator will track cases in which the OTP does not provide a discharge plan and report to the CMO with a copy to Superintendent.

4. If the associated OTP does not identify the transitional Community OTP, the Central Office Health Services Discharge Planning Unit and MAT Coordinator will use the search features of the list of providers in order to identify the local OTP's. The information is searched on the OASAS website (https:www.oasas.ny.gov/providerDirectory/index.cfm?search type=2)

5. Once the OTP in community has been identified, the associated OTP will complete the referral and advise the ORC upon completion. ORC will update CMS as noted above.

6. Once appointment has been established for releasing incarcerated individuals, ORC will document provider name, address, contact person, appointment date and time in CMS program field, chronos, and document that the incarcerated individual was advised of the appointment.

7. If the incarcerated individual participating in the MAT program is an immediate release or has an ERD of less than 4 months, the above time frames will be shortened, and the notifications made immediately upon release.

8. The Parole Officer assigned to the inmate identified as being in MAT program is responsible for ensuring that the information for the OTP in the community has been updated. If the information is missing, the Parole Officer will reach out to facility to obtain such information and ensure continuity of care upon release.

P. MAT-Buprenorphine-Continuity of Care

1. Upon arrival of an incarcerated individual participating in the MAT program, the appropriate medical code should be entered by the facility health services staff into the system. The earliest release date (ERD) should be determined and communicated to the Central Office Health Services Discharge Planning Unit and MAT coordinator by the facility representative.

2. Community Prep begins 4 months prior to release. The facility must ensure that a discharge plan as it pertains to the continuation of MAT treatment on Buprenorphine is incorporated into the Community Prep process as follows:

    a. ORC will meet with the incarcerated individual to determine if they were previously receiving services in the community, from with OTP and whether there is a MAT program in the community that they would prefer.

    b. The Facility Representative will notify the Central Office Health Services Discharge Planning Unit and MAT coordinator of the upcoming release and request that a Community provider be identified in the area of release (if a previous provider is identified that information should be provided);

    c. If the Central Office Health Services Discharge Planning Unit and MAT coordinator does not provide a discharge transition plan 2 months prior to release, the facility representative will follow up with Central Office Health Services;

3. The Central Office Health Services Discharge Planning Unit and MAT coordinator will use the search feature of the list of providers in order to identify the local OTP's. The information is searched on the OASAS website: (https:www.oasas.ny.gov/providerDirectory/index.cfm?search type=2)

4. Once the provider in the community has been identified, the Central Office Health Services Discharge Planning Unit and MAT coordinator will complete the referral and advise the ORC upon completion. ORC will update as noted above.

5. Once appointment has been established for releasing incarcerated individuals, ORC will document provider name, address, contact person, appointment date and time in

CMS program field, chronos, and document that the incarcerated individual was advised of the appointment.

6. If the incarcerated individual participating in the MAT program is an immediate release or has an ERD of less than 4 months, the above time frames will be shortened, and the notifications made immediately upon release.

7. The Parole Officer assigned to the inmate identified as being in MAT program is responsible for ensuring that the information for the OTP in the community has been updated. If the information is missing, the Parole Officer will reach out to facility to obtain such information and ensure continuity of care upon release.

NEW YORK STATE DEPARTMENT OF HEALTH

Authorization for Release of Health Information (Including Alcohol/Drug Treatment and Mental Health Information) and Confidential HIV/AIDS-related Information

Patient Name	Date of Birth	Patient Identification Number
Patient Address		

I, or my authorized representative, request that health information regarding my care and treatment be released as set forth on this form. I understand that:

1. This authorization may include disclosure of information relating to ALCOHOL and DRUG TREATMENT, MENTAL HEALTH TREATMENT, and CONFIDENTIAL HIV/AIDS -RELATED INFORMATION only if I place my initials on the appropriate line in Item 8. In the event the health information described below includes any of these types of information, and I initial the line on the box in Item 8, I specifically authorize release of such information to the person(s) indicated in Item 6.
2. With some exceptions, health information once disclosed may be re-disclosed by the recipient. If I am authorizing the release of HIV/AIDS-related, alcohol or drug treatment, or mental health treatment information, the recipient is prohibited from re-disclosing such information or using the disclosed information for any other purpose without my authorization unless permitted to do so under federal or state law. If I experience discrimination because of the release or disclosure of HIV/AIDS-related information, I may contact the New York State Division of Human Rights at 1-888-392-3644. This agency is responsible for protecting my rights.
3. I have the right to revoke this authorization at any time by writing to the provider listed below in Item 5. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization.
4. Signing this authorization is voluntary. I understand that generally my treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditional upon my authorization of this disclosure. However, I do understand that I may be denied treatment in some circumstances if I do not sign this consent.

5. Name and Address of Provider or Entity to Release this Information:
6. Name and Address of Person(s) to Whom this Information Will Be Disclosed:
7. Purpose for Release of Information:
8. Unless previously revoked by me, the specific information below may be disclosed from: _____ (INSERT START DATE) until _____ (INSERT EXPIRATION DATE OR EVENT)

☐ All health information (written and oral), except:

For the following to be included, indicate the specific information to be disclosed and initial below.	Information to be Disclosed	Initials
☐ Records from alcohol/drug treatment programs		
☐ Clinical records from mental health programs*		
☐ HIV/AIDS-related information		

9. If not the patient, name of person signing form:	10. Authority to sign on behalf of patient:

All items on this form have been completed, my questions about this form have been answered and I have been provided a copy of the form.

_____ _____
(SIGNATURE OF PATIENT OR REPRESENTATIVE AUTHORIZED BY LAW) DATE

Witness Statement/Signature: I have witnessed the execution of this authorization and state that a copy of the signed authorization was provided to the patient and/or the patient's authorized representative.

_____ _____ _____
(PRINT PERSON'S NAME AND TITLE) (SIGNATURE) DATE

This form may be used in place of DOH-2557 and has been approved by the NYS Office of Mental Health and NYS Office of Alcoholism and Substance Abuse Services to permit release of health information. However, this form does not require health care providers to release health information. Alcohol/drug treatment-related information or confidential HIV-related information released through this form must be accompanied by the required statements regarding prohibition of re-disclosure.

*Note: Information from mental health clinical records may be released pursuant to this authorization to the parties identified herein who have a demonstrable need for the information, provided that the disclosure will not reasonably be expected to be detrimental to the patient or another person.

DOH-5032 (4/11)

APPENDIX 1
Clinical Opiate Withdrawal Scale

For each item, circle the number that best describes the patient's signs or symptom. Rate on just the apparent relationship to opiate withdrawal. For example, if heart rate is increased because the patient was jogging just prior to assessment, the increase pulse rate would not add to the score.

Patient's Name:_____ Date and Time ____/____/____:_____

Reason for this assessment:_____

Resting Pulse Rate: _____beats/minute *Measured after patient is sitting or lying for one minute* 0 pulse rate 80 or below 1 pulse rate 81-100 2 pulse rate 101-120 4 pulse rate greater than 120	**GI Upset:** *over last 1/2 hour* 0 no GI symptoms 1 stomach cramps 2 nausea or loose stool 3 vomiting or diarrhea 5 multiple episodes of diarrhea or vomiting
Sweating: *over past 1/2 hour not accounted for by room temperature or patient activity.* 0 no report of chills or flushing 1 subjective report of chills or flushing 2 flushed or observable moistness on face 3 beads of sweat on brow or face 4 sweat streaming off face	**Tremor** *observation of outstretched hands* 0 no tremor 1 tremor can be felt, but not observed 2 slight tremor observable 4 gross tremor or muscle twitching
Restlessness *Observation during assessment* 0 able to sit still 1 reports difficulty sitting still, but is able to do so 3 frequent shifting or extraneous movements of legs/arms 5 unable to sit still for more than a few seconds	**Yawning** *Observation during assessment* 0 no yawning 1 yawning once or twice during assessment 2 yawning three or more times during assessment 4 yawning several times/minute
Pupil size 0 pupils pinned or normal size for room light 1 pupils possibly larger than normal for room light 2 pupils moderately dilated 5 pupils so dilated that only the rim of the iris is visible	**Anxiety or Irritability** 0 none 1 patient reports increasing irritability or anxiousness 2 patient obviously irritable or anxious 4 patient so irritable or anxious that participation in the assessment is difficult
Bone or Joint aches *If patient was having pain previously, only the additional component attributed to opiates withdrawal is scored* 0 not present 1 mild diffuse discomfort 2 patient reports severe diffuse aching of joints/muscles 4 patient is rubbing joints or muscles and is unable to sit still because of discomfort	**Gooseflesh skin** 0 skin is smooth 3 piloerrection of skin can be felt or hairs standing up on arms 5 prominent piloerrection
Runny nose or tearing *Not accounted for by cold symptoms or allergies* 0 not present 1 nasal stuffiness or unusually moist eyes 2 nose running or tearing 4 nose constantly running or tears streaming down cheeks	Total Score _____ The total score is the sum of all 11 items Initials of person completing assessment: _____

Score: 5-12 = mild; 13-24 = moderate; 25-36 = moderately severe; more than 36 = severe withdrawal

This version may be copied and used clinically.

Source: Wesson, D. R., & Ling, W. (2003). The Clinical Opiate Withdrawal Scale (COWS). *J Psychoactive Drugs*, 35(2), 253–9.

NEW YORK STATE Corrections and Community Supervision **Woodbourne Correctional Facility**	FACILITY OPERATIONS MANUAL TITLE **Medication-Assisted Treatment**	FOM. NO. **4042** DATE 3/7/2022

SUPERSEDES	DISTRIBUTION	PAGE
WCF FOM 4042 Dated 10-25-2021	A	Page 1 of 7

REFERENCES	APPROVING AUTHORITY
Directives: Corresponding Directive(s): 4929 Health Services Policy: 3.08,8.02 Relates ACA Standard(s)	D. Harlow Supt.

I. PURPOSE: To establish a procedure for accepting, storage and administration of Medication Assisted Treatment with Methadone or Buprenorphine for identified incarcerated individuals at Woodbourne Correctional Facility (WCF).

II. POLICY: Incarcerated individuals (I/I) drafting from a reception facility who are currently on active Medication Assisted Treatment (MAT) with Methadone or Buprenorphine will continue their therapy upon entry to Woodbourne Correctional Facility. Sending facilities will continue the therapy until they arrive at WCF. MAT treatment will be provided at Woodbourne to eligible participants.

III. PROCEDURE:

A. Methadone/ Buprenorphine Maintenance:

1. When medically indicated, I/Is on Methadone/ Buprenorphine treatment will be received at WCF and will continue to be enrolled in the MAT Program.

2. An eligibility list of qualifying I/Is will be generated by the Department of Classification and Movement to determine admittance into WCF's MAT Program.

3. Once notified, the Health Class Analysists will forward the information to the Woodbourne Correctional Facility I/I Records Coordinator (IRC), Nurse Administrator (NA) and Facility Health Service Director (FHSD). WCF will be given one week's notice so that medication can be obtained prior to the I/I's arrival at the facility.

4. The sending facility will ensure that all I/Is accepted for this program will receive their daily dose of Methadone or Buprenorphine on the day of their transfer of custody to WCF.

5. An intake medical screening will be completed by a Registered Nurse upon admittance to WCF.

6. Any observations of signs and symptoms of opiate withdrawal, using the Clinical

Opiate Withdrawal (COW) scale will be communicated to the Opioid Treatment Program (OTP) provider in a timely manner so that possible adjustments in the I/I's Methadone dosing can be considered. (See attached COW Scale) http://www.drugabuse.gov/sites/default/files/files/ClinicalOpiateWithdrawalScale.pdf

B. Logistics of Methadone Acquisition:

1. [redacted].

2. [redacted]

3. [redacted] A Record of Controlled Substances Administered (Form #3182) and a Change of Shift-Control/Count (Form #3184) will be prepared in accordance with DOCCS Directive 4929 and HSPM 3.08.

4. Any discrepancy between the amount received and the amount ordered or damage to the medication, the FHSD, NA and the provider at the OTP must be notified immediately.

5. The DOCCS Nurses will sign the enclosed OTP Medication Administration Record form included [redacted] and return it to the OTP weekly. A copy must be kept on file.

6. The WCF provider will review the recommendations and write the specific Methadone orders to be administered for each I/I in the Ambulatory Health Care Record (AHR). A Medication Administration Record (MAR) (Form #3179) will be completed with the transcribed orders for each I/I.

7. A copy of the monthly MAR and a Record of Controlled Substances Administered will be faxed or scanned monthly to the OTP and the original MAR will be filed in the AHR MISC Section. Once scanned, a note should be added to the MAR that it has been scanned to the OTP with date and time along with signature of NA or designee.

C. Logistics of Buprenorphine Acquisition:

1. Providers need to have the X-waiver (an X number on their DEA License which signifies their ability to prescribe and administer Buprenorphine).

2. Providers also need to have e-prescribing capability so that they can electronically send the prescription to a pharmacy such as Omnicare or Cardinal.

3. Upon arrival of the Buprenorphine to WCF, the medication will be counted under dual control (two nurses). If there is just one nurse on duty, the count will be conducted with a member of the security staff. A Record of Controlled Substances Administered (Form #3182) and a Change of Shift-Control/Count (Form #3184) will be prepared in accordance with DOCCS Directive 4929 and HSPM 3.08.

4. Any discrepancy between the amount received and the amount ordered or damage to the medication, the FHSD, NA and the pharmacy (Omnicare or Cardinal) must be notified immediately.

6. A WCF provider will write the specific Buprenorphine orders to be administered for each I/I in the AHR. A MAR (Form #3179) will be completed with the transcribed orders for each I/I.

7. The original MAR will be filed in the AHR MISC Section.

D. <u>Storage of MAT medications Methadone/ Buprenorphine:</u>

1. [redacted]

2. [redacted]

E. <u>Administration of Methadone and Buprenorphine:</u>

1. Nursing is responsible for administering MAT in a secure site. Security will participate in the process to address the risk of diversion.

2. Administration of medication will be given per 1:1 medication administration protocol to avoid distraction and decrease the likelihood of spillage or diversion.

3. The I/I must show photo ID as well as state their name and DIN.

4. The nurse will observe the I/I prior to administering the medication. If the I/I appears

to be sedated, drowsy, cognitively impaired, or weak, the I/I will be immediately assessed using the COW scale. **A score of 25 or above requires immediate notification of the FHSD, DOCCS provider and the OTP's provider. The medication must not be administered until they are assessed by the facility's provider.**

5. *Methadone:*
   a. The Methadone bottle will be labeled with the I/I's name, DIN # and dose and confirmed with the I/I prior to administration.
   b. The Methadone wafers are placed in a 4-oz. cup and the dose shown and confirmed with the incarcerated individual prior to dissolution.
   c. Pour a small amount of hot water on the methadone to dissolve the tablet completely, after which an equal amount of cold water is added. Once dissolved, give the cup with the solution to the patient.
   d. They are then asked to drink a cup of water before and after taking the Methadone. The nurse will then perform a mouth check and ask the I/I to clearly enunciate their name and DIN to confirm consumption of the medication.
   e. The I/I will sit for 10-15 minutes so that they can be observed for any issues and to ensure digestion.
   f. The bottle in which the Methadone was contained will be returned to the RN so that the label can be removed and shredded, and the bottle properly discarded.

6. *Buprenorphine:*
   a. The I/I will be given a cup of water to drink before the nurse does a mouth check with a flashlight.
   b. The Subutex (crushed pill) or Suboxone (film) is then placed by the nurse under the tongue of the I/I.
   c. The I/I must have their arms to their side on or a table during this time and be observed closely to prevent diversion.
   d. The nurse must perform mouth checks with the flashlight to confirm that the medication is dissolving.
   e. Once the medication is dissolved, the I/I is asked to drink a cup of water and enunciate their name and DIN.
   f. The I/I must be observed for 10-15 minutes after administration to ensure the absence of ill effects and reduce the chances of diversion.
   g. As the number of I/Is increases, the medication can be administered to several I/I simultaneously, to shorten the medication administration time.
   h. They are to be evenly and appropriately spaced on a bench or standing against a wall with their hands to their sides. Security must be diligent in observing the group for diversion.

7. The RN will document the MAT medication administration in the MAR.

F. Diversion

1. If an I/I is observed to be diverting the medication, the nurse will:
   a. Document exact actions of the I/I in the I/I's medical record in the AHR section.
   b. Notify the FHSD and NA.

G. Discrepancies:

1. The NA and provider must be notified immediately, and the error resolved before the end of the tour.
2. A Medication Error report will be completed per HSPM 8.02, Medication Error Reporting.

3. The Medication Error report detailing the problem and corrective actions must be given to the provider to review.

4. A nurse may be asked to return to work before their scheduled tour to resolve Medication errors.

5. If there is Loss of Controlled Substances, the nurse must immediately notify the NA, provider and Watch-Commander. On off-tours and weekends, the Officer of the Day and Watch Commander will be notified in accordance with Directives 2945, 4092, 4929, HSPM 3.01, NYCRR Title 10 Part 80.100, as well as the on-call provider.

H. Spillage/Vomit of Methadone

1. If there is spillage or vomiting of the Methadone solution, the nurse will inform the FHSD and OTP provider immediately.

2. A Consultation Form #3194 documenting the specific circumstances of the medication loss will be faxed or scanned to the OTP.

3. Once returned by the OTP, the DOCCS provider will review recommendations on the consultation form and write the new orders in the AHR. The nurse will note the orders and update the MAR.

I. I/Is Requiring Dose Adjustment:

1. When a I/I on MAT expresses any symptom of opiate withdrawal at the medication window, sick-call, or during emergency sick call, the I/I will be assessed using the

COW scale by a nurse and will be evaluated by a DOCCS provider as soon as possible.

2. For I/Is on Methadone, the Consultation Form stating the issue will be faxed/scanned to the OTP and a call should be made between the DOCCS provider and the OPT's provider to discuss the plan.

3. For I/Is on Buprenorphine, the DOCCS provider will assess the I/I and determine the need for a dose adjustment.

4. The DOCCS provider will document any medication changes for Methadone or Buprenorphine in the AHR. The nurse will note the order and update the MAR.

J. Discontinuation of MAT:

1. I/Is who elect to terminate voluntarily and prematurely from the program will be reviewed by the FHSD. In cases of I/Is on Methadone, the FHSD will consult with the OTP provider.

K. Staff Education and Training:

1. Licensed medical professionals shall be appropriately trained in the administration of MAT medication and the Policy. All Buprenorphine prescribers must have an X-waiver.

L. Discharge Planning:

1. A consent form will be signed by the I/I and faxed by the NA or designee to the OTP, along with their date of release and address, so that the OTP can share information with the OTP closest to the I/I's address and an appointment can be made to ensure continuity of care.

2. Discharge planning for I/I's return to the community will be coordinated by the designated DOCCS OTP SURN for linkage to a MAT program in the community when there is no OTP to do so.

3. I/Is will receive their dose of MAT medication, on the day of transfer prior to leaving the facility.

M. Disposal:

1. If there are remaining doses, WCF will record that the medication was disposed of (date, time, amount, reason, and for which I/I) and dispose in the drop box provided in accordance with OASAS and DEA regulations.

N. Transfer to an Infirmary or Specialized Confinement Housing Units

1. Within the facility:

a. Incarcerated individuals transferred to Specialized Confinement Housing Units or the Infirmary will be escorted to the medication room so that their MAT medication can be administered.

b. [redacted]

2. Transfer to another facility:

a. The NA or designee will alert the OTP and the medical staff of the receiving infirmary or Specialized Confinement Housing Units prior to placement.

b. NA or designee will complete form 3313, MAT Program Transfer. The form will then be emailed to the facility that the I/I is being transferred to.

c. WCF will be responsible for transporting the I/I's remaining MAT medications, MAR, and Accountability Sheets to the receiving facility in the locked box.

d. Upon arrival to the receiving facility, the MAT medication will be immediately reconciled with a two-nurse count. If two nurses are not available, the narcotic count can be done with a nurse and a security member in accordance with Directive 4929.

e. The receiving facility nurses will use the MAR and Accountability sheets that are provided [redacted]. These sheets and any additional doses of MAT medications must be returned to WCF upon discharge from the infirmary or Specialized Confinement Housing Units. [redacted]

f. The receiving facility medical staff will follow all MAT policies and procedures per their Facility Operating Manuals (FOM). WCF's medical staff will be alerted with regards to any medication issues.

g. At the time the I/I is medically cleared to return to WCF, the medical staff must be informed with a nurse-to-nurse discharge report.

h. Upon discharge, the remaining MAT medication will be transported back with the MAR and the accountability sheets [redacted] by security staff and brought to the medical.

i. The MAT medication will be immediately reconciled with a two-nurse count. If two nurses are not available, the count can be done with a nurse and a security staff member. Any discrepancy noted, the NA, FHSD and Watch Commander must be notified immediately.

j. In the rare event that an I/I is paroled/discharged from a facility other than the sending facility, the remaining MAT medication will be returned to WCF for

disposal.

k. [redacted]

NEW YORK STATE | Corrections and Community Supervision

KATHY HOCHUL
Governor

ANTHONY J. ANNUCCI
Acting Commissioner

MEMORANDUM

TO: All IGP Supervisors

FROM: Rachael Seguin, Director, Incarcerated Grievance Program RS

DATE: October 28, 2022

SUBJECT: **MAT Grievances**

Correction Law § 626, Medication Assisted Treatment in Correctional Facilities, went into effect on October 7, 2022.

Central Office has established a Medication for Addiction Treatment (MAT) Committee to determine if MAT initiation for an incarcerated individual with a confirmed diagnosis of Opioid Use Disorder (OUD) is appropriate based upon an assessment and recommendation by facility health care staff. Therefore, the determination to approve or deny MAT initiation for an incarcerated individual with an OUD diagnosis is considered non-grievable.

In such instances, if you are unable to informally resolve the complaint and the grievance requires an IGRC hearing, IGRC staff and incarcerated individuals should be trained with the following language to dismiss and close the complaint.

> *"After review and consideration, the IGRC dismisses and closes this grievance in accordance with Directive #4040, § 701.3 (e)(1) and § 701.5 (b)(4)(i)(c)(4). The facility recommendation to initiate Medication for Addiction Treatment (MAT) is automatically reviewed by Central Office for final determination. Therefore, that decision is considered non-grievable. The grievant is advised to address any further medical concerns via sick call."*

***Please note that the above language should only be used for grievances in which the grievant has a confirmed OUD diagnosis and does not raise any other issues that require addressing through the grievance mechanism. If a grievance contains other medical issues, and/or the incarcerated individual does not currently have a confirmed OUD diagnosis, the IGRC *CANNOT* dismiss and close the complaint utilizing the above language.**

All grievances **must** be sent to facility medical staff prior to an IGRC hearing being held in accordance with current procedures to verify if an incarcerated individual has a confirmed OUD diagnosis in their medical record.

Please contact me directly with any questions or concerns. Thank you.

Cc: Anne Marie McGrath, Deputy Commissioner
Dr. Carol A. Moores, Deputy Commissioner/Chief Medical Officer
Chris VanBergen, Assistant Director, IGP
Central Office IGP Coordinators/Supervisors

MAT Informational Tip Sheet 10/17/22

- All DOCCS facilities may do the Assessments to identify whether a patient appears to be an appropriate candidate for MAT, including Edgecombe and Altona. In time, those facilities will also be set up to provide MAT.

- Making an OUD diagnosis can be very difficult. All cases have to be considered independently. A prior drug conviction does not confirm the diagnosis. A lack of history in a MAT program does not exclude the diagnosis. A negative COWS evaluation or a negative drug screen does not exclude the diagnosis. Ask for details about the answers to each part of the Assessment. If you are unsure about a case, it is also acceptable to do some random drug screens. If your overall assessment is that an individual does not seem to have enough evidence/story to support the risk of initiating a daily dose of buprenorphine, then recommend that MAT not be offered at this time.

- If the patient reports a history of participating in a MAT program in the past and you'd like to confirm, then request those medical records.

- The Central Office MAT Committee is a multi-disciplinary Committee that is overseen by DC/CMO Moores. The "approval process" is only to confirm that the documentation is adequate for the decision that is made by the PCP. Most that have come in so far have been very appropriate and many have absolutely excellent documentation. (We don't want a patient prescribed MAT, or refused a prescription for MAT, if there is no appropriate supporting documentation).

- Providers are not authorized to manage more patients than their current X-waiver capacity allows. Overall numbers will be monitored and managed by Central Office Health Services. Over time, we will be working with providers to satisfy the certification training in order to increase their X-waiver capacity to 100 when eligible. We are also working at the possibility of contracting for buprenorphine care as we do for methadone care.

- The Assessment Form is derived from the DSM-5-TR. The wording is from the criteria used for making the diagnosis of OUD. Some of these criteria will not be easy (or even possible) to assess within the correctional setting. However, we still need to use these criteria because they are the official criteria.

- Although nursing personnel can assist with the interview for completing the Assessment Form, it is the PCP's responsibility to review, decide if further information is needed for completeness, and decide whether they recommend starting MAT at that time.

- Methadone dosing cannot be changed by a DOCCS provider. Methadone for MAT can only be managed/prescribed by an OTP.

- Buprenorphine initiation does not have to take place in an Infirmary.

- It is not a requirement to observe each patient for 15 minutes with each medication administration for MAT. MAT medications may be given as per protocol like any 1:1 medication administration. As with any item that would be at a 1:1 med line, it is imperative that all items be returned to the nurse (such as any container that the medication was in for dosing). If the patient is allowed to dispose of a container themselves, it is more likely that the container will be diverted on their person. As with any other 1:1 medication administration, certain patients will be known to be of more concern for diversion and more stringent procedures or observation may be chosen for those cases.

- MAT dose must be given before an I/I is transferred/moved (regardless of the time of day it is or the time that the regular dose would occur). In other words, the sending facility is responsible for administering the MAT dose for that calendar day.

- DOCCS contracts with OTPs to provide continued methadone care for the incarcerated individuals that have been received from county on a stable dose of methadone. However, DOCCS does not have any OTPs within its facilities. Currently, all MAT initiations will only be the medications which can be prescribed by DOCCS providers – buprenorphine and naltrexone.

- Providers can order tox screen labs from BioReference. Those results are part of the medical record and are Protected Health Information. Therefore, those results are not given to Security for disciplinary actions. However, any time that a health care professional has a concern about a patient and believes that sharing specific information about the patient or making specific requests to Security to assist with an issue with a patient's situation related to their medical conditions, it is appropriate to do so. The key piece to understand is that any sharing of PHI is only to be done for the patient's safety and well-being - - and *not* for disciplinary purposes.

- Work Release will be handled on a case-by-case basis. Contact us at DOCCS.SM.HEALTH.MAT@DOCCS.NY.GOV

- It is very appropriate to keep communication with key personnel in Security to be notified of evidence of I/I use of contraband drugs. This is to assist health care staff in making appropriate and timely diagnoses and treatment decisions. Timely decisions can save lives.

- If a patient diverts methadone or buprenorphine, do labs to see if there is evidence that the patient is taking their medication. Then a PCP should have a discussion with the patient. The patient should be asked to explain their diversion attempt. The information should be given to the OTP if the patient is on methadone. It is up to the OTP whether any changes in their dose will occur. For buprenorphine patients, the DOCCS PCP will decide what to do based on their assessment during the discussion (and based on the lab results). If the lab was negative for evidence of buprenorphine use, then the dose should be tapered off and stopped. If there is evidence of use, in most cases (but it is up to the PCP), the patient should be told that if any more diversion occurs, they will be tapered off.

- It is the PCP's option to interview their patient in a different manner rather than reading the Assessment Form questions as they're written. Open-ended questions can result in a better assessment since it would not be hinting at a rote answer. Please feel free to do that as an alternative. Instead of sending in the Assessment Form, you can send your progress note documentation for Central Office review. Ultimately, the only purpose of the Central Office review is to confirm that the documentation is adequate to support the diagnosis and choice of starting or not starting MAT.

- Work release concerns about regarding working around machinery or driving vehicles while on MAT - - Community jobs generally have requirements with their applications that address these issues. Either the applicant has to take a physical exam and/or complete paperwork that require answers about such issues as medications that cause sedation. This would have to be decided on a case-by-case basis. Most MAT patients on stable doses also stabilize with their side effects.

- Medical interviews between health care staff and patients are PHI. It is appropriate to inform the patient of this, especially if you feel that they are worried about telling the truth about what they are currently doing with their drug seeking and drug using behavior.

- An emergency medical response within a facility always takes precedence over a routine medication administration line, such as for MAT. If a nurse is the lone staff and a medical emergency is called while they are working the MAT line, the MAT line stops, and the emergency is attended to. The emergency is a higher priority than the routine post-dose observation of MAT patients that just received their routine dose.

- The "MAT" TOS was only created in order for DOCCS to follow our progress with the MAT roll-out and answer questions about the progress to various entities in government and advocacy groups. It is fine to see a patient in another appt type and take care of the MAT needs at that time. The important issue is to be able to show how many individuals are waiting for assessment appointments at any given time.

- The code for OUD (960Z) can be entered anytime a provider believes that it is an appropriate diagnosis, including as seen on medical records from other sources. For example, OMH, an OTP, a patient's medical records from previous care in the community are all potential sources. Also, when a patient is assessed by a DOCCS provider. (You do not have to wait for feedback from Central Office.) In fact, there will be times when the diagnosis of OUD is an appropriate assessment but a decision to not prescribe MAT can still occur (such as when a patient has an unstable medical problem that needs to be stabilized before considering MAT, etc.).

- Even though there is significant evidence to show that MAT can be effective in decreasing opioid use and decreasing the likelihood of overdose death, it does not guarantee that the individual will remain sober. If an individual continues to use drugs/substances while on MAT, it could be due to an inadequate dose of their MAT medication, the fact that they have a mixed addiction (not just opioids), that MAT is not enough to prevent relapse at that moment, or that there are other mental health or behavioral issues that are affecting their choices at that point.

NEW YORK STATE Corrections and Community Supervision Adirondack Correctional Facility	FACILITY OPERATIONS MANUAL TITLE **Medication-Assisted Treatment**	FOM. NO. 360
		DATE 04/25/2022
SUPERSEDES	DISTRIBUTION D	PAGE Page 1 of 6
REFERENCES Directives: Corresponding Directive(s): 4929 Health Services Policy: 3.08,8.02 Relates ACA Standard(s)	APPROVING AUTHORITY Daniel Sh	

I. **PURPOSE:** To establish a procedure for accepting, storage and administration of Medication Assisted Treatment with Methadone or Buprenorphine for identified incarcerated individuals at Adirondack Correctional facility (ACF).

II. **POLICY:** Incarcerated individuals (I/I) drafting from a reception facility who are currently on active Medication Assisted Treatment (MAT) with Methadone or Buprenorphine will continue their therapy upon entry to Adirondack Correctional Facility. Sending facilities will continue the therapy until they arrive at ACF. MAT treatment will be provided at Adirondack to eligible participants.

III. **PROCEDURE:**

A. Methadone/ Buprenorphine Maintenance:

1. When medically indicated, I/Is on Methadone/ Buprenorphine treatment will be received at ACF and will continue to be enrolled in the MAT Program.

2. An eligibility list of qualifying I/Is will be generated by the Department of Classification and Movement to determine admittance into ACF's MAT Program.

3. Once notified, the Health Class Analysists will forward the information to the Adirondack Correctional Facility I/I Records Coordinator (IRC), Nurse Administrator (NA) and Facility Health Service Director (FHSD). ACF will be given one week's notice so that medication can be obtained prior to the I/I's arrival at the facility.

4. The sending facility will ensure that all I/Is accepted for this program will receive their daily dose of Methadone or Buprenorphine on the day of their transfer of custody to ACF.

5. An intake medical screening will be completed by a Registered Nurse upon admittance to ACF.

6. Any observations of signs and symptoms of opiate withdrawal, using the Clinical Opiate Withdrawal (COW) scale will be communicated to the Opioid Treatment

Program (OTP) provider in a timely manner so that possible adjustments in the I/I's Methadone dosing can be considered. (See attached COW Scale) http://www.drugabuse.gov/sites/default/files/files/ClinicalOpiateWithdrawalScale.pdf

B. Logistics of Methadone Acquisition:

[redacted]

3. Upon arrival of the Methadone to ACF, there will be a two-nurse count of the contents of the locked box. In the event of only one Nurse on duty, the count will be performed with a member of the Security or Pharmacy staff. A Record of Controlled Substances Administered (Form #3182) and a Change of Shift-Control/Count (Form #3184) will be prepared in accordance with DOCCS Directive 4929 and HSPM 3.08.

4. Any discrepancy between the amount received and the amount ordered or damage to the medication, the FHSD, NA and the provider at the OTP must be notified immediately.

5. A copy of the monthly MAR and a Record of Controlled Substances Administered will be faxed or scanned monthly to the OTP and the original MAR will be filed in the AHR MISC Section. Once scanned, a note should be added to the MAR that it has been scanned to the OTP with date and time along with signature of NA or designee.

C. Logistics of Buprenorphine Acquisition:

1. Providers need to have the X-waiver (an X number on their DEA License which signifies their ability to prescribe and administer Buprenorphine).

2. Providers also need to have e-prescribing capability so that they can electronically send the prescription to a pharmacy such as Omnicare or Cardinal.
3. Upon arrival of the Buprenorphine to ACF, the medication will be counted under dual control (two nurses). If there is just one nurse on duty, the count will be conducted with a member of the security or pharmacy staff. A Record of Controlled Substances Administered (Form #3182) and a Change of Shift-Control/Count (Form #3184) will be prepared in accordance with DOCCS Directive 4929 and HSPM 3.08.

4. Any discrepancy between the amount received and the amount ordered or damage to the medication, the FHSD, NA and the pharmacy (Omnicare or Cardinal) must be notified immediately.

5. An ACF provider will write the specific Buprenorphine orders to be administered for each I/I in the AHR. A MAR (Form #3179) will be completed with the transcribed orders for each I/I.

6. The original MAR will be filed in the AHR MISC Section.

D. Storage of MAT medications Methadone/ Buprenorphine:

[redacted]

E. Administration of Methadone and Buprenorphine:

1. Nursing is responsible for administering MAT in a secure site. Security will participate in the process to address the risk of diversion.

2. Administration of medication will be given per 1:1 medication administration protocol to avoid distraction and decrease the likelihood of spillage or diversion.

3. The I/I must show photo ID as well as state their name and DIN.

4. The nurse will observe the I/I prior to administering the medication. If the I/I appears to be sedated, drowsy, cognitively impaired, or weak, the I/I will be immediately assessed using the COW scale. **A score of 25 or above requires immediate notification of the FHSD, DOCCS provider and the OTP's provider. The medication must not be administered until they are assessed by the facility's provider.**
5. *Methadone:*
   a. The Methadone bottle will be labeled with the I/I's name, DIN # and dose and confirmed with the I/I prior to administration.
   b. They are then asked to drink a cup of water before and after taking the Methadone. The nurse will then perform a mouth check and ask the I/I to clearly enunciate their name and DIN to confirm consumption of the medication.

c. The I/I will sit for 10-15 minutes so that they can be observed for any issues and to ensure digestion.
d. The bottle in which the Methadone was contained will be returned to the RN so that the label can be removed and shredded, and the bottle properly discarded.

6. *Buprenorphine:*
   a. The I/I will be given a cup of water to drink before the nurse does a mouth check with a flashlight.
   b. The Subutex (crushed pill) or Suboxone (film) is then placed by the nurse under the tongue of the I/I.
   c. The I/I must have their arms to their side on or a table during this time and be observed closely to prevent diversion.
   d. The nurse must perform mouth checks with the flashlight to confirm that the medication is dissolving.
   e. Once the medication is dissolved, the I/I is asked to drink a cup of water and enunciate their name and DIN.
   f. The I/I must be observed for 10-15 minutes after administration to ensure the absence of ill effects and reduce the chances of diversion.
   g. As the number of I/Is increases, the medication can be administered to several I/I simultaneously, to shorten the medication administration time.
   h. They are to be evenly and appropriately spaced on a bench or standing against a wall with their hands to their sides. Security must be diligent in observing the group for diversion.

7. The RN will document the MAT medication administration in the MAR.

F. Diversion

1. If an I/I is observed to be diverting the medication, the nurse will:

   a. Document exact actions of the I/I in the I/I's medical record in the AHR section.
   b. Notify the FHSD and NA.

G. Discrepancies:

1. The NA and provider must be notified immediately, and the error resolved before the end of the tour.
2. A Medication Error report will be completed per HSPM 8.02, Medication Error Reporting.

3. The Medication Error report detailing the problem and corrective actions must be given to the provider to review.

4. A nurse may be asked to return to work before their scheduled tour to resolve Medication errors.

5. If there is Loss of Controlled Substances, the nurse must immediately notify the Nurse Administrator, provider, and Watch-Commander. On off-tours and weekends, the Officer of the Day and Watch Commander will be notified in accordance with Directives 2945, 4092, 4929, HSPM 3.01, NYCRR Title 10 Part 80.100, as well as the on-call provider.

H. Spillage/Vomit of Methadone

1. If there is spillage or vomiting of the Methadone solution, the nurse will inform the FHSD and OTP provider immediately.

2. A Consultation Form #3194 documenting the specific circumstances of the medication loss will be faxed or scanned to the OTP.

3. Once returned by the OTP, the DOCCS provider will review recommendations on the consultation form and write the new orders in the AHR. The nurse will note the orders and update the MAR.

I. I/Is Requiring Dose Adjustment:

1. When a I/I on MAT expresses any symptom of opiate withdrawal at the medication window, sick-call, or during emergency sick call, the I/I will be assessed using the COW scale by a nurse and will be evaluated by a DOCCS provider as soon as possible.

2. For I/Is on Methadone, the Consultation Form stating the issue will be faxed/scanned to the OTP and a call should be made between the DOCCS provider and the OPT's provider to discuss the plan.

3. For I/Is on Buprenorphine, the DOCCS provider will assess the I/I and determine the need for a dose adjustment.

4. The DOCCS provider will document any medication changes for Methadone or Buprenorphine in the AHR. The nurse will note the order and update the MAR.

J. Discontinuation of MAT:

1. I/Is who elect to terminate voluntarily and prematurely from the program will be reviewed by the FHSD. In cases of I/Is on Methadone, the FHSD will consult with the OTP provider.

K. Staff Education and Training:

1. Licensed medical professionals shall be appropriately trained in the administration of MAT medication and the Policy. All Buprenorphine prescribers must have an X-waiver.

L. Discharge Planning:

1. A consent form will be signed by the I/I and faxed by the NA or designee to the OTP, along with their date of release and address, so that the OTP can share information with the OTP closest to the I/I's address and an appointment can be made to ensure continuity of care.

2. Discharge planning for I/I's return to the community will be coordinated by the designated DOCCS OTP SURN for linkage to a MAT program in the community when there is no OTP to do so.

3. I/I will receive their dose of MAT medication, on the day of transfer prior to leaving the facility.

M. Disposal:

1. If there are remaining doses, ACF will record that the medication was disposed of (date, time, amount, reason, and for which I/I) and dispose in the drop box provided in accordance with OASAS and DEA regulations.

N. Transfer to an Infirmary or Specialized Confinement Housing Units

1 Within the facility:

a. Incarcerated individuals transferred to Specialized Confinement Housing Units or the Infirmary will be escorted to the medication room so that their MAT medication can be administered.

b [redacted]

MAT FAQ's 10/4/22

Question: As a Reception Center, can those Reception I/Is who are requesting MAT initiation (Buprenorphine) be deferred their assessment at their designated/owning facility instead? These I/Is stay here for few days to few weeks then they transfer.

Answer: Assessments for I/I's at reception can wait until they arrive at their assigned facility. Once at their assigned facility they may request an assessment thru the sick call process.

MAT Frequently Asked Questions 10/4/22

Question:
With the new MAT initiations, are we to enter the problem code 960Z for all that are currently on MAT or is this code only used after the OUD diagnosis is made by the inhouse providers?

Answer: Yes, everyone on MAT will need the 960Z code. The 960Z is a new problem list code which is specific to OUD disorder. Therefore, those already on MAT we will assume this diagnosis was already made for this group. This group currently on MAT do not have to have an assessment form completed unless a primary care provider chooses to do so.

Question:
Are we supposed to wait for the facility specific lists to be generated, or are we to start with those who have requested it at the facility level?

Answer: The facility specific list will be sent shortly; however, you may start any assessments that have been self-requested.

Question: When does this go into effect?
Answer: Immediately

Question: Do only the providers that have x-waivers see the I/I's?

Answer: All primary care providers have x-waivers, however there are a few who do not. Assessments can be done by any primary care provider but it is preferable to be done by a primary care provider with x-waiver as they will be prescribing the medication.

Question: If several new individuals start the program and providers are capped at a certain number how will we be able to take additional I/I/'s? It will be difficult to follow.

Answer: Yes, this will take some time to manage x-waiver capacity. Central Office monitors numbers, facilities must also monitor numbers, and PCP's with x-waivers must also monitor their own #'s (as per requirements associated with x-wavier)

We are looking to expand Buprenorphine thru contracted vendors.

NEW YORK STATE Corrections and Community Supervision **Albion Correctional Facility**	FACILITY OPERATIONS MANUAL TITLE: Medication Assisted Treatment	FOM. NO. 233 DATE: 11/07/22
SUPERSEDES 06/16/21	DISTRIBUTION A & B	PAGE Page 1 of 6
REFERENCES Directives: Corresponding Directive(s): 4929 Health Services Policy: 3.08 Relates ACA Standard(s)	APPROVING AUTHORITY, Susan Squires, Superintendent	

I. Policy: Incarcerated individuals (I/Is) drafting from a reception facility who are currently in active Medication Assisted Treatment (MAT) with Methadone or Buprenorphine will continue the therapy upon entry to Albion Correctional Facility. Sending facilities will continue the therapy until they arrive at A.C.F. (MAT treatment will be provided at Albion to eligible participants.)

II. PROCEDURE:

A. Methadone Maintenance/Detoxification:

1. An eligibility list of qualifying inmates will be generated by the reception centers/sending facility to determine the admittance into Albion MAT Program. This list will be sent to the Albion Correctional Facility Inmate Records Coordinator (IRC) when the intake is completed so that proper medication can be obtained prior to the incarcerated individual's arrival at ACF.

2. When medically indicated, inmates on Methadone maintenance will be received at Albion CF and will continue to be enrolled in OTP MAT Program.

3. ACF IRC will receive notification of an incoming OTP participant and forward the information to the Nurse Administrator and Facility Health Service Director.

4. Sending facilities will ensure that all incarcerated individuals accepted for this program will receive their daily dose of methadone on the morning of their transfer of custody to Albion CF.

5. An intake medical screening will be completed by a Registered Nurse upon admittance to Albion CF.

6. Any observations of signs and symptoms of opiate withdrawal, using the Clinical Opiate Withdrawal (COW) scale will be communicated to the OTP physician in a timely manner so that possible adjustments in the patient's methadone dosing be considered.

(See attached COW Scale)
http://www.drugabuse.gov/sites/default/files/files/ClinicalOpiatWithdrawalScale.pdf

B. Logistics of Methadone Acquisition:

[redacted]

[redacted].

3. Upon arrival of the Methadone to Albion CF, there will be a 2-Nurse count of the contents of the locked box. In the event of only 1 Nurse on duty, the count will be performed with a member of the Security staff. A Record of Controlled Substances Administered (Form #3182) and a Change of Shift-Control/Count (Form 3184) will be prepared in accordance with DOCCS Directive 4829 and HSPM 3.08.

4. Any discrepancy between the amount of received and the amount ordered or if it is determined that there has been damage to the medication, the on-call physician at OTP must be notified immediately.

5. The DOCCS Nurses will sign the enclosed OTP Medication Administration Record form included in the lock box and return it to the OTP weekly. (Keep Copy)

6. An Albion CF provider will review the recommendations and write the specific Methadone orders to be administered for each patient in the Ambulatory Health Care Record (AHR). A Medication Administration Record (Form #3179) will be completed with the transcribed orders for each patient.

7. A copy of the monthly MAR and a record of Controlled Substances Administered will be faxed or scanned monthly to the OTP and the original MAR will be filed in the AHR MISC Section.

C. Storage of Methadone:

1. [redacted]

D. Administration of Methadone and Suboxone/Subutex:

1. Nursing and Security will be responsible for administering MAT in a secure site.

2. Administration of medication will be given per 1:1 medication administration protocol to avoid distraction and decrease the likelihood of spillage or diversion.

3. The incarcerated individual must show photo ID as well as state his/her name and DIN.

4. Observe the incarcerated individual prior to administering the medication. If the incarcerated individual appears sedated, drowsy, cognitively impaired, or weak, the physician/provider must be alerted prior to giving Methadone.

5. The Methadone bottle will be labeled with the incarcerated individual's name, DIN # and dose and confirmed with the patient prior to administration.

6. Methadone: The incarcerated individual must first enunciate their name and DIN so that the nurse can assess the need for the COW scale. They are then asked to drink a cup of water before and after taking the Methadone. The nurse will then perform a mouth check and ask the incarcerated individual to clearly enunciate their name and DIN to confirm consumption of the medication.

   Suboxone/Subutex: The incarcerated individual must first enunciate their name and DIN, then drink a cup of water before the nurse does a mouth check prior to giving their medication. The nurse should perform mouth checks with the flashlight to confirm that the medication is dissolving. Once dissolved, the incarcerated individual is asked to drink a cup of water and enunciate his name and DIN. The patient will then return to their unit.

7. The bottle in which the Methadone was contained will be returned to the RN and properly discarded.

8. The RN will document medication administration in the MAR.

E. Diversion:

DOCCS has a zero-tolerance policy for Diversion. If an I/I is caught diverting methadone, the nurse after receiving written documentation regarding the incident will:

a. Document in the I/I's medical record in the AHR section the exact actions of the patient.

b. Notify the on-call physician and Security.

F. Discrepancies:

1. All medication errors will be resolved before the end of the tour.

2. A Medication Error report will be completed per HSPM 8.02, Medication Error Reporting.

3. The on-call physician will be notified when an error cannot be corrected before the end of the tour.

4. The Medication Error report detailing the problem and corrective actions must be left for the on-call physician to review.

5. A nurse may be asked to return to work before his/her scheduled tout to resolve Medication errors related to methadone administration.

6. If there is Loss of Controlled Substances, the nurse must immediately notify the Nurse Administrator and the on-call physician. On off-tours and weekends, the Officer of the Day and the Watch Commander will be notified in accordance to Directives 2945, 4092, 4929, HSPM 3.01, NYCRR Title 10 Part 80.100, as well as the on-call physician.

G. Spillage/Vomit of Methadone

1. If there is spillage or vomiting of the Methadone solution, the nurse will inform the DOCCS physician and the OTP physician immediately.

2. The OTP will be consulted by Albion medical staff if an additional dose is required. A consultation form will be faxed or scanned to the OTP. The OTP physician will give dosing instructions that will be documented in the AHR by the Albion provider.

H. Patients Requiring Methadone Dose Adjustment:

1. When a patient on Methadone MAT expresses any symptom of Opiate withdrawal at the medication window, sick-call, or referred by Facility Staff, the patient will be assessed using the COW scale by a nurse and will be evaluated by a provider as soon as possible.

2. The provider will fax or scan a Consultation Form to the OTP and a tele-med call with the patient will be arranged.

3. The OTP will inform the ACF medical team of the plan of action and return the form with that plan by fax to Albion Cf.

4. The provider will document any medication changes in the AHR.

I. <u>Discontinuation of Methadone:</u>

Incarcerated individuals who elect to terminate from the program voluntarily and prematurely will be reviewed by the on-call physician and the OTP.

J. Staff Education and Training:

Licensed medical professionals shall be appropriately trained in the administration of Methadone and the Policy by the collaborating OTP staff.

K. Discharge Planning:

Discharge planning for incarcerated individuals returning to the community will be handled by the designated DOCCS OTP SURN for linkage to a Medication Assisted Therapy program in the community.

L. Disposal:

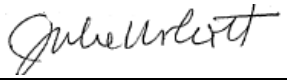
If there are extra or leftover doses, Albion CF will record that the medication was disposed of (date, time, amount, reason, and for which patient) and dispose in the drop box provided in accordance with OASAS regulations.

M. Transfers to SHU:

Incarcerated individuals being transferred to Special Housing Unit will receive their medication in either the hearing room or in-cell.

NEW YORK STATE Corrections and Community Supervision **Attica Correctional Facility**	FACILITY OPERATIONS MANUAL TITLE **Medication-Assisted Treatment**	FOM. NO. 2.418 DATE 4/19/22

SUPERSEDES	DISTRIBUTION	PAGE
N/A	A	Page 1 of 8

REFERENCES	APPROVING AUTHORITY
Directives: Corresponding Directive(s): 4929 Health Services Policy: 3.08,8.02 Related ACA Standard(s)	

I. PURPOSE: To establish a procedure for accepting, storage and administration of Medication Assisted Treatment with Methadone or Buprenorphine for identified incarcerated individuals at Attica Correctional facility (ACF).

II. POLICY: Incarcerated individuals (I/I) drafting from a reception facility who are currently on active Medication Assisted Treatment (MAT) with Methadone or Buprenorphine will continue their therapy upon entry to Attica Correctional Facility. Sending facilities will continue the therapy until they arrive at ACF. MAT treatment will be provided at Attica to eligible participants.

III. PROCEDURE:

A. <u>Methadone/ Buprenorphine Maintenance:</u>

1. When medically indicated, I/Is on Methadone/ Buprenorphine treatment will be received at ACF and will continue to be enrolled in the MAT Program.

2. An eligibility list of qualifying I/Is will be generated by the Department of Class and Movement to determine admittance into ACF's MAT Program.

3. Once notified, the Health Class Analysists will forward the information to the Attica Correctional Facility I/I Records Coordinator (IRC), Nurse Administrator (NA) and Facility Health Service Director (FHSD). ACF will be given one week's notice so that medication can be obtained prior to the I/I's arrival at the facility.

4. The sending facility will ensure that all I/Is accepted for this program will receive their daily dose of Methadone or Buprenorphine on the day of their transfer of custody to ACF.

5. An intake medical screening will be completed by a Registered Nurse upon admittance to ACF.

6. Any observations of signs and symptoms of opiate withdrawal, using the Clinical Opiate Withdrawal (COW) scale will be communicated to the Opioid Treatment

Program (OTP) provider in a timely manner so that possible adjustments in the I/I's Methadone and suboxone dosing can be considered. (See attached COW Scale) http://www.drugabuse.gov/sites/default/files/files/ClinicalOpiateWithdrawalScale.pdf

B. Logistics of Methadone Acquisition:

1. [redacted]

2. [redacted]

3. Upon arrival of the Methadone to ACF, there will be a two-nurse count of the contents of the locked box. In the event of only one Nurse on duty, the count will be performed with a member of the Security or Pharmacy staff. A Record of Controlled Substances Administered (Form #3182) and a Change of Shift-Control/Count (Form #3184) will be prepared in accordance with DOCCS Directive 4929 and HSPM 3.08.

4. Any discrepancy between the amount received and the amount ordered or damage to the medication, the FHSD, NA, DSH and the provider at the OTP must be notified immediately.

5. The DOCCS Nurses will sign the enclosed OTP Medication Administration Record form included in the lock box and return it to the OTP weekly. A copy must be kept on file.

6. The ACF provider will review the recommendations and write the specific Methadone orders to be administered for each I/I in the Ambulatory Health Care Record (AHR). A Medication Administration Record (MAR) (Form #3179) will be completed with the transcribed orders for each I/I.

7. A copy of the monthly MAR and a Record of Controlled Substances Administered will be faxed or scanned monthly to the OTP and the original MAR will be filed in the AHR MISC Section. Once scanned, a note should be added to the MAR that it has been scanned to the OTP with date and time along with signature of NA or designee.

C. Logistics of Buprenorphine Acquisition:

1. Providers need to have the X-waiver (an X number on their DEA License which

signifies their ability to prescribe and administer Buprenorphine).

2. Providers also need to have e-prescribing capability so that they can electronically send the prescription to a pharmacy such as Omnicare or Cardinal.
3. Buprenorphine will be obtained from Attica CD Pharmacy. Form #3186A will be filled out and signed by the MD.

4. Upon arrival of the Buprenorphine to ACF, the medication will be counted under dual control (two nurses). If there is just one nurse on duty, the count will be conducted with a member of the security or pharmacy staff. A Record of Controlled Substances Administered (Form #3182) and a Change of Shift-Control/Count (Form #3184) will be prepared in accordance with DOCCS Directive 4929 and HSPM 3.08.

5. Any discrepancy between the amount received and the amount ordered or damage to the medication, the FHSD, NA, DSH and the pharmacy (Omnicare or Cardinal) must be notified immediately.

6. The Registered Nurse will sign the Form #3186 and return it to the Attica CF Pharmacy weekly. A copy must be kept on file in the binder in the med room.

7. An ACF provider will review the recommendations and write the specific Buprenorphine orders to be administered for each I/I in the AHR. A MAR (Form #3179) will be completed with the transcribed orders for each I/I.

8. A copy of the monthly MAR and a Record of Controlled Substances Administered will be faxed or scanned monthly to the OTP by the NA or designee. Once scanned, a date, time, and person scanning document will be place on the document. The original MAR will be filed in the AHR MISC Section.

D. Storage of MAT medications Methadone/ Buprenorphine:

1. [redacted]

[redacted]

E. Administration of Methadone and Buprenorphine:

1. Nursing is responsible for administering MAT in a secure site. Security will participate in the process to address the risk of diversion.
2. Administration of medication will be given per 1:1 medication administration protocol to avoid distraction and decrease the likelihood of spillage or diversion.

3. The I/I must show photo ID as well as state their name and DIN.

4. The nurse will observe the I/I prior to administering the medication. If the I/I appears to be sedated, drowsy, cognitively impaired, or weak, the I/I will be immediately assessed using the COW scale. **A score of 25 or above requires immediate notification of the FHSD, DOCCS provider and the OTP's provider. The medication must not be administered until they are assessed by the facility's provider.**

5. *Methadone:*
   a. The Methadone bottle will be labeled with the I/I's name, DIN # and dose and confirmed with the I/I prior to administration.
   b. They are then asked to drink a cup of water before and after taking the Methadone. The nurse will then perform a mouth check and ask the I/I to clearly enunciate their name and DIN to confirm consumption of the medication.
   c. The I/I will sit for 10-15 minutes so that they can be observed for any issues and to ensure digestion.
   d. The bottle in which the Methadone was contained will be returned to the RN so that the label can be removed and shredded, and the bottle properly discarded.

6. *Buprenorphine:*
   a. The I/I will be given a cup of water to drink before the nurse does a mouth check with a flashlight.
   b. The Subutex (crushed pill) or Suboxone (film) is then placed by the nurse under the tongue of the I/I.
   c. The I/I must have their arms to their side on or a table during this time and be observed closely to prevent diversion.
   d. The nurse must perform mouth checks with the flashlight to confirm that the medication is dissolving.
   e. Once the medication is dissolved, the I/I is asked to drink a cup of water and enunciate their name and DIN.
   f. The I/I must be observed for 10-15 minutes after administration to ensure the absence of ill effects and reduce the chances of diversion.
   g. Post ingestion, the I/I will be escorted back to their housing unit/assignment.
   h. As the number of I/Is increases, the medication can be administered to several I/I simultaneously, to shorten the medication administration time.
   i. They are to be evenly and appropriately spaced on a bench or standing against

a wall with their hands to their sides. Security must be diligent in observing the group for diversion.

7. The RN will document the MAT medication administration in the MAR.

F. Diversion

1. If an I/I is observed to be diverting the medication, the nurse will:

   a. Document exact actions of the I/I in the I/I's medical record in the AHR section.
   b. Notify the DSH, FHSD and NA.

G. Discrepancies:

1. The Watch Commander, DSH, NA and provider must be notified immediately, and the error resolved before the end of the tour.

2. A Medication Error report will be completed per HSPM 8.02, Medication Error Reporting.

3. The Medication Error report detailing the problem and corrective actions must be given to the provider to review.

4. A nurse may be asked to return to work before their scheduled tour to resolve Medication errors.

5. If there is Loss of Controlled Substances, the nurse must immediately notify the Nurse Administrator, provider, DSH and Watch-Commander. On off-tours and weekends, the Officer of the Day, DSH and Watch Commander will be notified in accordance with Directives 2945, 4092, 4929, HSPM 3.01, NYCRR Title 10 Part 80.100, as well as the on-call provider.

H. Spillage/Vomit of Methadone

1. If there is spillage or vomiting of the Methadone solution, the nurse will inform the FHSD and OTP provider immediately.

2. A Consultation Form #3194 documenting the specific circumstances of the medication loss will be faxed or scanned to the OTP.

3. Once returned by the OTP, the DOCCS provider will review recommendations on the consultation form and write the new orders in the AHR. The nurse will note the orders and update the MAR.

I. I/Is Requiring Dose Adjustment:

1. When an I/I on MAT expresses any symptom of opiate withdrawal at the medication window, sick-call, or during emergency sick call, the I/I will be assessed using the COW scale by a nurse and will be evaluated by a DOCCS provider as soon as possible.

2. For I/Is on Methadone, the Consultation Form stating the issue will be faxed/scanned to the OTP and a call should be made between the DOCCS provider and the OTP's provider to discuss the plan.

3. For I/Is on Buprenorphine, the DOCCS provider will assess the I/I and determine the need for a dose adjustment.

4. The DOCCS provider will document any medication changes for Methadone or Buprenorphine in the AHR. The nurse will note the order and update the MAR.

J. Discontinuation of MAT:

1. Incarcerated individuals who elect to terminate voluntarily and prematurely from the program will be reviewed by the FHSD. In cases of I/Is on Methadone, the FHSD will consult with the OTP provider.

K. Staff Education and Training:

1. Licensed medical professionals shall be appropriately trained in the administration of MAT medication and the Policy. All Buprenorphine prescribers must have an X-waiver.

L. Discharge Planning:

1. A consent form will be signed by the I/I and faxed by the NA or designee to the OTP, along with their date of release and address, so that the OTP can share information with the OTP closest to the I/I's address and an appointment can be made to ensure continuity of care.

2. Discharge planning for I/I's return to the community will be coordinated by the designated DOCCS OTP SURN for linkage to a MAT program in the community when there is no OTP to do so.

3. I/I will receive their dose of MAT medication, on the day of transfer prior to leaving the facility.

M. Disposal:

1. If there are remaining doses, ACF will record that the medication was disposed of (date, time, amount, reason, and for which I/I) and dispose in the drop box provided in accordance with OASAS and DEA regulations.

N. Transfer to an Infirmary or Specialized Confinement Housing Units

1. Transfer to another facility:

   a. The NA or designee will alert the OTP and the medical staff of the receiving infirmary or Specialized Confinement Housing Units prior to placement.
   b. NA or designee will complete form 3313, MAT Program Transfer. The form will then be emailed to the facility that the I/I is being transferred to.
   c. [redacted].
   d. Upon arrival to the receiving facility, the MAT medication will be immediately reconciled with a two-nurse count. If two nurses are not available, the narcotic count can be done with a nurse and a security member in accordance with Directive 4929.
   e. The receiving facility nurses will use the MAR and Accountability sheets that are provided in the lock box. [redacted].
   f. The receiving facility medical staff will follow all MAT policies and procedures per their Facility Operating Manuals (FOM). ACF's medical staff will be alerted with regards to any medication issues.
   g. At the time the I/I is medically cleared to return to ACF, the medical staff must be informed with a nurse-to-nurse discharge report.
   h. [redacted]
   i. The MAT medication will be immediately reconciled with a two-nurse count. If two nurses are not available, the count can be done with a nurse and a security staff member. Any discrepancy noted, the NA, FHSD and Watch Commander must be notified immediately.
   j. Transfer to Attica Correctional Facility Infirmary. I/I's transferred from Wyoming Correctional Facility for purpose of Infirmary admission will have their prescribed Buprenorphine or Methadone transported [redacted]
   k. Form 3313 MAR and AHR with current order must be included in the locked box. Upon receipt, there will be a two-nurse count of the contents of the

locked box. Any discrepancies will be reported to FHSD, NA, DSH and Watch Commander immediately.

l. Upon arrival of the Methadone/Buprenorphine to ACF, there will be a two-nurse count of the contents of the locked box. In the event of only one Nurse on duty, the count will be performed with a member of the Security or Pharmacy staff. A Record of Controlled Substances Administered (Form #3182) and a Change of Shift-Control/Count (Form #3184) will be prepared in accordance with DOCCS Directive 4929 and HSPM 3.08

m. Upon discharge from Attica CF to Wyoming CF, Attica CF infirmary nurse will provide a Nurse to Nurse report. [redacted]

NEW YORK STATE Corrections and Community Supervision Auburn Correctional Facility	FACILITY OPERATIONS MANUAL TITLE **Medication-Assisted Treatment**	FOM. NO. **M1-06**
		DATE 05/26/22
SUPERSEDES NEW	DISTRIBUTION A	PAGE Page 1 of 9
REFERENCES Directives: Corresponding Directive(s): 4929 Health Services Policy: 3.08,8.02 Relates ACA Standard(s)	APPROVING AUTHORITY Joseph E. Gray	

I. **PURPOSE:** To establish a procedure for accepting, storage and administration of Medication Assisted Treatment with Methadone or Buprenorphine for identified incarcerated individuals at Auburn Correctional facility (ACF).

II. **POLICY:** Incarcerated individuals (I/I) drafting from a reception facility who are currently on active Medication Assisted Treatment (MAT) with Methadone or Buprenorphine will continue their therapy upon transfer to Auburn Correctional Facility (which will occur on a Friday). Sending facilities will continue the therapy until they arrive at ACF including the day of their transfer to Auburn. Auburn will be the host facility and continue to ensure the safe and secure administration as well as accountability of Methadone. The qualifying I/Is will be under the care of Crouse Health Hospital (CHH) Opioid Treatment Program (OTP) and as such, supply the patient specific methadone dosing to Auburn Correctional Facility as described below.

III. **PROCEDURE:**

A. Methadone/ Buprenorphine Maintenance:

1. When medically indicated, I/Is on Methadone/ Buprenorphine treatment will be transferred from a reception center to Auburn CF [redacted] where they will continue to participate in the MAT Program.

2. Incarcerated individuals on methadone maintenance at Auburn CF will continue to be enrolled in Crouse Health Hospital OTP MAT program.

3. An eligibility list of qualifying I/Is will be generated by the Department of Class and Movement to determine admittance into ACF's MAT Program. Notification will be sent to Auburn Correctional Facility I/I Records Coordinator (IRC), Nurse Administrator (NA) and Facility Health Service Director (FHSD). ACF will be given one week's notice so that medication can be obtained prior to the I/I's arrival at the facility.

4. The sending facility will ensure that all I/Is accepted for this program will receive their daily dose of Methadone or Buprenorphine on the day of their transfer of custody to ACF [redacted]

[redacted]

5. An intake medical screening will be completed by a Registered Nurse upon admittance to ACF. Upon arrival the I/I will be entered [redacted]

6. Any observations of signs and symptoms of opiate withdrawal, using the Clinical Opiate Withdrawal (COW) scale will be communicated to the Opioid Treatment Program (OTP) provider in a timely manner so that possible adjustments in the I/I's Methadone dosing can be considered. (See attached COW Scale) http://www.drugabuse.gov/sites/default/files/files/ClinicalOpiateWithdrawalScale.pdf

B. Logistics of Methadone Acquisition:

1. [redacted]

2.

3. Upon arrival of the Methadone to ACF, there will be a two-nurse count of the contents of the locked box. In the event of only one Nurse on duty, the count will be performed with a member of the Security or Pharmacy staff. A Record of Controlled Substances Administered (Form #3182) and a Change of Shift-Control/Count (Form #3184) will be prepared in accordance with DOCCS Directive 4929 and HSPM 3.08.

4. Any discrepancy between the amount received and the amount ordered or damage to the medication, the on-call physician at Crouse Health Hospital must be notified immediately. The FHSD, NA, and DSH will also need to be notified.

5. The DOCCS Nurses will sign the enclosed OTP Medication Administration Record form included in the lock box and return it to the OTP (Crouse Health Hospital) weekly. A copy must be kept on file.

6. The ACF provider will review the recommendations and write the specific Methadone orders to be administered for each I/I in the Ambulatory Health Care Record (AHR). A Medication Administration Record (MAR) (Form #3179) will be completed with the transcribed orders for each I/I.

7. A copy of the monthly MAR and a Record of Controlled Substances Administered will be faxed or scanned monthly to the OTP and the original MAR will be filed in the AHR MISC Section. Once scanned, a note should be added to the MAR that it has been scanned to the OTP with date and time along with signature of NA or designee.

C. Logistics of Buprenorphine Acquisition:

1. Providers need to have the X-waiver (an X number on their DEA License which signifies their ability to prescribe and administer Buprenorphine).

2. Providers also need to have e-prescribing capability so that they can electronically send the prescription to a pharmacy such as Omnicare or Cardinal. Auburn pharmacy can fill Buprenorphine scripts with sufficient notice and they will be utilized first when feasible.

3. An ACF provider will review the patient's medical records and write the specific Buprenorphine orders to be administered for each I/I in the AHR. A MAR (Form #3179) will be completed with the transcribed orders for each I/I. The original MAR will be filed in the AHR Misc. section as per normal routine.

4. Upon arrival of the Buprenorphine to ACF, the medication will be counted under dual control (two nurses). If there is just one nurse on duty, the count will be conducted with a member of the security or pharmacy staff. A Record of Controlled Substances Administered (Form #3182) and a Change of Shift-Control/Count (Form #3184) will be prepared in accordance with DOCCS Directive 4929 and HSPM 3.08.

5. If there is any discrepancy between the amount received and the amount ordered or damage to the medication, the FHSD, DSH, NA and pharmacy (Auburn, Omnicare, or Cardinal) must be notified immediately.

D. Storage of MAT medications Methadone/ Buprenorphine:



E. Administration of Methadone and Buprenorphine:

1. Nursing is responsible for administering MAT in a secure site. Security will participate in the process to address the risk of diversion. I/Is on Methadone or Buprenorphine will be called to the medical unit once daily (mornings) separate from the regular medication run. If the volume becomes too large to facilitate administration in a call out fashion, MAT participants will be housed on [redacted] and nursing will administer on the block with a security escort.

2. Administration of medication will be given per 1:1 medication administration protocol to avoid distraction and decrease the likelihood of spillage or diversion.

3. The I/I must show photo ID as well as state their name and DIN.

4. The nurse will observe the I/I prior to administering the medication. If the individual appears sedated, drowsy, cognitively impaired, or weak, the I/I will be immediately assessed using the COW scale. **A score of 25 or above requires immediate notification of the FHSD, DOCCS provider and the OTP's (for Methadone) provider. The medication must not be administered until they are assessed by the facility's provider.**

5. *Methadone:*
   a. The Methadone bottle will be labeled with the I/I's name, DIN # and dose and confirmed with the I/I prior to administration.
   b. The I/I will be asked to drink a cup of water before and after taking the Methadone. After the I/I ingests the medication, the nurse will then perform a mouth check and ask the I/I to clearly enunciate their name and DIN to confirm consumption of the medication.
   c. The I/I will sit for 10-15 minutes so that they can be observed for any issues and to ensure digestion.
   d. The bottle in which the Methadone was contained will be returned to the RN so that the label can be removed and shredded, and the bottle properly discarded.

6. *Buprenorphine:*
   a. The I/I will be given a cup of water to drink before the nurse does a mouth check with a flashlight.
   b. The Subutex (crushed pill, dry, not mixed with water) or Suboxone (film) is then placed by the nurse under the tongue of the I/I.
   c. The I/I must have their arms to their side or on a table during this time and be observed closely to prevent diversion.
   d. The nurse must perform mouth checks with the flashlight to confirm that the medication is dissolving.
   e. Once the medication is dissolved, the I/I is asked to drink a cup of water and

enunciate their name and DIN.

f. The I/I must be observed for 10-15 minutes after administration to ensure the absence of ill effects and reduce the chances of diversion.
g. Post ingestion, the I/I will be escorted back to their housing unit/assignment.
h. As the number of I/Is increases, the medication can be administered to several I/I simultaneously, to shorten the medication administration time.
i. They are to be evenly and appropriately spaced on a bench or standing against a wall with their hands to their sides. Security must be diligent in observing the group for diversion.

7. The RN will document the MAT medication administration in the MAR.

F. Diversion

1. If an I/I is observed to be diverting the medication, the nurse will:

   a. Document exact actions of the I/I in the I/I's medical record in the AHR section.
   b. Notify the FHSD and NA (after hours: notify the on-call physician and security).

G. Discrepancies:

1. The NA and provider must be notified immediately, and the error resolved before the end of the tour.

2. A Medication Error report will be completed per HSPM 8.02, Medication Error Reporting.

3. The Medication Error report detailing the problem and corrective actions must be given to the provider to review.

4. A nurse may be asked to return to work before their scheduled tour to resolve Medication errors.

5. If there is Loss of Controlled Substances, the nurse must immediately notify the Nurse Administrator, provider, and Watch-Commander. On off-tours and weekends, the Officer of the Day and Watch Commander will be notified in accordance with Directives 2945, 4092, 4929, HSPM 3.01, NYCRR Title 10 Part 80.100, as well as the on-call provider.

H. Spillage/Vomit of Methadone

1. If there is spillage or vomiting of the Methadone solution, the nurse will inform the DOCCS and OTP provider immediately.

2. Crouse Health Hospital will be consulted by the DOCCS provider if an additional dose is required. A Consultation Form #3194 documenting the specific circumstances of the medication loss will be faxed or scanned to Crouse Health Hospital.

3. The Crouse Health Hospital physician will give dosing instructions that will be documented/ordered in the AHR by the DOCCS provider. The nurse will note the orders and update the MAR.

I. I/Is Requiring Dose Adjustment:

1. When a I/I on MAT expresses any symptom of opiate withdrawal at the medication window, sick-call, or during emergency sick call, the I/I will be assessed using the COW scale by a nurse and will be evaluated by a DOCCS provider as soon as possible.

2. For I/Is on Methadone, the Consultation Form stating the issue will be faxed/scanned to Crouse Health Hospital and a call should be made between the DOCCS provider and the Crouse Health Hospital provider to discuss the plan. Crouse Health Hospital will return the consultation form with that plan by fax to Auburn CF.

3. For I/Is on Buprenorphine, the DOCCS provider will assess the I/I and determine the need for a dose adjustment.

4. The DOCCS provider will document any medication changes for Methadone or Buprenorphine in the AHR. The nurse will note the order and update the MAR.

J. Discontinuation of MAT:

1. (I/I) who elect to terminate voluntarily and prematurely from the program will be reviewed by the FHSD. In cases of I/Is on Methadone, the DOCCS provider will consult with the Crouse Health Hospital provider.

K. Staff Education and Training:

1. Licensed medical professionals shall be appropriately trained in the administration of MAT medication and the Policy. All Buprenorphine prescribers must have an X-waiver. DOCCS providers will track their Buprenorphine patients to ensure they do not exceed their prescribing limit. DSH and/or NA will be notified by the provider when they are coming close to their prescribing limit.

L. Discharge Planning:

1. A consent form will be signed by the I/I and faxed by the NA or designee to Crouse Health Hospital, along with their date of release and address, so that the OTP can share information with the OTP closest to the I/I's address and an appointment can be made to ensure continuity of care.
2. Discharge planning for I/I's return to the community will be coordinated by the designated DOCCS OTP SURN for linkage to a MAT program in the community when there is no OTP to do so.
3. (I/I) will receive their dose of MAT medication, on the day of transfer prior to leaving the facility. Please verify medication was given (prior to arrival) upon indraft, [redacted]

M. Disposal:

1. If there are remaining doses of Buprenorphine, ACF will record that the medication was disposed of (date, time, amount, reason, and for which I/I) and dispose in the drop box provided in accordance with OASAS and DEA regulations.
2. If there are remaining doses of Methadone, Crouse Health Hospital should be informed, and the medication should be sent back to Crouse Health Hospital [redacted] Auburn CF should record that the medication was disposed of (date, time, amount reason, and for which patient).

N. Transfer to an Infirmary or Specialized Confinement Housing Units

1. Transfer to another facility:

   a. The NA or designee will alert Crouse Health Hospital (the OTP) and the medical staff of the receiving infirmary or Specialized Confinement Housing Units prior to placement.
   b. NA or designee will complete form 3313, MAT Program Transfer. The form will then be emailed to the facility that the I/I is being transferred to.
   c. [redacted]
   d. Upon arrival to the receiving facility, the MAT medication will be immediately reconciled with a two-nurse count. If two nurses are not available, the narcotic count can be done with a nurse and a security member in accordance with Directive 4929.
   e. The receiving facility nurses will use the MAR and Accountability sheets that are provided in the lock box. [redacted]

[redacted]

f. The receiving facility medical staff will follow all MAT policies and procedures per their Facility Operating Manuals (FOM). ACF's medical staff will be alerted with regards to any medication issues.

g. At the time the I/I is medically cleared to return to ACF, the medical staff must be informed with a nurse-to-nurse discharge report.

h. [redacted]

i. The MAT medication will be immediately reconciled with a two-nurse count. If two nurses are not available, the count can be done with a nurse and a security staff member. Any discrepancy noted, the NA, FHSD and Watch Commander must be notified immediately.

j. [redacted]

k. Auburn will coordinate any necessary MAT medication transport with the receiving facility in a manner that ensures the security and chain of custody remain intact during transfer.

OTP:	Crouse Health Hospital, Inc (85010) 410 S Crouse Ave Syracuse, NY 13210-1883
Contacts:	[redacted]

Attachment 1:

Clinical Opiate Withdrawal (COW) Scale

Patient's Name:_____ Date and Time ____/____/____:_____

Reason for this assessment:_____

Resting Pulse Rate: _____beats/minute *Measured after patient is sitting or lying for one minute* 0 pulse rate 80 or below 1 pulse rate 81-100 2 pulse rate 101-120 4 pulse rate greater than 120	**GI Upset:** *over last 1/2 hour* 0 no GI symptoms 1 stomach cramps 2 nausea or loose stool 3 vomiting or diarrhea 5 multiple episodes of diarrhea or vomiting
Sweating: *over past 1/2 hour not accounted for by room temperature or patient activity.* 0 no report of chills or flushing 1 subjective report of chills or flushing 2 flushed or observable moistness on face 3 beads of sweat on brow or face 4 sweat streaming off face	**Tremor** *observation of outstretched hands* 0 no tremor 1 tremor can be felt, but not observed 2 slight tremor observable 4 gross tremor or muscle twitching
Restlessness *Observation during assessment* 0 able to sit still 1 reports difficulty sitting still, but is able to do so 3 frequent shifting or extraneous movements of legs/arms 5 unable to sit still for more than a few seconds	**Yawning** *Observation during assessment* 0 no yawning 1 yawning once or twice during assessment 2 yawning three or more times during assessment 4 yawning several times/minute
Pupil size 0 pupils pinned or normal size for room light 1 pupils possibly larger than normal for room light 2 pupils moderately dilated 5 pupils so dilated that only the rim of the iris is visible	**Anxiety or Irritability** 0 none 1 patient reports increasing irritability or anxiousness 2 patient obviously irritable or anxious 4 patient so irritable or anxious that participation in the assessment is difficult
Bone or Joint aches *If patient was having pain previously, only the additional component attributed to opiates withdrawal is scored* 0 not present 1 mild diffuse discomfort 2 patient reports severe diffuse aching of joints/muscles 4 patient is rubbing joints or muscles and is unable to sit still because of discomfort	**Gooseflesh skin** 0 skin is smooth 3 piloerrection of skin can be felt or hairs standing up on arms 5 prominent piloerrection
Runny nose or tearing *Not accounted for by cold symptoms or allergies* 0 not present 1 nasal stuffiness or unusually moist eyes 2 nose running or tearing 4 nose constantly running or tears streaming down cheeks	Total Score _____ The total score is the sum of all 11 items Initials of person completing assessment: _____

Score: 5-12 = mild; 13-24 = moderate; 25-36 = moderately severe; more than 36 = severe withdrawal

This version may be copied and used clinically.

FOIL

New York State Department of Corrections and Community Supervision Division of Health Services POLICY	Title: Medication for Addiction Treatment (MAT) for Opioid Use Disorder (OUD) Section: Health Care Services	Number 1.08
Supersedes:	Page: 1 of 6	Date: 1/4/23
References:		
Approved by: Carol A. Mooca, MD		

I. POLICY:

The Department of Corrections and Community Supervision (DOCCS) will provide Medication for Addiction Treatment (MAT) when indicated for the treatment of Opioid Use Disorder (OUD) in the incarcerated patient population.

II. PROCEDURE:

A. Enrollment into MAT treatment in DOCCS:

Incarcerated individuals will be considered for MAT in the following circumstances:

1. Individuals accepted into DOCCS from county or Rikers jails that have already been on a MAT therapy. These patients will be continued on MAT therapy upon intake. Potential MAT medications include:

   a. Methadone

   b. Buprenorphine

   c. Naltrexone

2. Incarcerated individuals that were initiated on MAT therapy while an inpatient at an outside hospital. These patients will be continued on MAT therapy upon discharge.

3. Incarcerated individuals may request to be evaluated for the MAT therapy via a Sick Call request or during a clinic visit with a Primary Care Provider (PCP). Facility Executive Team members may also refer an incarcerated individual for MAT Assessment at any time based on concerning incidents or behaviors. Initial assessment for OUD diagnosis will be done by a PCP.

   a. A routine clinic appointment with the TOS (type of service) code “MAT” will be scheduled for the interested incarcerated individual to meet with a PCP (CCP- no).

   b. The PCP will assess the incarcerated individual for an OUD diagnosis and appropriateness of MAT therapy. The assessment will include obtaining a medical and drug use history (including the completion of Form 3319 “Assessment for Opioid Use Disorder”. All MAT Assessment Forms will be scanned to DOCCS.SM.HEALTH.MAT unless the specific facility has been given notice to do otherwise.

c. After the assessment is completed, the provider will enter code 960E (Provider Examination for MAT Candidate) into the incarcerated individual's FHS1 problem list.

d. If it is determined that the incarcerated individual has an opioid use disorder, the provider will enter code 960Z (Opioid Use Disorder) into the FHS1 problem list.

e. If the incarcerated individual is not an appropriate candidate for MAT therapy, the provider will enter code 960N (Opioid Use Disorder Criteria Not Met) into the FHS1 problem list.

f. If the incarcerated individual is appropriate for MAT therapy, a plan will be implemented for initiation. Form 3320 "Buprenorphine Treatment Agreement" will be discussed with the patient if the PCP chooses a buprenorphine product for the treatment plan. The patient must sign this document before buprenorphine initiation will occur. If methadone is chosen as the treatment medication, a referral will be made to the facility's assigned community OTP (Opioid Treatment Program). If a naltrexone medication is chosen, the PCP can initiate without further requirement for forms or referrals. If a patient will be on a Work Release program in the future, methadone will likely require a daily visit to a community OTP. Therefore, it may be useful to consider buprenorphine or naltrexone for those patients.

B. Initiation of MAT:

Initiation of buprenorphine or naltrexone will be completed per the PCP's orders. Initiation of methadone treatment will be per the OTP's instructions.

Once the incarcerated individual has been initiated on a MAT medication, the provider will enter code 960I (Opioid MAT Program Initiated) into the FHS1 problem code list.

All DOCCS PCPs are required to have an X-waiver on their DEA registration and to expand the capacity as needed and when eligible. Exceptions to this requirement can only be authorized by the Deputy Commissioner/Chief Medical Officer. All PCP's will also maintain an active electronic prescribing account as assigned to them by DOCCS. All prescriptions to outside pharmacies are to be sent using the electronic prescribing account as required by New York State. Exceptions should only occur for extenuating circumstances in which the electronic prescribing procedure cannot occur (i.e., a computer failure).

Random urine toxicology screens should be completed at least quarterly while the patient is taking a MAT medication. This testing can assist with confirming that the patient is in fact taking the medication and it can gather information about continued use of contraband medications.

C. Transfers between DOCCS Facilities for incarcerated individuals on Methadone or Buprenorphine:

Form 3313 "MAT Health Transfer Summary" will be completed by staff nursing personnel and scanned to the receiving facility.

To help facilitate transfers with Classification and Movement, the facility must place any incarcerated individual started on methadone or buprenorphine on a medical hold with the comment "MAT" in FHS1. Medical Hold is not required for other MAT medications.

For methadone patients:

1. The sending facility's Nurse Administrator or designee will:

   a. Alert the sending facility's OTP about the pending transfer and supply the contact information for the receiving OTP and receiving facility's medical staff. Supply the sending OTP with copies of the protected health information release consent forms below.

   b. Complete Form 3313 "MAT Program Incarcerated Individual Transfer Form".

   c. The OTP's consent form for release of PHI regarding substance use treatment (must be signed by incarcerated individual).

   d. Complete Form DOH-5032 "Authorization for Release of Information Regarding Persons with Substance Use Disorder" (must be signed by incarcerated individual).

   e. Complete Form TRS-2 "Consent for Release of Information Regarding Persons with Substance Use Disorder".

   f. Email copies of the above forms to the current OTP, receiving facility, and receiving OTP.

2. The sending facility is responsible for dosing the incarcerated individual with the prescribed MAT medication on the day of transfer (regardless of the usual scheduled time for administration of that medication at that facility).

3. The receiving facility Nurse Administrator is responsible for ensuring that all appropriate documents are received by the receiving OTP and a plan is made for continuity of care for the patient. If the sending and receiving facility are contracted with the same OTP, the OTP must be notified of the pending transfer.

4. The procedure for transferring MAT medication is described in section D.5.b. below.

D. MAT Medication:

1. Types of MAT medications used within DOCCS include, but are not limited to, methadone (FHS1 Code 3060) (as prescribed by an OTP), buprenorphine (FHS1 Code 3061) and naltrexone (FHS1 Code 9924). The form of buprenorphine or naltrexone used is up to the PCP. Sublocade (FHS1 Code 3062) (injectable buprenorphine) will be available on a limited basis at this time and will require approval by the Deputy Commissioner/Chief Medical Officer for use. Buprenorphine tablets (Subutex) may be crushed as a deterrent to diversion (may only be crushed if the prescription dosing and administration information gives the instruction for crushing the tablet). Buprenorphine films and tablets must be absorbed through the oral mucosa and should not be swallowed down to the stomach (due to decreased absorption in the stomach). Crushed Subutex tablets should not be mixed in water.

2. Administration of MAT Medications:

   a. Methadone prescribed by the OTP requires a facility administration order before the nursing staff can administer the medication. A facility PCP must write an administration order in the patient's medical record directing that the methadone be administered as per the instructions of the OTP (e.g., "Administer methadone 120 mg by mouth daily for seven days as per *OTP name* for MAT 1:1").

   b. Location of MAT medication administration for 1:1 medications will be decided per facility FOM or protocol. It is not a requirement to observe post-administration for 15 minutes in order to watch for diversion.

   c. Methadone and buprenorphine may be administered by an LPN as long as a supervisor (RN or PCP) is available for consult.

   d. Spillage/Vomit of Medications:

      A PCP is to be notified, in any instance wherein part or all of a dose is not appropriately ingested/received by the designated patient, for consideration for additional dosing or change in medication orders.

3. Any observations of signs and symptoms of opiate withdrawal will be assessed using the Clinical Opiate Withdrawal Scale (COWS). The information will be conveyed to a PCP for consideration for further evaluation or medication dosing adjustments.

4. Storage of MAT Medications:

[redacted]

Sublocade Storage:

Store refrigerated at 2 - 8°C (35.6 - 46.4°F). [redacted]

5. Transport of MAT Medications:

   a. OTP to Facility:

      1. [redacted]

      3. When the methadone arrives at the facility, there will be a two-nurse count of the contents of the locked box. In the event that only one nurse is on duty, the count will be performed with a member of the Security or Pharmacy staff. Form 3182 “Record of Controlled Substances Administered”, and Form 3184 “Change of Shift-Control/Count” will be prepared in accordance with DOCCS Directive 4929 “Controlled Drugs, Needles, Syringes & Sharps” and Health Services Policy 3.08 “Stock Drugs Storage and Accountability”.

      4. Any discrepancy between the amount received and the amount ordered, or damage to the medication, the Facility Health Services Director, Deputy Superintendent for Health, Nurse Administrator, and the provider at the OTP must be notified immediately.

      5. The DOCCS Nurse will sign the enclosed OTP Medication Administration Record form included in the lock box and return it to the OTP weekly. A copy must be kept on file.

      6. A facility PCP will review the recommendations and write the specific methadone administration orders for each incarcerated individual being treated by the OTP with methadone. These orders will be written in the Ambulatory Health Record. Form 3179 “Medication Administration Record” (MAR) will be completed with the transcribed orders for each incarcerated individual.

      7. A copy of the monthly MAR and a Record of Controlled Substances Administered will be faxed or scanned monthly to the OTP and the original MAR will be filed in the Ambulatory Health Record Miscellaneous section. Once scanned, a note should be added to the MAR that it has been scanned to the OTP with date and time along with signature of Nurse Administrator or designee.

b. Interfacility Transfers:

MAT medications that have already been dispensed to the assigned patient (the medication has a label with the patient's name and dosing instructions) [redacted] A two-nurse count of the contents of the locked box will be done on arrival to the receiving facility. Form 3182 "Record of Controlled Substances Administered", and Form 3184 "Change of Shift-Control/Count" will be completed as appropriate. Any discrepancies are noted on the appropriate forms and communication is made to the contracted OTP, Facility Health Services Director (or designee), Nurse Administrator, and to DOCCS.sm.HEALTH.MAT for tracking purposes.

E. Diversion of MAT Medications by Incarcerated Individuals:

Tapering or discontinuation of MAT medication will not be ordered without prior discussion with the patient except under emergency circumstances. A patient is to be interviewed to discuss the reasons for the diversion and possible consequences. Every effort should be made to provide MAT medication for those with OUD. However, when a patient is persistent in being uncooperative with the treatment plan or is demonstrating risky behavior that can affect the health and safety of others, it may be appropriate to taper the patient off the medication. Monthly injectable buprenorphine is another alternative to tapering a patient off an oral or sublingual medication.

F. Disposal of Unused Methadone:

Per DEA requirements, any unused methadone will be returned to the OTP for disposal. This would include methadone doses originally received from the OTP, as well as expired or surplus methadone. The amount of medication being returned to the OTP should be carefully documented to ensure that diversion cannot occur.

G. Discharge Planning:

The Nurse Administrator is responsible for discharge planning. Collaboration with the Discharge Planning Unit will occur for buprenorphine cases.

H. Acute Intoxication, Withdrawal, and Detoxification:

Incarcerated individuals presenting with signs or symptoms of acute intoxication must be assessed by healthcare staff. A PCP, emergency telemedicine, or an outside hospital emergency department is to be involved with the assessment in order to decide initial evaluation and treatment needs.

Individuals with evidence of withdrawal symptoms are to be assessed by healthcare staff with consultation with a PCP.

Elective detoxification will be done based on the PCP's assessment and plan.

NEW YORK STATE Corrections and Community Supervision **Bedford Hills Correctional Facility**	FACILITY OPERATIONS MANUAL TITLE **METHADONE GUEST DOSING PROGRAM**	FOM. NO. **510** DATE **7/15/20**
SUPERSEDES: FOM DATED 3/6/20	DISTRIBUTION **A & B**	PAGE 1 OF 4
REFERENCES	APPROVING AUTHORITY 	

I. PURPOSE:

To establish a uniformed and secure means by which to request guest dosing methadone treatment. Transporting methadone dosing from Mount Vernon Methadone Treatment Clinic, Mount Vernon NY, to BHCF Pharmacy Unit, Bedford Hills NY., BHCF Pharmacy accountability upon receiving guest dosing methadone, Nursing Administration of the methadone, and MAR documentation.

II. POLICY:

It is the policy of BHCF to continue treatment for inmates that are pregnant and on a methadone maintenance program. Methadone maintenance guest dose services will continue until the pregnancy outcome is determined. When the inmate is no longer pregnant, inmate will be afforded the opportunity to be in the MAT Program. The inmate will be monitored, and methadone dose adjusted to achieve therapeutic maintenance dose. Babies who are affected by Methadone addiction are admitted to a neonatal hospital unit for close monitoring of their detoxification process.

III. PROCEDURE:

A. Intake Procedure for Pregnant Inmates on Methadone Maintenance:

1. DSH, FHSD, PCP, DON, NA Receives and reviews medical record package from central office or Riker's island DOCCS screening team.
2. If all required information is available, the application is forwarded to the Bedford Hills correctional Trip Nurse.
3. The BHCF Trip Nurse will coordinate between the methadone treatment program, the sending facility, and Bedford Hills Security.
4. Documentation required for intake and initial appointment includes the following
    - Obtain signed Release of Information (DOH FORM 5032) from the inmate which will provide the County Jail the leverage to obtain the information from the inmates present Methadone Treatment Program.
    - Physician order for methadone dose verification, physical examination, toxicology screening, CBC with diff, Serology for syphilis, Chem profile, UA, HEP Profile, current TB results,

Ultrasound, 3months of progress notes, Psych evaluation, and documentation of pregnancy.

- The inmate must receive her daily dose of methadone at sending facility on the morning of transport to BHCF.

B. Intake Procedure for Pregnant Inmates on Methadone Maintenance:

1. After arrival, the inmate will begin the RCOD process that will be tailored to meet her medical needs while housed in a correctional Facility.
2. [redacted]
3. The inmate will receive the following at the encounter: medical and psychological evaluation, informed consent for participation in the treatment program.
4. The inmate will sign an informed consent which will include a treatment plan for methadone maintenance during pregnancy and taper post-partum.
5. Individualized treatment plan for short/long term goals are discussed and developed.
6. During this visit the inmate will receive her daily medication dose. The DOCCS consultation report will request guest dosing at this time. Until guest dosing is approved, the inmate will return daily for their Methadone maintenance dose. Once guest dosage has been approved, the officer will be issued the guest dosages for the upcoming week. [redacted]
7. Twice a month during the inmate clinic visit the Inmate will meet with a methadone maintenance treatment program counselor who will discuss education, treatment plan and provide ongoing counselling.
8. Inmates returning from Methadone Treatment Clinic, who are on guest dosing, are seen by the Clinic Nurse. Copy of consult will be given to the 1:1 medication nurse in order to initiate a Medication Administration Record (MAR)
9. Security will bring guest dosages down to the Pharmacy for intake processing by the Pharmacy Supervisor, and/or designee. After logging Inmates name, Dose, Number of Methadone vials received, and prescribing Methadone Clinic Provider's name, electronically into CIPS, the Pharmacy Supervisor [redacted]
10. [redacted]. Vials will come with a bate stamped (form 3182) "Record of Controlled Substances Administered" as needed.
11. [redacted] As needed, vials will

12. come with a bate stamped (form 3182) “Record of Controlled Substances Administered.”
13. The pregnant inmate will receive her methadone dose at the Medication Room strictly designated for all MAT.
14. Prior to giving the inmate their dose of Methadone, the Nurse will do an initial, thorough mouth check. Once the three-way check is completed, the Nurse will give the inmate their dose of Methadone, observe them swallowing it, give them a small cup of water to swallow afterwards, and complete a second thorough mouth check.
15. The Nurse will monitor inmate for a designated period of time after the inmate has taken their dose of Methadone to ensure dose swallowing. [redacted]
16. When vial dosage changes, return unused Methadone vials to pharmacy. NEVER WASTE METHADONE!!! DO NOT DISCARD METHADONE VIALS!!!!! ALL VIALS MUST BE RETURNED TO MOUNT VERNON’S METHADONE CLINIC.
17. The nurse will collect the empty vial and store the empty vial for Pharmacy to pick up.

C. Things that need to be reported to Mount Vernon Methadone Treatment Program:
   1. When inmate is given a dose of methadone and vomits immediately following administration, this becomes a wasted dose which the Methadone Treatment Program must be made aware, as well as the on-call Provider, DON and/or Nurse Administrator. This is a medication error and will be reported as out line in DOCCS HSPM 8.02.
   2. If the wrong Methadone dose is given to an inmate repeat the notification reporting noted above.
   3. Reporting process must be done immediately upon recognizing and error has been made.

D. Security- Pick-up and Delivery:
   1. [redacted]

[redacted]

E. Return Trip:

1. [redacted]

[redacted]

NEW YORK STATE Corrections and Community Supervision Cape Vincent Correctional Facility	FACILITY OPERATIONS MANUAL TITLE **Medication-Assisted Treatment**	FOM. NO. 0575 DATE 6/2/22
SUPERSEDES Date 3/8/22	DISTRIBUTION A	PAGE Page 1 of 6
REFERENCES Directives: Corresponding Directive(s): 4929 Health Services Policy: 3.08,8.02 Relates ACA Standard(s)	Elizabeth A. O'Meara APPROVING AUTHORITY	

I. **PURPOSE:** To establish a procedure for accepting, storage and administration of Medication Assisted Treatment with Methadone or Buprenorphine for identified incarcerated individuals at Cape Vincent Correctional facility (CVCF).

II. **POLICY:** Incarcerated individuals (I/I) drafting from a reception facility who are currently on active Medication Assisted Treatment (MAT) with Methadone or Buprenorphine will continue their therapy upon entry to Cape Vincent Correctional Facility. Sending facilities will continue the therapy until they arrive at CVCF. MAT treatment will be provided at Cape Vincent to eligible participants.

III. **PROCEDURE:**

A. Methadone/ Buprenorphine Maintenance:

1. When medically indicated, I/Is on Methadone/ Buprenorphine treatment will be received at CVCF and will continue to be enrolled in the MAT Program.

2. An eligibility list of qualifying I/Is will be generated by the Department of Classification and Movement to determine admittance into CVCF's MAT Program.

3. Once notified, the Health Class Analysists will forward the information to the Cape Vincent Correctional Facility I/I Records Coordinator (IRC), Nurse Administrator (NA) and Facility Health Service Director (FHSD). CVCF will be given one week's notice so that medication can be obtained prior to the I/I's arrival at the facility.

4. The sending facility will ensure that all I/Is accepted for this program will receive their daily dose of Methadone or Buprenorphine on the day of their transfer of custody to CVCF.

5. An intake medical screening will be completed by a Registered Nurse upon admittance to CVCF.

6. Any observations of signs and symptoms of opiate withdrawal, using the Clinical Opiate Withdrawal (COW) scale will be communicated to the Opioid Treatment Program (OTP) provider in a timely manner so that possible adjustments in the

I/I's Methadone dosing can be considered. (See attached COW Scale) http://www.drugabuse.gov/sites/default/files/files/ClinicalOpiateWithdrawalScale.pdf

B. Logistics of Methadone Acquisition:

[redacted]

3. Upon arrival of the Methadone to CVCF, the medication will be counted under dual control (two nurses). If there is just one nurse on duty, the count will be conducted with a member of the security or pharmacy staff. A Record of Controlled Substances Administered (Form #3182) and a Change of Shift-Control/Count (Form #3184) will be prepared in accordance with DOCCS Directive 4929 and HSPM 3.08.

4. Any discrepancy between the amount received and the amount ordered or damage to the medication, the FHSD, NA and the provider at the OTP must be notified immediately.

5. The DOCCS Nurses will sign the enclosed OTP Medication Administration Record form included in the lock box and return it to the OTP provider weekly. A copy must be kept on file.

6. The CVCF provider will review the recommendations and write the specific Methadone orders to be administered for each I/I in the Ambulatory Health Care Record (AHR). A Medication Administration Record (MAR) (Form #3179) will be completed with the transcribed orders for each I/I.

7. A copy of the monthly MAR and a Record of Controlled Substances Administered will be faxed or scanned monthly to the OTP provider and the original MAR will be filed in the AHR MISC Section. Once scanned, a note should be added to the MAR that it has beenscanned to the OTP with date and time along with signature of NA or designee.

C. Logistics of Buprenorphine Acquisition:

1. Providers need to have the X-waiver (an X number on their DEA License which signifies their ability to prescribe and administer Buprenorphine).

2. Providers also need to have e-prescribing capability so that they can electronically

send the prescription to a pharmacy such as Omnicare or Cardinal.

3. Upon arrival of the Buprenorphine to CVCF, the medication will be counted under dual control (two nurses). If there is just one nurse on duty, the count will be conducted with a member of the security or pharmacy staff. A Record of Controlled Substances Administered (Form #3182) and a Change of Shift-Control/Count (Form #3184) will be prepared in accordance with DOCCS Directive 4929 and HSPM 3.08.

4. Any discrepancy between the amount received and the amount ordered or damage to the medication, the FHSD, NA and the pharmacy (Omnicare or Cardinal) must be notified immediately.

5. A CVCF provider will write the specific Buprenorphine orders to be administered for each I/I in the AHR. A MAR (Form #3179) will be completed with the transcribed orders for each I/I.

6. The original MAR will be filed in the AHR MISC Section.

D. Storage of Methadone & Buprenorphine:

[redacted]

E. Administration of Methadone and Buprenorphine:

1. Nursing is responsible for administering MAT in a secure site. Security will participate in the process to address the risk of diversion.

2. Administration of medication will be given per 1:1 medication administration protocol to avoid distraction and decrease the likelihood of spillage or diversion.

3. The I/I must show photo ID as well as state their name and DIN.

4. The nurse will observe the I/I prior to administering the medication. If the I/I appears to be sedated, drowsy, cognitively impaired, or weak, the I/I will be immediately assessed using the COW scale. **A score of 25 or above requires immediate notification of the FHSD, DOCCS provider and the OTP's provider. The**

medication must not be administered until they are assessed by the facility's provider.

5. *Methadone:*
   a. The Methadone bottle will be labeled with the I/I's name, DIN # and dose and confirmed with the I/I prior to administration.
   b. They are then asked to drink a cup of water before and after taking the Methadone. The nurse will then perform a mouth check and ask the I/I to clearly enunciate their name and DIN to confirm consumption of the medication.
   c. The I/I will sit for 10-15 minutes so that they can be observed for any issues and to ensure digestion.
   d. The bottle in which the Methadone was contained will be returned to the RN so that the label can be removed and shredded, and the bottle properly discarded.

6. *Buprenorphine:*
   a. The I/I will be given a cup of water to drink before the nurse does a mouth check with a flashlight.
   b. The I/I will place the Subutex (crushed pill) or Suboxone (film) under his tongue.
   c. After the I/I places the Subutex (crushed pill) or Suboxone (film) under his tongue, the I/I must have their arms to their side or on a table during this time and be observed closely to prevent diversion.
   d. The nurse must perform mouth checks with the flashlight to confirm that the medication is dissolving.
   e. Once the medication is dissolved, the I/I is asked to drink a cup of water and enunciate their name and DIN.
   f. The I/I must be observed for 10-15 minutes after administration to ensure the absence of ill effects and reduce the chances of diversion.
   g. As the number of I/Is increases, the medication can be administered to several I/I simultaneously, to shorten the medication administration time.
   h. They are to be evenly and appropriately spaced on a bench or standing against a wall with their hands to their sides. Security must be diligent in observing the group for diversion.

7. The RN will document the MAT medication administration in the MAR.

F. Diversion

1. If an I/I is observed to be diverting the medication, the nurse will:

   a. Document exact actions of the I/I in the I/I's medical record in the AHR section.
   b. Notify the FHSD and NA.
   c. Providers will use their discretion in handling diversion on a case by case basis.

G. Discrepancies:

1. The NA and provider must be notified immediately, and the error resolved before the end of the tour.
2. A Medication Error report will be completed per HSPM 8.02, Medication Error Reporting.

3. The Medication Error report detailing the problem and corrective actions must be given to the provider to review.

4. A nurse may be asked to return to work before their scheduled tour to resolve Medication errors.

5. If there is Loss of Controlled Substances, the nurse must immediately notify the NA, provider, and Watch-Commander. On off-tours and weekends, the Officer of the Day and Watch Commander will be notified in accordance with Directives 2945, 4092, 4929, HSPM 3.01, NYCRR Title 10 Part 80.100, as well as the on-call provider.

H. Spillage/Vomit of Methadone

1. If there is spillage or vomiting of the Methadone solution, the nurse will inform the FHSD and OTP provider immediately.

2. A Consultation Form #3194 documenting the specific circumstances of the medication loss will be faxed or scanned to the OTP.

3. Once returned by the OTP, the DOCCS provider will review recommendations on the consultation form and write the new orders in the AHR. The nurse will note the orders and update the MAR.

I. I/Is Requiring Dose Adjustment:

1. When a I/I on MAT expresses any symptom of opiate withdrawal at the medication window, sick-call, or during emergency sick call, the I/I will be assessed using the COW scale by a nurse and will be evaluated by a DOCCS provider as soon as possible.

2. For I/Is on Methadone, the Consultation Form stating the issue will be faxed/scanned to the OTP and a call should be made between the DOCCS provider and the OPT's provider to discuss the plan.

3. For I/Is on Buprenorphine, the DOCCS provider will assess the I/I and determine the need for a dose adjustment.

4. The DOCCS provider will document any medication changes for Methadone or Buprenorphine in the AHR. The nurse will note the order and update the MAR.

J. Discontinuation of MAT:

1. (I/I) who elect to terminate voluntarily and prematurely from the program will be reviewed by the FHSD. In cases of I/Is on Methadone, the FHSD will consult with the OTP provider.

K. Staff Education and Training:

1. Licensed medical professionals shall be appropriately trained in the administration of MAT medication and the Policy. All Buprenorphine prescribers must have an X-waiver.

L. Discharge Planning:

1. A consent form will be signed by the I/I and faxed by the NA or designee to the OTP, along with their date of release and address, so that the OTP can share information with the OTP closest to the I/I's address and an appointment can be made to ensure continuity of care.

2. Discharge planning for I/I's return to the community will be coordinated by the designated DOCCS OTP SURN for linkage to a MAT program in the community when there is no OTP to do so.

3. (I/I) will receive their dose of MAT medication, on the day of transfer prior to leaving the facility.

M. Disposal:

1. If there are remaining doses, CVCF will record that the medication was disposed of (date, time, amount, reason, and for which I/I) and dispose in the drop box provided in accordance with OASAS and DEA regulations.

N. Transfer to an Infirmary or Specialized Confinement Housing Units

1. Within the facility:

   a. Incarcerated individuals transferred to Specialized Confinement Housing Units or the Infirmary will be escorted to the medication room so that their MAT medication can be administered.

[redacted]

New York State Department of Corrections and Community Supervision
Buprenorphine Treatment Agreement

Name:_____ DOB: _____ DIN:_____ Facility_____

Buprenorphine is used to assist in the treatment of opioid use disorder. I have been informed and understand that:

- Taking buprenorphine regularly can lead to physical dependence and that if I were to quickly stop taking buprenorphine after a period of regular use, I could experience symptoms of opioid withdrawal.
- Combining buprenorphine with other medications or substances (including alcohol) that have not been prescribed for me may have side effects, some can be very serious and require immediate intervention.
- Buprenorphine tablets or the buprenorphine film must be held under the tongue until it dissolves completely. It is important not to talk and to swallow as little as possible until the medication dissolves. This takes up to ten minutes. Buprenorphine is then absorbed over the next 30 to 120 minutes from the tissue under the tongue. Buprenorphine will not be absorbed from the stomach if it is swallowed. If you swallow the buprenorphine, you will not have the important benefits of the medication.
- If I do not take my medication as prescribed, my primary care provider will assess my situation and may taper me off my medication

I agree to:

- Take my buprenorphine as prescribed
- To not take any substance that is not prescribed by or otherwise approved by my provider
- Keep appointments. If I must refuse an appointment, I agree to write the specific reason for missing the appointment on the refusal form. Health care staff will review the appropriateness of the refusal and determine follow-up plans.
- Report my history and symptoms honestly to my primary care providers, nurses, and counselors involved in my care
- Cooperate with witnessed urine drug testing to confirm if I have been using other substances

I have read and understand these details about buprenorphine treatment. I have had my questions about buprenorphine and treatments for opioid use disorder answered. I wish to be treated with buprenorphine.

_____	_____	_____
Signature	Print Name	Date
_____	_____	_____
Witness Signature	Print Witness Name	Date

Was an interpreter was utilized during the consent process? ___Yes ___No

Title 42 of the Code of Federal Regulations governing the confidentiality of substance use disorder records as well as the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") prohibit the disclosure of this document absent specific authorization. A general release is not sufficient for disclosure. Recipients of this information may redisclose it only in connection with their official duties.

FOIL

New York State Department of Corrections and Community Supervision
Assessment for Opioid Use Disorder

Name_____ DOB _____ DIN_____ Facility_____

History of Medication for Addiction Treatment and Patterns of Past Opioid Use

1. History of Medication for Addiction Treatment (MAT)	**No**	**Yes**	**Unkn**
Were you EVER in a MAT program? ***If yes***, please ask the following questions:			
When? | Name of clinic/location			
Medication(s) prescribed/dosage?			
Did the medication help you achieve your goals?			
Why did you stop MAT?			
	No	**Yes**	**Unkn**
2. ***If no*****,** is there a definitive history of an opioid use disorder, is there documentation in the medical record, was told by a prior medical provider, per conviction history, intake info, OMH, etc. of an opioid use disorder? Describe below:			
3. History of a problematic pattern of past opioid use	**No**	**Yes**	**Unkn**
a. Are opioids taken in larger amts or over a longer period than was intended?			
b. Is there a persistent desire, or a history of unsuccessful efforts to cut down or control use?			
c. Are there current (or pre-incarceration) history of spending a great deal of time in activities to obtain, use, or recover from the effects of the opioid?			
d. Is there recurrent opioid use which resulted in a failure to fulfill major role obligations at work, school, or home?			
e. Is there continued opioid use (either currently or pre-incarceration) despite having persistent or recurrent social/interpersonal problems caused/exacerbated by the effects of opioids?			
f. Is there recurrent opioid use in situations in which it is physically hazardous?			

FOIL

Name_____ DOB _____ DIN_____ Facility_____

	No	Yes	Unkn
g. Is there continued opioid use despite having knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance?			
4. **Evidence of developing tolerance to opioids by either of the following**:			
• A need for markedly increased amts of opioids to achieve intoxication or desired effect			
• A markedly diminished effect with continued use of the same amount of an opioid. (This does not apply if the effect occurred during the use of prescribed opioids at directed doses under appropriate medical supervision).			
h. **Evidence of withdrawal in the past when the opioid use was stopped, as manifested by either of the following:**			
i. Characteristic opioid withdrawal syndrome (would include three or more of the following signs/symptoms: check all that apply)			

☐ Abdominal cramps	☐ Insomnia	☐ Pupil dilation	☐ Sweating
☐ Anxiety	☐ Lacrimation/rhinorrhea	☐ Restlessness	☐ Tremor
☐ Diarrhea	☐ Muscle aches	☐ Piloerection	☐ Yawning
☐ Fever	☐ Nausea/vomiting	☐ Rhinorrhea	

ii. Are there cravings or a strong desire or urge to use opioids?			
iii. Are important social, occupational, or recreational activities given up or reduced because of opioid use?			
5. Is there recurrent use of non-prescribed opioids in the correctional facility? (*Consider overdose history and positive tox screens*)			

At least two of the above criteria indicates a possibility of OUD. The more criteria that are met, the higher the likelihood (and increased severity) of the disorder.

Primary Care Provider's proposed plan: ☐ Start MAT ☐ Do not start MAT- Reason: _____

_____

_____ _____ _____ _____
Signature: Title Provider # Date

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FOIL

New York State Department of Corrections and Community Supervision
Assessment for Opioid Use Disorder

Name_____ DOB _____ DIN_____ Facility_____

History of Medication for Addiction Treatment and Patterns of Past Opioid Use

1. History of Medication for Addiction Treatment (MAT)	**No**	**Yes**	**Unkn**
Were you EVER in a MAT program? ***If yes***, please ask the following questions:			
When? | Name of clinic/location			
Medication(s) prescribed/dosage?			
Did the medication help you achieve your goals?			
Why did you stop MAT?			
	No	**Yes**	**Unkn**
2. ***If no***, is there a definitive history of an opioid use disorder, is there documentation in the medical record, was told by a prior medical provider, per conviction history, intake info, OMH, etc. of an opioid use disorder? Describe below:			
3. History of a problematic pattern of past opioid use	**No**	**Yes**	**Unkn**
a. Are opioids taken in larger amts or over a longer period than was intended?			
b. Is there a persistent desire, or a history of unsuccessful efforts to cut down or control use?			
c. Are there current (or pre-incarceration) history of spending a great deal of time in activities to obtain, use, or recover from the effects of the opioid?			
d. Is there recurrent opioid use which resulted in a failure to fulfill major role obligations at work, school, or home?			
e. Is there continued opioid use (either currently or pre-incarceration) despite having persistent or recurrent social/interpersonal problems caused/exacerbated by the effects of opioids?			
f. Is there recurrent opioid use in situations in which it is physically hazardous?			

FOIL

Assessment for Opioid Use Disorder
Page 2

Name_____ DOB _____ DIN_____ Facility_____

	No	Yes	Unkn
g. Is there continued opioid use despite having knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance?			
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h. Evidence of withdrawal in the past when the opioid use was stopped, as manifested by either of the following:

i. Characteristic opioid withdrawal syndrome (would include three or more of the following signs/symptoms: check all that apply)

☐ Abdominal cramps	☐ Insomnia	☐ Pupil dilation	☐ Sweating
☐ Anxiety	☐ Lacrimation/rhinorrhea	☐ Restlessness	☐ Tremor
☐ Diarrhea	☐ Muscle aches	☐ Piloerection	☐ Yawning
☐ Fever	☐ Nausea/vomiting	☐ Rhinorrhea	

ii. Are there cravings or a strong desire or urge to use opioids?			
iii. Are important social, occupational, or recreational activities given up or reduced because of opioid use?			
5. Is there recurrent use of non-prescribed opioids in the correctional facility? (*Consider overdose history and positive tox screens*)			

At least two of the above criteria indicates a possibility of OUD. The more criteria that are met, the higher the likelihood (and increased severity) of the disorder.

_____ _____ _____ _____
Completed by: Title Provider # Date

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NEW YORK STATE
DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

HEALTH RECORD FORM
FACT SHEET

Date: 9/30/22

Form Title: Assessment for Opioid Use Disorder

Form Number: 3319

Replaces Form: New Form

Ordering Information: Elmira Print Shop 8 ½ X 11 Bond

Form Purpose: This form is completed by a provider who is assessing the incarcerated individual for opioid use disorder

Form Completion: The provider takes a comprehensive accounting of the individual's past history of any previous enrollments in Medication for Addiction Treatment (MAT) programs, history of problematic patterns of past opioid use, symptoms of withdrawal, concerns regarding recurrent use of contraband opioids in the correctional facility, and the DSM-5TR criteria for the diagnosis of opioid use disorder. In the spaces included within each section, the provider shall enter additional details that have been discussed with the individual.

Form Location in Ambulatory Health Record: Chronic Care

Distribution Directions: Ambulatory Health Record

NEW YORK STATE | Corrections and Community Supervision

KATHY HOCHUL
Governor

ANTHONY J. ANNUCCI
Acting Commissioner

MEMORANDUM

TO: Superintendents
Facility Health Services Directors
Nurse Administrators
Pharmacists

Carol A. Moores, MD

FROM: Carol A. Moores, MD, MPH, MSHA. Deputy Commissioner/Chief Medical Officer

DATE: September 30, 2022

SUBJECT: Medication for Addiction Treatment (MAT) Assessment Appointments and Buprenorphine Initiations

---

Per Correction Law §626, the Department of Corrections and Community Supervision will provide MAT for incarcerated individuals with an Opioid Use Disorder (OUD). DOCCS has been gradually expanding our MAT program and currently have MAT capabilities at 42 facilities. In the past, our primary source of MAT enrollees was via intake from the county jails. Over the past several months, buprenorphine initiations have occurred at several facilities.

We are now moving forward to provide assessment for potential new enrollees within our incarcerated population. Consideration for enrollment will occur as follows:

1. Referrals for Assessment for the MAT Program:

   - All incarcerated individuals have been asked about pre-arrest issues with opioids either during intake or via surveys. Some are already in the MAT program. Approximately 2,300 remain on the list who are not in the MAT program. The facility-specific lists will be sent so that they can be prioritized for assessment.

   - Incarcerated individuals interested in MAT may request an Assessment Appointment via a Sick Call Request.

- Facility Executive Team may refer a patient by notifying the facility medical staff. This may occur if there is an incarcerated individual of particular concern (i.e., positive drug screens, overdoses, etc.).

2. Schedule Assessment Appointment:

   - Medical staff that receive referrals or requests for assessment for MAT will enter an FHS1 Referral with the Type of Service (TOS) code "MAT" (CCP-no). This will result in an open referral with the "MAT" designation that the clinic staff can schedule into the primary care provider's clinic time. Using the "MAT" TOS rather than the "PRI" TOS allows the facility to monitor the number of patients waiting to be scheduled for an Assessment Appointment.

3. Assessment by a Primary Care Provider (PCP):

   - The Assessment Appointment will include an appropriate history and physical examination in order to evaluate for the presence of an Opioid Use Disorder (OUD) diagnosis and whether or not medication treatment for that diagnosis is appropriate for the individual. The attached Assessment Form will be completed during the encounter to assist in gathering and recording relevant information necessary for determining an OUD diagnosis. The code 960E will be entered into the FHS1 Medical Problem List to indicate that an Assessment Appointment was completed.

   - If an OUD diagnosis is made by the PCP:

     - Enter code 960Z into the Medical Problem List in FHS1 ("Opioid Use Disorder").

   - If PCP and patient agree that initiating a MAT medication would be the preferred treatment, then the PCP does the following:

     - Send a scanned copy of the Assessment Form, along with any other information that the PCP feels is relevant in deciding about MAT initiation, to the Central Office MAT Committee at DOCCS.SM.HEALTH.MAT.

   - If the PCP decides that the individual is not appropriate for MAT, then code 960N is to be added to the FHS1 Problem List to indicate that the patient was not an appropriate candidate for MAT enrollment at that time.

4. The Central Office MAT Committee will review the request and do one of the following options:

   - Send approval for initiating MAT back to the requesting PCP. Further instructions will be given with the approval notification. The Committee will case manage any appropriate approvals that come from Altona or Edgecombe Correctional Facilities so that the patient can receive appropriate treatment as needed.

- Request further information or evaluation of the patient before a final decision will be made.

- Deny the request to initiate MAT. If this option is taken, details will be included that will explain this response and recommendations for next steps for the patient.

5. Any response from the Committee will be placed in the patient's Ambulatory Health Record.

Any questions from Facility Executive Teams or health care staff can be emailed to DOCCS.SM.HEALTH.MAT.

Attachments

cc: DOCCS Executive Team

NEW YORK STATE | Corrections and Community Supervision

KATHY HOCHUL
Governor

ANTHONY J. ANNUCCI
Acting Commissioner

MEMORANDUM

TO: Facility Health Services Directors and all Medical Providers
Nurse Administrators and all Nurses
Supervising Pharmacists and all Pharmacists

FROM: John Morley, MD, Deputy Commissioner/Chief Medical Officer

SUBJECT: **M**edication for **A**ddiction **T**reatment (MAT) Expansion

DATE: January 19, 2022

Once again, thank you for all that you are doing for the COVID-19 care, the primary care and the development of the MAT program in DOCCS. We currently have 20 correctional facilities that are providing MAT and by the end of April, we will have 42 facilities providing MAT. Thank you.

We are 10 short months from the implementation date of the new legislation, **S.1795/A.533**, signed by Governor Hochul last October directing DOCCS and county jails to offer MAT. https://www.governor.ny.gov/news/governor-hochul-signs-legislation-package-combat-opioid-crisis

Next **Wednesday, January 26th at noon**, Dr. Kelly Ramsey, Chief of Medical Services at OASAS - www.oasas.ny.gov – will present by Webex for the third time "*Medication for Opioid Use Disorder (MOUD) Reduces Overdoses and Opioid-Related Morbidity*".

All Health Services staff are invited. Be aware that this same presentation has been given before to those facilities that are currently providing MAT. You are welcome to attend again, but this is primarily for Health Services staff at the 22 facilities that are preparing to offer MAT.

We have been working for over 2 months on a **R**equest **F**or **P**roposal to solicit a vendor to provide MAT for DOCCS. That RFP should be released in the next couple of weeks.

Please begin now to consider and discuss the process for administration of methadone and buprenorphine to larger numbers of patients in your facility. I want to thank Dawnique Lantos for all of the great work she has already done to assist facilities in preparing for MAT. Dawnique, Dr. Carol Moores and I are all available for discussion. Also, here is the link to **another** presentation on **diversion** by Dr. Ramsey - [redacted]

cc: Superintendents
Deputy Superintendents

NEW YORK STATE | Corrections and Community Supervision

KATHY HOCHUL
Governor

ANTHONY J. ANNUCCI
Acting Commissioner

MEMORANDO

A: Todos los Individuos Encarcelados

DE: Carol A. Moores, MD, MPH, MSHA, Sub-Comisionada/Oficial Médico

Carol A. Moores, MD

FECHA: 3 de octubre de 2022

ASUNTO: Medicamento de Tratamiento de Adicción (MAT) de Trastorno por Uso de Opioides

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Según la Ley de Corrección §626, el Departamento de Correcciones y Supervisión Comunitaria proveerá un Programa de Medicamento de Tratamiento de la Adicción (MAT) para los individuos encarcelados que tengan diagnosticado un Trastorno por Uso de Opioides. A todos los individuos que reportaron un problema por uso de opioides previo al arresto durante entrevistas y encuestas pasadas con el ORC se les dará prioridad para evaluaciones del programa MAT.

Cualquier individuo encarcelado que crea que puede tener un Trastorno por Uso de Opioides y le gustaría ser considerado para tratamiento con medicamento MAT, puede pedir una Cita de Evaluación MAT al someter una Petición de Cita por Enfermedad (Formulario 3160).

NEW YORK STATE | Corrections and Community Supervision

KATHY HOCHUL
Governor

ANTHONY J. ANNUCCI
Acting Commissioner

MEMORANDUM

TO: All Incarcerated Individuals

Carol A. Moores, MD

FROM: Carol A. Moores, MD, MPH, MSHA, Deputy Commissioner/Chief Medical Officer

DATE: October 3, 2022

SUBJECT: Medication for Addiction Treatment (MAT) for Opioid Use Disorder

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Per Correction Law §626, the Department of Corrections and Community Supervision will provide a Medication for Addiction Treatment (MAT) program for incarcerated individuals with a diagnosed Opioid Use Disorder. All individuals that reported a pre-arrest opioid use problem during past ORC interviews and surveys will be prioritized for MAT program assessments.

Any incarcerated individual who believes that they may have an Opioid Use Disorder and would like to be considered for treatment with MAT medication may request a MAT Assessment Appointment by submitting a Sick Call Request (Form 3160).

NEW YORK STATE | Corrections and Community Supervision

KATHY HOCHUL
Governor

ANTHONY J. ANNUCCI
Acting Commissioner

MEMORANDUM

TO: Superintendents
Facility Health Services Directors
Nurse Administrators
Pharmacists

Carol A. Moores, MD

FROM: Carol A. Moores, MD, MPH, MSHA, Deputy Commissioner/Chief Medical Officer

DATE: October 14, 2022

SUBJECT: Revised Procedure for Medication for Addiction Treatment (MAT) Assessments

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Assessments for the diagnosis of Opioid Use Disorder (OUD), and the consideration for initiation of MAT for the incarcerated population, have begun statewide. The Central Office MAT Committee has received many Assessments for review and approval for treatment. We appreciate the many providers who have included significant details in their submitted forms.

The purpose of the Central Office review is to confirm that the documented details appear adequate to support the MAT decision by the Primary Care Provider (PCP). **To have more consistency with these reviews, we now ask that *all* Assessments be sent for review (both those for which the PCP recommends that MAT be started and those for which MAT is *not* recommended at this time). Attached with this message is a revised Form 3319 "Assessment for Opioid Use Disorder" that now includes a section in which to indicate whether MAT is recommended at that time by the reviewing PCP.** If MAT is not indicated at this time, please note the reason for that choice (i.e., patient's addiction was not to opiates, a medical or mental health condition exists which needs to be stabilized before starting MAT treatment, patient currently declines MAT initiation, patient was uncooperative with interview and exam, etc.).

Many health care staff have expressed concern about the fact that confirming a diagnosis of OUD and then deciding when MAT is appropriate can be very challenging. Unfortunately, there is no clear and objective test that confirms or excludes an OUD diagnosis, or clearly confirms when the benefits of MAT outweigh the risks. The Assessment Form was derived from the current DSM-5-TR diagnostic criteria for OUD. Each of the criteria can be associated with OUD. The diagnosis is more likely and more severe when more criteria are met.

Per the Substance Abuse and Mental Health Services Administration (SAMHSA), MAT has proved to be clinically effective. The ultimate goal of MAT is full recovery, including the ability to live a self-directed life. This treatment approach has been shown to:

- Improve patient survival
- Increase retention in treatment
- Decrease illicit opiate use and other criminal activity among people with substance use disorders
- Increase patients' ability to gain and maintain employment
- Improve birth outcomes among women who have substance use disorders and are pregnant
- Research also shows that these medications can contribute to lowering a person's risk of contracting HIV or hepatitis C by reducing the potential for relapse.

It is important to ask for details when interviewing patients using these Assessment questions. Details can help the interviewer decide how credible a "yes" or "no" answer might be. Examples of details might be: Age and circumstances of first use, types of drugs and circumstances of continued use, types of drugs and circumstances of use while incarcerated, specific efforts made to address the addiction (and any success/failure with efforts), specific negative effects that the addiction has caused, etc. Facility health care staff can seek out additional information when it seems appropriate, such as requesting previous medical records from a community source (such as previous MAT clinic or emergency department where individual was treated for overdose), or consulting with Guidance, Security, or OMH about potential information that may exist regarding evidence of past or current OUD activities. Urine or blood tox screens may be ordered from BioReference at any point by the PCP. (BioReference tox screens ordered by a PCP remain part of the patient's medical record and are not revealed to Security.)

Finally, in regard to the list of incarcerated individuals who had indicated a history of pre-arrest opioid use, assessments for MAT should be offered. If the individual declines an Assessment, please document that information in their medical record and send a message to the MAT Committee at DOCCS.SM.HEALTH.MAT.

Attachment

NEW YORK STATE Corrections and Community Supervision **Clinton Correctional Facility**	FACILITY OPERATIONS MANUAL TITLE **Medication-Assisted Treatment**	FOP No. 816
		DATE 10/31/2022

SUPERSEDES 03/09/22	DISTRIBUTION A & B	PAGE 1 OF 7

REFERENCES Directives: Corresponding Directive(s): 4929 Health Services Policy: 3.08, 8.02 Related ACA Standard(s)	APPROVING AUTHORITY T. Harrigan, Deputy Superintendent/Health

I. PURPOSE: To establish a procedure for accepting, ordering, storage and administration of Medication Assisted Treatment with Methadone or Buprenorphine for identified incarcerated individuals at Clinton Correctional Facility (CCF).

II. POLICY: Incarcerated individuals with a diagnosis of Opioid Use Disorder (OUD) can be provided Medication Assisted Treatment (MAT) while at Clinton Correctional Facility.

III. PROCEDURE:

A. Methadone Maintenance:

1. When medically indicated, incarcerated individuals on Methadone treatment will be received at CCF and will continue to receive their medication. The OPT for Clinton is listed below with the contact information:
   Conifer Park- 80 Sharon Avenue, Plattsburgh, N.Y. 12901. 518-561-0130.

2. Once notified, the Health Class Analysists will forward the information to the Clinton Correctional Facility Incarcerated Individual Records Coordinator (IRC), DSH, Nurse Administrator (NA) and Facility Health Service Director (FHSD). CCF will be given one week's notice so that medication can be obtained prior to the incarcerated individual's arrival at the facility.

3. The sending facility will ensure that all incarcerated individuals accepted for this program will receive their daily dose of Methadone or Buprenorphine on the day of their transfer.

4. An intake medical screening will be completed by a Registered Nurse upon admittance to CCF and I/I will be placed on a one-year facility hold for MAT Treatment.

5. Any observations of signs and symptoms of opiate withdrawal, using the Clinical Opiate Withdrawal (COW) scale will be communicated to the OTP physician in a timely manner so that possible adjustments in the patient's Methadone dosing can be considered. (See attached COW Scale)
   http://www.drugabuse.gov/sites/default/files/files/ClinicalOpiateWithdrawalScale.pdf

B. Logistics of Methadone Acquisition:

1. [redacted]

[redacted]

3. Upon arrival of the Methadone to CCF, there will be a 2-Nurse count of the contents of the locked box. A Record of Controlled Substances Administered (Form #3182) and a Change of Shift-Control/Count (Form #3184) will be prepared in accordance with DOCCS Directive 4929 and HSPM 3.08.

4. Any discrepancy between the amount received and the amount ordered or if it is determined that there has been damage to the medication, the FHSD, DSH, NA and the provider at the OTP must be notified immediately.

5. The DOCCS Nurses will sign the enclosed OTP Medication Administration Record form included in the lock box and return it to the OTP weekly. (Keep Copy)

6. A CCF provider will review the recommendations and write the specific Methadone orders to be administered for each patient in the Ambulatory Health Care Record every 30 days (AHR). A Medication Administration Record (MAR) (Form #3179) will be completed with the transcribed orders for each patient.

7. A copy of the monthly MAR and a Record of Controlled Substances Administered (Form #3182) will be faxed or scanned monthly to the OTP and the original MAR will be filed in the AHR MISC Section. Once scanned, a note should be added to the MAR that it has been scanned to the OTP with date and time.

C. Logistics of Buprenorphine Acquisition:

1. Providers need to have the X-waiver (an X number on their DEA License which signifies their ability to prescribe and administer Buprenorphine).

2. When an I/I has a documented history of opioid abuse or if they request to be provided MAT, the following will occur:
    1. The request will be added into an already scheduled PCP callout or entered as MAT as type of service.
    2. When evaluated by provider, a history, physical exam, and form #3319 will be completed. After completion, problem list code 960E will be entered.
    3. If OUD diagnosis is made by the PCP- problem code 960Z will be entered on problem list.
    4. PCP will document why they determined that MAT was or was not indicated and scan to DOCCS.SM.Health.MAT
    5. If not suitable for MAT problem code 960N needs to be entered.
    6. If approval for MAT is given from committee, an email will be sent with instructions- this needs to be filed in the I/Is medical record.
    7. After approval is received, PCP will write order every 30 days.
    8. I/I will follow-up with PCP once a month for 3 months. Then, if stable, every 6 months and as needed.
    9. Medication urine levels will be ordered at least every 6 months and as needed.

3. The medication is ordered by the Pharmacy as a stock medication.

4. Upon receipt of the Buprenorphine from CCF Pharmacy, there will be a 2-Nurse count of the medication. A Record of Controlled Substances Administered (Form #3182) and a Change of Shift-Control/Count (Form #3184) will be prepared in accordance with DOCCS Directive 4929 and HSPM 3.08.

5. A CCF provider will write the specific Buprenorphine orders to be administered for each patient in the Ambulatory Health Care Record (AHR) every 30 days. A Medication Administration Record (MAR) (Form #3179) will be completed with the transcribed orders for each patient.

D. <u>Storage of MAT medications (Methadone/Buprenorphine):</u>

1. [redacted]

E. <u>Administration of Methadone and Buprenorphine:</u>

1. [redacted]

2. Medication will be given per 1:1 medication administration protocol.

3. The incarcerated individual must show photo ID as well as enunciate his/her name and DIN.

4. Observe the incarcerated individual prior to administering the medication. If the incarcerated individual appears sedated, drowsy, cognitively impaired, or weak, the incarcerated individual will be immediately assessed using the COW scale. **A score of 25 or above requires immediate notification of the FHSD, DOCCS provider and the OTP's provider. The medication must not be administered until they are assessed by the facility's provider.**

5. *Methadone:*
   a. The Methadone bottle will be labeled with the incarcerated individual's name, DIN # and dose and confirmed with the patient prior to administration
   b. They are then asked to drink a cup of water before and after taking the Methadone. After the dose is given to the I/I the vial will be filled with water and to the same I/I to drink. The nurse will then perform a mouth check and ask the incarcerated individual to clearly enunciate their name and DIN to confirm consumption of the medication.
   c. The bottle in which the Methadone was contained will be returned to the RN so that the label can be removed and shredded, and the bottle properly discarded.

6. *Buprenorphine:*
   a. The incarcerated individual will be given a cup of water to drink before the nurse does a mouth check with a flashlight.
   b. The Subutex (crushed pill) is then placed under the tongue of the incarcerated individual.
   c. The incarcerated individual must be observed closely to prevent diversion.
   d. The nurse must perform mouth checks with the flashlight to confirm that the medication is dissolving.
   e. Once dissolved, the incarcerated individual is asked to drink a cup of water and enunciate his name and DIN.
   f. The RN will document the MAT medication administration in the MAR.

F. <u>Diversion:</u>

1. DOCCS has a zero-tolerance policy for Diversion. If an inmate is caught diverting the medication, the nurse will:
   a. Document in the I/Is medical record in the AHR section the exact actions of the patient.
   b. Notify the on-call physician and Nurse Administrator.

G. Discrepancies:

1. All medication errors will be resolved before the end of the tour. Nurse Administrator, DSH, and Provider will be notified.

2. A Medication Error report will be completed per HSPM 8.02, Medication Error Reporting.

3. The Medication Error report detailing the problem and corrective actions must be left for the on-call physician to review.

4. A nurse may be asked to return to work before his/her scheduled tour to resolve Medication errors related to Methadone administration.

5. If there is Loss of Controlled Substances, the nurse must immediately notify the Nurse Administrator and the on-call physician. On off-tours and weekends, the Officer of the Day and the Watch Commander will be notified in accordance to Directives 2945, 4092, 4929, HSPM 3.01, NYCRR Title 10 Part 80.100, as well as the on-call physician.

H. Spillage/Vomit of Methadone

1. If there is spillage or vomiting of the Methadone solution, the nurse will inform the FHSD and OTP provider immediately.

2. A Consultation Form #3194 documenting the specific circumstances of the medication loss will be faxed or scanned to the OTP

3. Once returned by the OTP, the DOCCS provider will review recommendations on the consultation form and write the orders in the AHR so that the nurse can update the MAR.

I. Patients Requiring Dose Adjustment:

1. When a patient on MAT expresses any symptom of opiate withdrawal at the medication window, sick-call, or referred by a Corrections Officer, the patient will be assessed using the COW scale by a nurse and will be evaluated by a DOCCS provider as soon as possible.

2. For patients on Methadone, the Consultation Form stating the issue will be faxed/scanned to the OTP and a call should be made between the DOCCS provider and the OPT's provider to discuss the plan.

3. For patients on Buprenorphine, the DOCCS provider will assess the patient and determine the need for a dose adjustment.

4. The DOCCS provider will document any medication changes for Methadone or Buprenorphine in the AHR so that the MAR can be updated by the nurse.

J. Discontinuation of MAT:

1. Incarcerated individuals who elect to terminate voluntarily and prematurely from the program will be reviewed by the FHSD. In cases of patients on Methadone, the FHSD will consult with the OTP provider.

K. Staff Education and Training:

1. Licensed medical professionals shall be appropriately trained in the administration of MAT medication and the Policy. All Buprenorphine prescribers will have an X-waiver.

L. Discharge Planning:

1. A consent form will be signed by the incarcerated individual and faxed by the NA or designee to the OTP, along with their date of release and address, so that The OTP can share information with the OTP closest to the incarcerated individual's address and an appointment can be made to ensure continuity of care.

2. Discharge planning for incarcerated individual's return to the community will be coordinated by the designated DOCCS OTP SURN for linkage to a Medication Assisted Therapy program in the community when there is no OTP to do so.
3. Incarcerated individuals will receive their dose of MAT medication, on the day of transfer prior to leaving the facility.

M. Disposal:

1. If there are extra or leftover doses, Clinton CF will record that the medication was disposed of (date, time, amount, reason, and for which patient) and dispose in the drop box provided in accordance with OASAS and DEA regulations.

N. Transfer to an Infirmary or Specialized Confinement Housing Units

1. Within the facility:

a. Incarcerated individuals transferred to Specialized Confinement Housing Unit will be given their medication in the back of the cell and observed for the same timeframe as outlined for each medication.

2. Transfer to another facility:

   a. CCF will alert the OTP and the medical staff of the receiving infirmary or Specialized Confinement Housing Units prior to placement.
   b. Nurse Administrator or designee will complete form 3313, MAT Program Transfer. The form will then be emailed to the facility that the incarcerated individual is being transferred to.
   c. [redacted].
   d. Upon arrival to the receiving facility, the MAT medication will be immediately reconciled with a two-nurse count.
   e. The receiving facility nurses will use the MAR and Accountability sheets that are provided in the lock box. [redacted]
   f. The receiving facility medical staff will follow all MAT policies and procedures per their Facility Operating Manuals (FOM). CCF's medical staff will be alerted with regards to any medication issues.
   g. At the time the incarcerated individual is medically cleared to return to CCF, the medical staff must be informed with a nurse-to-nurse discharge report.
   h. [redacted].
   i. The MAT medication will be immediately reconciled with a two-nurse count. The NA, FHSD and Watch Commander will be notified immediately.
   j. In the rare event that an incarcerated individual is paroled/discharged from a facility other than the sending facility, [redacted]
   k. [redacted]

NEW YORK STATE Corrections and Community Supervision Collins Correctional Facility	FACILITY OPERATIONS MANUAL TITLE **Medication-Assisted Treatment**	FOM. NO. **4012**
		DATE **5/4/22**
SUPERSEDES **NEW**	DISTRIBUTION **A**	PAGE Page 1 of 7
REFERENCES Directives: Corresponding Directive(s): 4929 Health Services Policy: 3.08,8.02 Relates ACA Standard(s)	APPROVING AUTHORITY L. Lohman, Supt.	

I. **PURPOSE:** To establish a procedure for accepting, storage and administration of Medication Assisted Treatment with Methadone or Buprenorphine for identified incarcerated individuals at Collins Correctional Facility (CCF).

II. **POLICY:** Incarcerated individuals (I/I) drafting from a reception facility who are currently on active Medication Assisted Treatment (MAT) with Methadone or Buprenorphine will continue their therapy upon entry to Collins Correctional Facility. Sending facilities will continue the therapy until they arrive at CCF. MAT treatment will be provided at Collins to eligible participants.

III. **PROCEDURE:**

A. Methadone/ Buprenorphine Maintenance:

1. When medically indicated, I/Is on Methadone/Buprenorphine treatment will be received at CCF and will continue to be enrolled in the MAT Program.

2. An eligibility list of qualifying I/Is will be generated by the Department of Classification and Movement to determine admittance into CCF's MAT Program.

3. Once notified, the Health Class Analysists will forward the information to the Collins Correctional Facility I/I Records Coordinator (IRC), Nurse Administrator (NA), and Facility Health Service Director (FHSD). CCF will be given one week's notice so that medication can be obtained prior to the I/I's arrival at the facility.

4. The sending facility will ensure that all I/Is accepted for this program will receive their daily dose of Methadone or Buprenorphine on the day of their transfer of custody to CCF.

5. An intake medical screening will be completed by a Registered Nurse upon admittance to CCF.

6. Any observations of signs and symptoms of opiate withdrawal, using the Clinical Opiate Withdrawal (COW) scale will be communicated to the Opioid Treatment

Program (OTP) provider in a timely manner so that possible adjustments in the I/I's Methadone dosing can be considered. (See attached COW Scale) http://www.drugabuse.gov/sites/default/files/files/ClinicalOpiateWithdrawalScale.pdf

B. Logistics of Methadone Acquisition:

[redacted]

3. Upon arrival of the Methadone to CCF, there will be a two-nurse count of the contents of the locked box. In the event of only one Nurse on duty, the count will be performed with a member of the Security or Pharmacy staff. A Record of Controlled Substances Administered (Form #3182) and a Change of Shift-Control/Count (Form #3184) will be prepared in accordance with DOCCS Directive 4929 and HSPM 3.08.

4. Any discrepancy between the amount received and the amount ordered or damage to the medication, the FHSD, NA and the provider at the OTP must be notified immediately.

5. The DOCCS Nurses will sign the enclosed OTP Medication Administration Record form included in the lock box and return it to the OTP weekly. A copy must be kept on file.

6. The CCF provider will review the recommendations and write the specific Methadone orders to be administered for each I/I in the Ambulatory Health Care Record (AHR). A Medication Administration Record (MAR) (Form #3179) will be completed with the transcribed orders for each I/I.

7. A copy of the monthly MAR and a Record of Controlled Substances Administered will be faxed or scanned monthly to the OTP and the original MAR will be filed in the AHR MISC Section. Once scanned, a note should be added to the MAR that it has been scanned to the OTP with date and time along with signature of NA or designee.

C. Logistics of Buprenorphine Acquisition:

1. Providers need to have the X-waiver (an X number on their DEA License which signifies their ability to prescribe and administer Buprenorphine).

2. Providers also need to have e-prescribing capability so that they can electronically

send the prescription to a pharmacy such as Omnicare or Cardinal.

3. Upon arrival of the Buprenorphine to CCF, the medication will be counted under dual control (two nurses). If there is just one nurse on duty, the count will be conducted with a member of the security or pharmacy staff. A Record of Controlled Substances Administered (Form #3182) and a Change of Shift-Control/Count (Form #3184) will be prepared in accordance with DOCCS Directive 4929 and HSPM 3.08.

4. Any discrepancy between the amount received and the amount ordered or damage to the medication, the FHSD, NA and the pharmacy (Omnicare or Cardinal) must be notified immediately.

5. A CCF provider write the specific Buprenorphine orders to be administered for each I/I in the AHR. A MAR (Form #3179) will be completed with the transcribed orders for each I/I.

6. The original MAR will be filed in the AHR MISC Section.

D. Storage of MAT medications Methadone/ Buprenorphine:

[redacted]

E. Administration of Methadone and Buprenorphine:

1. Nursing is responsible for administering MAT in a secure site. Security will participate in the process to address the risk of diversion.

2. Administration of medication will be given per 1:1 medication administration protocol to avoid distraction and decrease the likelihood of spillage or diversion.

[redacted]

3. The I/I must show photo ID as well as state their name and DIN.

4. The nurse will observe the I/I prior to administering the medication. If the I/I appears to be sedated, drowsy, cognitively impaired, or weak, the I/I will be immediately assessed using the COW scale. **A score of 25 or above requires immediate notification of the FHSD, DOCCS provider and the OTP's provider. The medication must not be administered until they are assessed by the facility's provider.**

5. *Methadone:*
   a. The Methadone bottle will be labeled with the I/I's name, DIN # and dose and confirmed with the I/I prior to administration.
   b. They are then asked to drink a cup of water before and after taking the Methadone. The nurse will then perform a mouth check and ask the I/I to clearly enunciate their name and DIN to confirm consumption of the medication.
   c. The I/I will sit for 10-15 minutes so that they can be observed for any issues and to ensure digestion.
   d. The bottle in which the Methadone was contained will be returned to the RN so that the label can be removed and shredded, and the bottle properly discarded.

6. *Buprenorphine:*
   a. The I/I will be given a cup of water to drink before the nurse does a mouth check with a flashlight.
   b. The Subutex (pill) or Suboxone (film) is then placed by the nurse under the tongue of the I/I.
   c. The I/I must have their arms to their side on or a table during this time and be observed closely to prevent diversion.
   d. The nurse must perform mouth checks with the flashlight to confirm that the medication is dissolving.
   e. Once the medication is dissolved, the I/I is asked to drink a cup of water and enunciate their name and DIN.
   f. The I/I must be observed for 10-15 minutes after administration to ensure the absence of ill effects and reduce the chances of diversion.
   g. As the number of I/Is increases, the medication can be administered to several I/I simultaneously, to shorten the medication administration time.
   h. They are to be evenly and appropriately spaced on a bench or standing against a wall with their hands to their sides. Security must be diligent in observing the group for diversion.

7. The RN will document the MAT medication administration in the MAR.

F. Diversion

1. If an I/I is observed to be diverting the medication, the nurse will:
   a. Document exact actions of the I/I in the I/I's medical record in the AHR section.
   b. Notify the FHSD and NA.

G. Discrepancies:

1. The NA and provider must be notified immediately, and the error resolved before the end of the tour.

2. A Medication Error report will be completed per HSPM 8.02, Medication Error Reporting.

3. The Medication Error report detailing the problem and corrective actions must be given to the provider to review.

4. A nurse may be asked to return to work before their scheduled tour to resolve Medication errors.

5. If there is Loss of Controlled Substances, the nurse must immediately notify the Nurse Administrator, provider, and Watch-Commander. On off-tours and weekends, the Officer of the Day and Watch Commander will be notified in accordance with Directives 2945, 4092, 4929, HSPM 3.01, NYCRR Title 10 Part 80.100, as well as the on-call provider.

H. Spillage/Vomit of Methadone

1. If there is spillage or vomiting of the Methadone solution, the nurse will inform the FHSD and OTP provider immediately.

2. A Consultation Form #3194 documenting the specific circumstances of the medication loss will be faxed or scanned to the OTP.

3. Once returned by the OTP, the DOCCS provider will review recommendations on the consultation form and write the new orders in the AHR. The nurse will note the orders and update the MAR.

I. I/Is Requiring Dose Adjustment:

1. When a I/I on MAT expresses any symptom of opiate withdrawal at the medication window, sick-call, or during emergency sick call, the I/I will be assessed using the

COW scale by a nurse and will be evaluated by a DOCCS provider as soon as possible.

2. For I/Is on Methadone, the Consultation Form stating the issue will be faxed/scanned to the OTP and a call should be made between the DOCCS provider and the OTP's provider to discuss the plan.

3. For I/Is on Buprenorphine, the DOCCS provider will assess the I/I and determine the need for a dose adjustment.

4. The DOCCS provider will document any medication changes for Methadone or Buprenorphine in the AHR. The nurse will note the order and update the MAR.

J. Discontinuation of MAT:

1. I/I who elect to terminate voluntarily and prematurely from the program will be reviewed by the FHSD. In cases of I/Is on Methadone, the FHSD will consult with the OTP provider.

K. Staff Education and Training:

1. Licensed medical professionals shall be appropriately trained in the administration of MAT medication and the Policy. All Buprenorphine prescribers must have an X-waiver.

L. Discharge Planning:

1. A consent form will be signed by the I/I and faxed by the NA or designee to the OTP, along with their date of release and address, so that the OTP can share information with the OTP closest to the I/I's address and an appointment can be made to ensure continuity of care.

2. Discharge planning for I/I's return to the community will be coordinated by the designated DOCCS OTP SURN for linkage to a MAT program in the community when there is no OTP to do so.

3. I/I will receive their dose of MAT medication, on the day of transfer prior to leaving the facility.

M. Disposal:

1. If there are remaining doses, CCF will record that the medication was disposed of (date, time, amount, reason, and for which I/I) and dispose in the drop box provided in accordance with OASAS and DEA regulations.

N. Transfer to an Infirmary or Specialized Confinement Housing Units

1. Transfer to another facility:

a. The NA or designee will alert the OTP and the medical staff of the receiving infirmary or Specialized Confinement Housing Units prior to placement.
b. NA or designee will complete form 3313, MAT Program Transfer. The form will then be emailed to the facility that the I/I is being transferred to.
c. [redacted]
d. Upon arrival to the receiving facility, the MAT medication will be immediately reconciled with a two-nurse count. If two nurses are not available, the narcotic count can be done with a nurse and a security member in accordance with Directive 4929.
e. The receiving facility nurses will use the MAR and Accountability sheets that are provided in the lock box. [redacted]
f. The receiving facility medical staff will follow all MAT policies and procedures per their Facility Operating Manuals (FOM). CCF's medical staff will be alerted with regards to any medication issues.
g. At the time the I/I is medically cleared to return to CCF, the medical staff must be informed with a nurse-to-nurse discharge report.
h. [redacted]
i. The MAT medication will be immediately reconciled with a two-nurse count. If two nurses are not available, the count can be done with a nurse and a security staff member. Any discrepancy noted, the NA, FHSD and Watch Commander must be notified immediately.
j. [redacted]
k.

NEW YORK STATE Corrections and Community Supervision Coxsackie Correctional Facility	FACILITY OPERATIONS MANUAL TITLE **Medication-Assisted Treatment**	FOM. NO. **13.30**
		DATE 05/03/22
SUPERSEDES	DISTRIBUTION **A & B**	PAGE **Page 1 of 6**
REFERENCES Directives: Corresponding Directive(s): 4929 Health Services Policy: 3.08,8.02 Relates ACA Standard(s)	APPROVING AUTHORITY	

I. **PURPOSE:** To establish a procedure for accepting, storage and administration of Medication Assisted Treatment with Methadone or Buprenorphine for identified incarcerated individuals at Coxsackie Correctional facility (CCF).

II. **POLICY:** Incarcerated individuals (I/I) drafting from a reception facility who are currently on active Medication Assisted Treatment (MAT) with Methadone or Buprenorphine will continue their therapy upon entry to Coxsackie Correctional Facility. Sending facilities will continue the therapy until they arrive at CCF. MAT treatment will be provided at Coxsackie to eligible participants.

III. **PROCEDURE:**

A. Methadone/ Buprenorphine Maintenance:

1. When medically indicated, I/Is on Methadone/ Buprenorphine treatment will be received at CCF and will continue to be enrolled in the MAT Program.

2. An eligibility list of qualifying I/Is will be generated by the Department of Classification and Movement to determine admittance into CCF's MAT Program.

3. Once notified, the Health Class Analysts will forward the information to the Coxsackie Correctional Facility I/I Records Coordinator (IRC), Nurse Administrator (NA) and Facility Health Service Director (FHSD). CCF will be given one week's notice so that medication can be obtained prior to the I/I's arrival at the facility.

4. The sending facility will ensure that all I/Is accepted for this program will receive their daily dose of Methadone or Buprenorphine on the day of their transfer of custody to CCF.

5. An intake medical screening will be completed by a Registered Nurse upon admittance to CCF.

6. Any observations of signs and symptoms of opiate withdrawal, using the Clinical Opiate Withdrawal (COW) scale will be communicated to the Opioid Treatment Program (OTP) provider in a timely manner so that possible adjustments in the I/I's Methadone dosing can be considered. (See attached COW Scale.)

   http://www.drugabuse.gov/sites/default/files/files/ClinicalOpiateWithdrawalScale.pdf

B. Logistics of Methadone Acquisition:

[redacted]

3. Upon arrival of the Methadone to CCF, there will be a two-nurse count of the contents of the locked box. In the event of only one Nurse on duty, the count will be performed with a member of the Security or Pharmacy staff. A Record of Controlled Substances Administered (Form #3182) and a Change of Shift-Control/Count (Form #3184) will be prepared in accordance with DOCCS Directive 4929 and HSPM 3.08.

4. Any discrepancy between the amount received and the amount ordered or damage to the medication, the FHSD, NA and the provider at the OTP must be notified immediately.

5. The DOCCS Nurses will sign the enclosed OTP Medication Administration Record form included in the lock box and return it to the OTP weekly. A copy must be kept on file.

6. The CCF provider will review the recommendations and write the specific Methadone orders to be administered for each I/I in the Ambulatory Health Care Record (AHR). A Medication Administration Record (MAR) (Form #3179) will be completed with the transcribed orders for each I/I.

7. A copy of the monthly MAR and a Record of Controlled Substances Administered will be faxed or scanned monthly to the OTP and the original MAR will be filed in the AHR MISC Section. Once scanned, a note should be added to the MAR that it has been scanned to the OTP with date and time along with signature of NA or designee.

C. Logistics of Buprenorphine Acquisition:

1. Providers need to have the X-waiver (an X number on their DEA License which signifies their ability to prescribe and administer Buprenorphine).

2. Providers also need to have e-prescribing capability so that they can electronically send the prescription to a pharmacy such as Omnicare or Cardinal.

3. Upon arrival of the Buprenorphine to CCF, the medication will be counted under dual control (two nurses). If there is just one nurse on duty, the count will be conducted with a member of the security or pharmacy staff. A Record of Controlled

Substances Administered (Form #3182) and a Change of Shift-Control/Count (Form #3184) will be prepared in accordance with DOCCS Directive 4929 and HSPM 3.08.

4. Any discrepancy between the amount received and the amount ordered or damage to the medication, the FHSD, NA and the pharmacy (Omnicare or Cardinal) must be notified immediately.

5. A CCF provider will write the specific Buprenorphine orders to be administered for each I/I in the AHR. A MAR (Form #3179) will be completed with the transcribed orders for each I/I.

6. The original MAR will be filed in the AHR MISC Section.

D. Storage of MAT medications Methadone/ Buprenorphine:

[redacted]

E. Administration of Methadone and Buprenorphine:

1. Nursing is responsible for administering MAT in a secure site. Security will participate in the process to address the risk of diversion.

2. Administration of medication will be given per 1:1 medication administration protocol to avoid distraction and decrease the likelihood of spillage or diversion.

3. The I/I must show photo ID as well as state their name and DIN.

4. The nurse will observe the I/I prior to administering the medication. If the I/I appears to be sedated, drowsy, cognitively impaired, or weak, the I/I will be immediately assessed using the COW scale. **A score of 25 or above requires immediate notification of the FHSD, DOCCS provider and the OTP's provider. The medication must not be administered until they are assessed by the facility's provider.**

5. *Methadone:*
   a. The Methadone bottle will be labeled with the I/I's name, DIN # and dose and confirmed with the I/I prior to administration.

b. They are then asked to drink a cup of water before and after taking the Methadone. The nurse will then perform a mouth check and ask the I/I to clearly enunciate their name and DIN to confirm consumption of the medication.
c. The I/I will sit for 10-15 minutes so that they can be observed for any issues and to ensure digestion.
d. The bottle in which the Methadone was contained will be returned to the RN so that the label can be removed and shredded, and the bottle properly discarded.

6. *Buprenorphine:*
   a. The I/I will be given a cup of water to drink before the nurse does a mouth check with a flashlight.
   b. The Subutex (pill) or Suboxone (film) is then placed by the nurse under the tongue of the I/I.
   c. The I/I must have their arms to their side on or a table during this time and be observed closely to prevent diversion.
   d. The nurse must perform mouth checks with the flashlight to confirm that the medication is dissolving.
   e. Once the medication is dissolved, the I/I is asked to drink a cup of water and enunciate their name and DIN.
   f. The I/I must be observed for 10-15 minutes after administration to ensure the absence of ill effects and reduce the chances of diversion.
   g. Post ingestion, the I/I will be escorted back to their housing unit/assignment.
   h. As the number of I/Is increases, the medication can be administered to several I/I simultaneously, to shorten the medication administration time.
   i. They are to be evenly and appropriately spaced on a bench or standing against a wall with their hands to their sides. Security must be diligent in observing the group for diversion.

7. The RN will document the MAT medication administration in the MAR.

F. Diversion

1. If an I/I is observed to be diverting the medication, the nurse will:

   a. Document exact actions of the I/I in the I/I's medical record in the AHR section.
   b. Notify the FHSD and NA.

G. Discrepancies:

1. The NA and provider must be notified immediately, and the error resolved before the end of the tour.

2. A Medication Error report will be completed per HSPM 8.02, Medication Error Reporting.

3. The Medication Error report detailing the problem and corrective actions must be given to the provider to review.

4. A nurse may be asked to return to work before their scheduled tour to resolve Medication errors.

5. If there is Loss of Controlled Substances, the nurse must immediately notify the Nurse Administrator, provider, and Watch-Commander. On off-tours and weekends, the Officer of the Day and Watch Commander will be notified in accordance with Directives 2945, 4092, 4929, HSPM 3.01, NYCRR Title 10 Part 80.100, as well as the on-call provider.

H. Spillage/Vomit of Methadone

1. If there is spillage or vomiting of the Methadone solution, the nurse will inform the FHSD and OTP provider immediately.

2. A Consultation Form #3194 documenting the specific circumstances of the medication loss will be faxed or scanned to the OTP.

3. Once returned by the OTP, the DOCCS provider will review recommendations on the consultation form and write the new orders in the AHR. The nurse will note the orders and update the MAR.

I. I/Is Requiring Dose Adjustment:

1. When a I/I on MAT expresses any symptom of opiate withdrawal at the medication window, sick-call, or during emergency sick call, the I/I will be assessed using the COW scale by a nurse and will be evaluated by a DOCCS provider as soon as possible.

2. For I/Is on Methadone, the Consultation Form stating the issue will be faxed/scanned to the OTP and a call should be made between the DOCCS provider and the OPT's provider to discuss the plan.

3. For I/Is on Buprenorphine, the DOCCS provider will assess the I/I and determine the need for a dose adjustment.

4. The DOCCS provider will document any medication changes for Methadone or Buprenorphine in the AHR. The nurse will note the order and update the MAR.

J. Discontinuation of MAT:

1. I/Is who elect to terminate voluntarily and prematurely from the program will be reviewed by the FHSD. In cases of I/Is on Methadone, the FHSD will consult with the OTP provider.

K. Staff Education and Training:

1. Licensed medical professionals shall be appropriately trained in the administration of MAT medication and the Policy. All Buprenorphine prescribers must have an X-waiver.

L. Discharge Planning:

1. A consent form will be signed by the I/I and faxed by the NA or designee to the OTP, along with their date of release and address, so that the OTP can share information with the OTP closest to the I/I's address and an appointment can be made to ensure continuity of care.
2. Discharge planning for I/I's return to the community will be coordinated by the designated DOCCS OTP SURN for linkage to a MAT program in the community when there is no OTP to do so.
3. I/Is will receive their dose of MAT medication, on the day of transfer prior to leaving the facility.

M. Disposal:

1. If there are remaining doses, CCF will record that the medication was disposed of (date, time, amount, reason, and for which I/I) and dispose in the drop box provided in accordance with OASAS and DEA regulations.

N. Transfer to an Infirmary or Specialized Confinement Housing Units

1. 1. Within the facility:

    a. Incarcerated individuals transferred to Specialized Confinement Housing Units or the Infirmary will be escorted to the medication room so that their MAT medication can be administered.

    b. [redacted]

Clinical Opiate Withdrawal Scale

Introduction

The Clinical Opiate Withdrawal Scale (COWS) is an 11-item scale designed to be administered by a clinician. This tool can be used in both inpatient and outpatient settings to reproducibly rate common signs and symptoms of opiate withdrawal and monitor these symptoms over time. The summed score for the complete scale can be used to help clinicians determine the stage or severity of opiate withdrawal and assess the level of physical dependence on opioids. Practitioners sometimes express concern about the objectivity of the items in the COWS; however, the symptoms of opioid withdrawal have been likened to a severe influenza infection (e.g., nausea, vomiting, sweating, joint aches, agitation, tremor), and patients should not exceed the lowest score in most categories without exhibiting some observable sign or symptom of withdrawal.

APPENDIX 1
Clinical Opiate Withdrawal Scale

For each item, circle the number that best describes the patient's signs or symptom. Rate on just the apparent relationship to opiate withdrawal. For example, if heart rate is increased because the patient was jogging just prior to assessment, the increase pulse rate would not add to the score.

Patient's Name:_____ Date and Time ____/____/____:_____

Reason for this assessment:_____

Resting Pulse Rate: _____beats/minute *Measured after patient is sitting or lying for one minute* 0 pulse rate 80 or below 1 pulse rate 81-100 2 pulse rate 101-120 4 pulse rate greater than 120	**GI Upset:** *over last* 1/2 *hour* 0 no GI symptoms 1 stomach cramps 2 nausea or loose stool 3 vomiting or diarrhea 5 multiple episodes of diarrhea or vomiting
Sweating: *over past* 1/2 *hour not accounted for by room temperature or patient activity.* 0 no report of chills or flushing 1 subjective report of chills or flushing 2 flushed or observable moistness on face 3 beads of sweat on brow or face 4 sweat streaming off face	**Tremor** *observation of outstretched hands* 0 no tremor 1 tremor can be felt, but not observed 2 slight tremor observable 4 gross tremor or muscle twitching
Restlessness *Observation during assessment* 0 able to sit still 1 reports difficulty sitting still, but is able to do so 3 frequent shifting or extraneous movements of legs/arms 5 unable to sit still for more than a few seconds	**Yawning** *Observation during assessment* 0 no yawning 1 yawning once or twice during assessment 2 yawning three or more times during assessment 4 yawning several times/minute
Pupil size 0 pupils pinned or normal size for room light 1 pupils possibly larger than normal for room light 2 pupils moderately dilated 5 pupils so dilated that only the rim of the iris is visible	**Anxiety or Irritability** 0 none 1 patient reports increasing irritability or anxiousness 2 patient obviously irritable or anxious 4 patient so irritable or anxious that participation in the assessment is difficult
Bone or Joint aches *If patient was having pain previously, only the additional component attributed to opiates withdrawal is scored* 0 not present 1 mild diffuse discomfort 2 patient reports severe diffuse aching of joints/muscles 4 patient is rubbing joints or muscles and is unable to sit still because of discomfort	**Gooseflesh skin** 0 skin is smooth 3 piloerrection of skin can be felt or hairs standing up on arms 5 prominent piloerrection
Runny nose or tearing *Not accounted for by cold symptoms or allergies* 0 not present 1 nasal stuffiness or unusually moist eyes 2 nose running or tearing 4 nose constantly running or tears streaming down cheeks	Total Score _____ The total score is the sum of all 11 items Initials of person completing assessment: _____

Score: 5-12 = mild; 13-24 = moderate; 25-36 = moderately severe; more than 36 = severe withdrawal

This version may be copied and used clinically.

Source: Wesson, D. R., & Ling, W. (2003). The Clinical Opiate Withdrawal Scale (COWS). *J Psychoactive Drugs*, 35(2), 253–9.

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NEW YORK STATE Corrections and Community Supervision Eastern New York Correctional Facility	FACILITY OPERATIONS MANUAL TITLE **Medication-Assisted Treatment**	FOM. NO. 507 DATE 8/25/2022
SUPERSEDES	DISTRIBUTION A	PAGE Page 1 of 8
REFERENCES Directives: Corresponding Directive(s): 4929 Health Services Policy: 3.08,8.02 Relates ACA Standard(s)	APPROVING AUTHORITY	

I. **PURPOSE:** To establish a procedure for accepting, storage and administration of Medication Assisted Treatment with Methadone or Buprenorphine for identified incarcerated individuals at Eastern New York Correctional Facility (ENYCF).

II. **POLICY:** Incarcerated individuals (I/I) drafting from a reception facility who are currently on active Medication Assisted Treatment (MAT) with Methadone or Buprenorphine will continue their therapy upon entry to Eastern New York Correctional Facility. Sending facilities will continue the therapy until they arrive at ENYCF. MAT treatment will be provided at Eastern to eligible participants.

III. **PROCEDURE:**

A. Methadone/ Buprenorphine Maintenance:

1. When medically indicated, I/Is on Methadone/ Buprenorphine treatment will be received at ENYCF and will continue to be enrolled in the MAT Program.

2. An eligibility list of qualifying I/Is will be generated by the Department of Classification and Movement to determine admittance into ENYCF's MAT Program.

3. Once notified, the Health Class Analysists will forward the information to the Eastern New York Correctional Facility I/I Records Coordinator (IRC), Nurse Administrator (NA) and Facility Health Service Director (FHSD). ENYCF will be given one week's notice so that medication can be obtained prior to the I/I's arrival at the facility.

4. The sending facility will ensure that all I/Is accepted for this program will receive their daily dose of Methadone or Buprenorphine on the day of their transfer of custody to ENYCF.

5. An intake medical screening will be completed by a Registered Nurse upon admittance to ENYCF.

6. Any observations of signs and symptoms of opiate withdrawal, using the Clinical

Opiate Withdrawal (COW) scale will be communicated to the Opioid Treatment Program (OTP) provider in a timely manner so that possible adjustments in the I/I's Methadone dosing can be considered. (See attached COW Scale) http://www.drugabuse.gov/sites/default/files/files/ClinicalOpiateWithdrawalScale.pdf

B. Logistics of Methadone Acquisition:

[redacted]

3. Upon arrival of the Methadone to ENYCF, there will be a two-nurse count of the contents of the locked box. In the event of only one Nurse on duty, the count will be performed with a member of the Security or Pharmacy staff. A Record of Controlled Substances Administered (Form #3182) and a Change of Shift-Control/Count (Form #3184) will be prepared in accordance with DOCCS Directive 4929 and HSPM 3.08.

4. Any discrepancy between the amount received and the amount ordered or damage to the medication, the FHSD, NA and the provider at the OTP must be notified immediately.

5. The DOCCS Nurses will sign the enclosed OTP Medication Administration Record form included in the lock box and return it to the OTP weekly. A copy must be kept on file.

6. The ENYCF provider will review the recommendations and write the specific Methadone orders to be administered for each I/I in the Ambulatory Health Care Record (AHR). A Medication Administration Record (MAR) (Form #3179) will be completed with the transcribed orders for each I/I.

7. A copy of the monthly MAR and a Record of Controlled Substances Administered will be faxed or scanned monthly to the OTP and the original MAR will be filed in the AHR MISC Section. Once scanned, a note should be added to the MAR that it has been scanned to the OTP with date and time along with signature of NA or designee.

C. Logistics of Buprenorphine Acquisition:

1. Providers need to have the X-waiver (an X number on their DEA License which signifies their ability to prescribe and administer Buprenorphine).

2. Providers also need to have e-prescribing capability so that they can electronically send the prescription to a pharmacy such as Omnicare or Cardinal.
3. Upon arrival of the Buprenorphine to ENYCF, the medication will be counted under dual control (two nurses). If there is just one nurse on duty, the count will be conducted with a member of the security or pharmacy staff. A Record of Controlled Substances Administered (Form #3182) and a Change of Shift-Control/Count (Form #3184) will be prepared in accordance with DOCCS Directive 4929 and HSPM 3.08.

4. Any discrepancy between the amount received and the amount ordered or damage to the medication, the FHSD, NA and the pharmacy (Omnicare or Cardinal) must be notified immediately.

5. The DOCCS Nurses will sign the enclosed OTP Medication Administration Record form included in the lock box and return it to the OTP weekly. A copy must be kept on file.

6. An ENYCF provider will review the recommendations and write the specific Buprenorphine orders to be administered for each I/I in the AHR. A MAR (Form #3179) will be completed with the transcribed orders for each I/I.

7. A copy of the monthly MAR and a Record of Controlled Substances Administered will be faxed or scanned monthly to the OTP by the NA or designee. Once scanned, a date, time, and person scanning document will be place on the document. The original MAR will be filed in the AHR MISC Section.

D. Storage of MAT medications Methadone/ Buprenorphine:



E. Administration of Methadone and Buprenorphine:

1. Nursing is responsible for administering MAT in a secure site. Security will participate in the process to address the risk of diversion.

2. Administration of medication will be given per 1:1 medication administration protocol to

avoid distraction and decrease the likelihood of spillage or diversion.

3. The I/I must show photo ID as well as state their name and DIN.

4. The nurse will observe the I/I prior to administering the medication. If the I/I appears to be sedated, drowsy, cognitively impaired, or weak, the I/I will be immediately assessed using the COW scale. **A score of 25 or above requires immediate notification of the FHSD, DOCCS provider and the OTP's provider. The medication must not be administered until they are assessed by the facility's provider.**

5. *Methadone:*
   a. The Methadone bottle will be labeled with the I/I's name, DIN # and dose and confirmed with the I/I prior to administration.
   b. They are then asked to drink a cup of water before and after taking the Methadone. The nurse will then perform a mouth check and ask the I/I to clearly enunciate their name and DIN to confirm consumption of the medication.
   c. The I/I will sit for 10-15 minutes so that they can be observed for any issues and to ensure digestion.
   d. The bottle in which the Methadone was contained will be returned to the RN so that the label can be removed and shredded, and the bottle properly discarded.

6. *Buprenorphine:*
   a. The I/I will be given a cup of water to drink before the nurse does a mouth check with a flashlight.
   b. The Subutex (crushed pill) or Suboxone (film) is then placed by the nurse under the tongue of the I/I.
   c. The I/I must have their arms to their side on or a table during this time and be observed closely to prevent diversion.
   d. The nurse must perform mouth checks with the flashlight to confirm that the medication is dissolving.
   e. Once the medication is dissolved, the I/I is asked to drink a cup of water and enunciate their name and DIN.
   f. The I/I must be observed for 10-15 minutes after administration to ensure the absence of ill effects and reduce the chances of diversion.
   g. Post ingestion, the I/I will be escorted back to their housing unit/assignment.
   h. As the number of I/Is increases, the medication can be administered to several I/I simultaneously, to shorten the medication administration time.
   i. They are to be evenly and appropriately spaced on a bench or standing against a wall with their hands to their sides. Security must be diligent in observing the group for diversion.

7. The RN will document the MAT medication administration in the MAR.

F. Diversion

1. If an I/I is observed to be diverting the medication, the nurse will:

   a. Document exact actions of the I/I in the I/I's medical record in the AHR section.
   b. Notify the FHSD and NA.

G. Discrepancies:

1. The NA and provider must be notified immediately, and the error resolved before the end of the tour.

2. A Medication Error report will be completed per HSPM 8.02, Medication Error Reporting.

3. The Medication Error report detailing the problem and corrective actions must be given to the provider to review.

4. A nurse may be asked to return to work before their scheduled tour to resolve Medication errors.

5. If there is Loss of Controlled Substances, the nurse must immediately notify the Nurse Administrator, provider, and Watch-Commander. On off-tours and weekends, the Officer of the Day and Watch Commander will be notified in accordance with Directives 2945, 4092, 4929, HSPM 3.01, NYCRR Title 10 Part 80.100, as well as the on-call provider.

H. Spillage/Vomit of Methadone

1. If there is spillage or vomiting of the Methadone solution, the nurse will inform the FHSD and OTP provider immediately.

2. A Consultation Form #3194 documenting the specific circumstances of the medication loss will be faxed or scanned to the OTP.

3. Once returned by the OTP, the DOCCS provider will review recommendations on the consultation form and write the new orders in the AHR. The nurse will note the orders and update the MAR.

I. I/Is Requiring Dose Adjustment:

1. When a I/I on MAT expresses any symptom of opiate withdrawal at the medication window, sick-call, or during emergency sick call, the I/I will be assessed using the COW scale by a nurse and will be evaluated by a DOCCS provider as soon as possible.

2. For I/Is on Methadone, the Consultation Form stating the issue will be faxed/scanned to the OTP and a call should be made between the DOCCS provider and the OPT's provider to discuss the plan.

3. For I/Is on Buprenorphine, the DOCCS provider will assess the I/I and determine the need for a dose adjustment.

4. The DOCCS provider will document any medication changes for Methadone or Buprenorphine in the AHR. The nurse will note the order and update the MAR.

J. Discontinuation of MAT:

1. (I/I) who elect to terminate voluntarily and prematurely from the program will be reviewed by the FHSD. In cases of I/Is on Methadone, the FHSD will consult with the OTP provider.

K. Staff Education and Training:

1. Licensed medical professionals shall be appropriately trained in the administration of MAT medication and the Policy. All Buprenorphine prescribers must have an X-waiver.

L. Discharge Planning:

1. A consent form will be signed by the I/I and faxed by the NA or designee to the OTP, along with their date of release and address, so that the OTP can share information with the OTP closest to the I/I's address and an appointment can be made to ensure continuity of care.

2. Discharge planning for I/I's return to the community will be coordinated by the designated DOCCS OTP SURN for linkage to a MAT program in the community when

there is no OTP to do so.

3. (I/I) will receive their dose of MAT medication, on the day of transfer prior to leaving the facility.

M. Disposal:

1. If there are remaining doses, ENYCF will record that the medication was disposed of (date, time, amount, reason, and for which I/I) and dispose in the drop box provided in accordance with OASAS and DEA regulations.

N. Transfer to an Infirmary or Specialized Confinement Housing Units

1. Transfer to another facility:

a. The NA or designee will alert the OTP and the medical staff of the receiving infirmary or Specialized Confinement Housing Units prior to placement.
b. NA or designee will complete form 3313, MAT Program Transfer. The form will then be emailed to the facility that the I/I is being transferred to.
c. [redacted]
d. Upon arrival to the receiving facility, the MAT medication will be immediately reconciled with a two-nurse count. If two nurses are not available, the narcotic count can be done with a nurse and a security member in accordance with Directive 4929.
e. The receiving facility nurses will use the MAR and Accountability sheets that are provided in the lock box. [redacted]
f. The receiving facility medical staff will follow all MAT policies and procedures per their Facility Operating Manuals (FOM). ECF's medical staff will be alerted with regards to any medication issues.
g. At the time the I/I is medically cleared to return to ENYCF, the medical staff must be informed with a nurse-to-nurse discharge report.
h. [redacted]
i. The MAT medication will be immediately reconciled with a two-nurse count. If two nurses are not available, the count can be done with a nurse and a security staff member. Any discrepancy noted, the NA, FHSD and Watch

Commander must be notified immediately.

j. In the rare event that an I/I is paroled/discharged from a facility other than the sending facility, [redacted]

k. [redacted]

NEW YORK STATE Corrections and Community Supervision Fishkill Correctional Facility	FACILITY OPERATIONS MANUAL TITLE Methadone Assisted Treatment	FOM. NO. DATE 9/6/2019
SUPERSEDES	DISTRIBUTION A	PAGE 1 of 4
REFERENCES Directive #4929 HSPM 8.02 HSPM 3.08	APPROVING AUTHORITY	

I. **PURPOSE:** To establish a procedure for accepting, storing, and administering methadone to identified inmates in the Medication Assisted Treatment program.

II. **APPLICABILITY:** Identified inmates in the Methadone Assisted Treatment (M.A.T) who have been transferred to Fishkill CF because of their need to be housed in an Infirmary or Special Housing Unit.

III. **APPLICABILITY:** Identified inmates in the Methadone Assisted Treatment

IV. **POLICY:** Patients drafting directly from Riker's Island (RI) with up to 2 years of incarceration remaining, who are on active medication assisted therapy with methadone at Riker's Island will be continued on this therapy upon entry to designated correctional facilities with Medication Assisted Treatment programs. Identified inmates in the Methadone Assisted Treatment (M.A.T) will be transferred to Fishkill CF if they need to be housed in an Infirmary or Special Housing Unit. Fishkill CF will continue to ensure the safe and secure administration as well as accountability of methadone.

V. **PROCEDURE:**

A. Logistics of Methadone Acquisition

1. Fishkill CF will accept inmates who are in the MAT program, from facilities who do not have an Infirmary or SHU, when necessary.
2. There will be a Nurse Administrator to Nurse Administrator call to inform the facility of the pending transfer and inmate's chart, medications and all pertinent information will be sent with the inmate at the time of the transfer.
3. There will be a FHSD to FHSD call to inform them of the transfer as well.
4. [redacted]
5.
6.
7.
8.
9. The tote will be opened inside the Medication room by two of the Nursing staff who will inventory the medication and log its receipt in the medication log book

on a dedicated page. If there is a need to count when only one Nurse is scheduled, a Security Sergeant will observe the count.

10. A Record of Controlled Substances Administered (Form #3182) and a Change of Shift- Control/Count (Form #3184) will be prepared in accordance with DOCCS Directive 4929 and HSPM 3.08.
11. Any discrepancies or damage must be immediately reported to the Facility Health Services Director and to sending facility.

B. Storage

[redacted]

4. If the bottle has the specific date that each bottle should be administered on the label, the date of each bottle will be notated on the Accountability Sheets.
5. Each bottle contains 1 dose.

C. Processing inmates

1. Inmates who are receiving Methadone, will be processed the same as other in-drafted inmates by the Medical staff. This will include PREA, suicide, OMH and health screenings, a full set of vitals, weight, a full physical, the COW scale assessment, Sick Call orientation, and a review of their medications and upcoming appointments, and a physician call-out scheduled.
2. Any observations of signs and symptoms of opiate withdrawal, using the Clinical Opiate Withdrawal (COW) scale will be communicated to the physician in a timely manner so that possible adjustments in the patient's methadone dosing can be considered. https://www.drugabuse.gov/sites/default/files/files/ClinicalOpiateWithdrawalScale.pdf

D. Administration of Methadone

1. The Medication Nurse will be responsible for ensuring that all inmates housed in the Infirmary, SHU or Keep Lock who are receiving Methadone, are to be escorted individually to the Medication room once daily to receive the required dose.
2. Any observations of signs and symptoms of opiate withdrawal, using the Clinical Opiate Withdrawal (COW) scale will be communicated to the physician in a timely manner so that possible adjustments in the patient's methadone dosing can be considered.
3. Medication will be given following 1:1 protocol.
4. The inmate must show his photo ID as well as state his name and DIN.

5. Observe the inmate prior to administering his medication. If the inmate appears sedated, drowsy, cognitively impaired, or weak the physician must be alerted prior to giving Methadone.
6. The Methadone wafers are placed in a 4-oz. cup and the dose shown and confirmed with the inmate prior to dissolution.
7. Pour a small amount of hot water onto the methadone to dissolve the tablet completely, after which an equal amount of cold water is added. Administer the methadone to the patient.

8. After the inmate ingests the medication, ask him to clearly enunciate his name and DIN to confirm he has swallowed the medication.
9. Document medication administration in the MAR.
10. A Record of Controlled Substances Administered (Form #3182) and a Change of Shift Control/Count (form #3184) will be prepared in accordance with DOCCS Directive #4929 and HSPM 3.08

E. Diversion

1. DOCCS has a zero-tolerance for Diversion. If an inmate is caught diverting methadone, the nurse will:
   a. Document in the inmate's medical record in the AHR section the exact actions of the patient.
   b. Notify the Facility Health Director and Watch Commander.

F. Discrepancies

1. All medication errors will be resolved before the end of the tour.
2. A Medication Error report will be completed per HSPM 8.02, Medication Error Reporting.
3. The FHSD will be notified when an error cannot be corrected before the end of the tour.
4. The Medication Error report detailing the problem and corrective actions must be left for the FHSD to review.
5. A nurse may be asked to return to work before his/her scheduled tour to resolve medication errors related to methadone administration.
6. If there is Loss of Controlled Substances, the nurse must immediately notify the Nurse Administrator and FHSD. On off-tours and weekends, the Watch Commander will be notified in accordance to Directives 2945, 4092, 4929, HSPM 3.01, NYCRR Title 10 Part 80.100.

G. Spillage/Vomit of Methadone

1. If there is spillage or vomiting of the Methadone solution, the nurse will inform the Facility Health Director immediately

2. A Consultation Form #3194 documenting the specific circumstances of the medication loss will be faxed or scanned to the sending facility
3. The Consultation form with the recommendation made by the sending facility with regards to the missed dose will be faxed back to the facility.
4. The sending facility will review the consultation and all medications will be ordered in the AHR with an updated MAR.

H. Inmates requiring Methadone Dose Adjustment

1. When a patient on Methadone MAT expresses any symptom of opiate withdrawal at the medication window, sick-call, or referred by a Corrections Officer, the patient will be assessed using the COW scale by a nurse and will be evaluated by a clinician as soon as possible.
2. The clinician will fax or scan a Consultation Form to the sending facility and a conference with the OTP physician
3. The OTP physician will inform the clinician of the plan of action and return the Consultation form with that plan by fax/scan to the sending facility, who will forward the information to Fishkill CF.
4. The clinician will document any medication changes in the AHR.

I. Discontinuation of Methadone

1. Inmates who elect to voluntarily and prematurely terminate from the program will be reviewed by the FHSD who will consult with the sending facility and OTP physician

J. Staff Education and Training

1. Personnel who deliver opioid agonist medication shall be appropriately trained in the administration of Methadone and the Policy.

K. Discharge Planning

1. The discharge planning, for inmates in the MAT program who are due to be paroled, will be handled by their owning facility in conjunction with their owning facility's OTP. These inmates will be linked with an OTP in their community to facilitate continuity of care.
2. Inmates will receive their dose of Methadone, in the morning, prior to boarding the bus upon completion of their time in SHU or discharge from the infirmary.

NEW YORK STATE Corrections and Community Supervision **Five Points Correctional Facility**	FACILITY OPERATIONS MANUAL TITLE **Medication-Assisted Treatment**	FOM. NO. **25.21** DATE: 02/25/22
SUPERSEDES NEW	DISTRIBUTION **A**	PAGE Page 1 of 7
REFERENCES Directives: Corresponding Directive(s): 4929 Health Services Policy: 3.08,8.02 Relates ACA Standard(s)	APPROVING AUTHORITY	

I. PURPOSE: To establish a procedure for accepting, storage and administration of Medication Assisted Treatment with Methadone or Buprenorphine for identified incarcerated individuals at Five Points Correctional facility (FPCF).

II. POLICY: Incarcerated individuals (I/I) drafting from a reception facility who are currently on active Medication Assisted Treatment (MAT) with Methadone or Buprenorphine will continue their therapy upon entry to Five Points Correctional Facility. Sending facilities will continue the therapy until they arrive at FPCF. MAT treatment will be provided at Five Points to eligible participants.

III. PROCEDURE:

A. Methadone/ Buprenorphine Maintenance:

1. When medically indicated, I/Is on Methadone/ Buprenorphine treatment will be received at FPCF and will continue to be enrolled in the MAT Program.

2. An eligibility list of qualifying I/Is will be generated by the Department of Class and Movement to determine admittance into FPCF's MAT Program.

3. Once notified, the Health Class Analysists will forward the information to the Five Points Correctional Facility I/I Records Coordinator (IRC), Nurse Administrator (NA) and Facility Health Service Director (FHSD). FPCF will be given one week's notice so that medication can be obtained prior to the I/I's arrival at the facility.

4. The sending facility will ensure that all I/Is accepted for this program will receive their daily dose of Methadone or Buprenorphine on the day of their transfer of custody to FPCF.

5. An intake medical screening will be completed by a Registered Nurse upon admittance to FPCF.

6. Any observations of signs and symptoms of opiate withdrawal, using the Clinical Opiate Withdrawal (COW) scale will be communicated to the Opioid Treatment Program (OTP) provider in a timely manner so that possible adjustments in the

I/I's Methadone dosing can be considered. (See attached COW Scale)
http://www.drugabuse.gov/sites/default/files/files/ClinicalOpiateWithdrawalScale.pdf

B. Logistics of Methadone Acquisition:



3. Upon arrival of the Methadone to FPCF, there will be a two-nurse count of the contents of the locked box. In the event of only one Nurse on duty, the count will be performed with a member of the Security or Pharmacy staff. A Record of Controlled Substances Administered (Form #3182) and a Change of Shift-Control/Count (Form #3184) will be prepared in accordance with DOCCS Directive 4929 and HSPM 3.08.

4. Any discrepancy between the amount received and the amount ordered or damage to the medication, the FHSD, NA and the provider at the OTP must be notified immediately.

5. The DOCCS Nurses will sign the enclosed OTP Medication Administration Record form included in the lock box and return it to the OTP weekly. A copy must be kept on file.

6. The FPCF provider will review the recommendations and write the specific Methadone orders to be administered for each I/I in the Ambulatory Health Care Record (AHR). A Medication Administration Record (MAR) (Form #3179) will be completed with the transcribed orders for each I/I.

7. A copy of the monthly MAR (Form #3179) and a Record of Controlled Substances Administered (Form #3182) will be faxed or scanned monthly to the OTP and the original MAR will be filed in the AHR MISC Section. Once scanned, a note should be added to the MAR that it has been scanned to the OTP with date and time along with signature of NA or designee.

C. Logistics of Buprenorphine Acquisition:

1. Providers need to have the X-waiver (an X number on their DEA License which signifies their ability to prescribe and administer Buprenorphine).

2. Providers also need to have e-prescribing capability so that they can electronically send the prescription to a pharmacy such as Omnicare or Cardinal.

3. Upon arrival of the Buprenorphine to FPCF, the medication will be counted under dual control (two nurses). If there is just one nurse on duty, the count will be conducted with a member of the security or pharmacy staff. A Record of Controlled Substances Administered (Form #3182) and a Change of Shift-Control/Count (Form #3184) will be prepared in accordance with DOCCS Directive 4929 and HSPM 3.08.

4. Any discrepancy between the amount received and the amount ordered or damage to the medication, the FHSD, NA and the pharmacy (Omnicare or Cardinal) must be notified immediately.

5. The DOCCS Nurses will sign the enclosed OTP Medication Administration Record form included in the lock box and return it to the OTP weekly. A copy must be kept on file.

6. A FPCF provider will review the recommendations and write the specific Buprenorphine orders to be administered for each I/I in the AHR. A MAR (Form #3179) will be completed with the transcribed orders for each I/I.

7. A copy of the monthly MAR (Form #3179) and a Record of Controlled Substances Administered (Form #3182) will be faxed or scanned monthly to the OTP by the NA or designee. Once scanned, a date, time, and person scanning document will be legibly placed on the document. The original MAR will be filed in the AHR MISC Section.

D. Storage of MAT medications Methadone/ Buprenorphine:

[redacted]

E. Administration of Methadone and Buprenorphine:

1. Nursing is responsible for administering MAT in a secure site [redacted] Security will participate in the process to address the risk of diversion.

2. Administration of medication will be given per 1:1 medication administration protocol to avoid distraction and decrease the likelihood of spillage or diversion.

3. The I/I must show photo ID as well as state their name and DIN.

4. The nurse will observe the I/I prior to administering the medication. If the I/I appears to be sedated, drowsy, cognitively impaired, or weak, the I/I will be immediately assessed using the COW scale. **A score of 25 or above requires immediate notification of the FHSD, DOCCS provider and the OTP's provider. The medication must not be administered until they are assessed by the facility's provider.**

5. *Methadone:*
   a. The Methadone bottle will be labeled with the I/I's name, DIN # and dose and confirmed with the I/I prior to administration.
   b. They are then asked to drink a cup of water before and after taking the Methadone. The nurse will then perform a mouth check with flashlight and ask the I/I to clearly enunciate their name and DIN to confirm consumption of the medication.
   c. The I/I will sit for 10-15 minutes so that they can be observed for any issues and to ensure digestion.
   d. The bottle in which the Methadone was contained will be returned to the RN so that the label can be removed and shredded, and the bottle properly discarded.

6. *Buprenorphine:*
   a. The I/I will be given a cup of water to drink before the nurse does a mouth check with a flashlight.
   b. The Subutex (crushed pill) or Suboxone (film) is then placed by the nurse under the tongue of the I/I.
   c. The I/I must have their arms to their side during this time and be observed closely to prevent diversion.
   d. The nurse must perform mouth checks with the flashlight to confirm that the medication is dissolving.
   e. Once the medication is dissolved, the I/I is asked to drink a cup of water and enunciate their name and DIN.
   f. The I/I must be observed for 10-15 minutes after administration to ensure the absence of ill effects and reduce the chances of diversion. They will be directed to specific spots on the benches in the bullpen by security. Security will be diligent in observing the I/Is for possible diversion.
   g. Post ingestion, the I/I will be escorted back to their housing unit/assignment.
   h. As the number of I/Is increases, the medication can be administered to several I/I simultaneously, to shorten the medication administration time.

7. The RN will document the MAT medication administration in the MAR.

F. Diversion

1. If an I/I is observed to be diverting the medication, the nurse will:

   a. Document exact actions of the I/I in the I/I's medical record in the AHR section.
   b. Notify the FHSD and NA immediately.

G. Discrepancies:

1. The NA and provider must be notified immediately, and the error resolved before the end of the tour.

2. A Medication Error report will be completed per HSPM 8.02, Medication Error Reporting.

3. The Medication Error report detailing the problem and corrective actions must be given to the provider to review.

4. A nurse may be asked to return to work before their scheduled tour to resolve Medication errors.

5. If there is Loss of Controlled Substances, the nurse must immediately notify the Nurse Administrator, provider, and Watch-Commander. On off-tours and weekends, the Officer of the Day and Watch Commander will be notified in accordance with Directives 2945, 4092, 4929, HSPM 3.01, NYCRR Title 10 Part 80.100, as well as the on-call provider.

H. Spillage/Vomit of Methadone

1. If there is spillage or vomiting of the Methadone solution, the nurse will inform the FHSD and OTP provider immediately.

2. A Consultation Form #3194 documenting the specific circumstances of the medication loss will be faxed or scanned to the OTP.

3. Once returned by the OTP, the DOCCS provider will review recommendations on the consultation form and write the new orders in the AHR. The nurse will note the orders and update the MAR.

I. I/Is Requiring Dose Adjustment:

1. When a I/I on MAT expresses any symptom of opiate withdrawal at the medication

window, sick-call, or during emergency sick call, the I/I will be assessed using the COW scale by a nurse and will be evaluated by a DOCCS provider as soon as possible.

2. For I/Is on Methadone, the Consultation Form stating the issue will be faxed/scanned to the OTP and a call should be made between the DOCCS provider and the OPT's provider to discuss the plan.

3. For I/Is on Buprenorphine, the DOCCS provider will assess the I/I and determine the need for a dose adjustment.

4. The DOCCS provider will document any medication changes for Methadone or Buprenorphine in the AHR. The nurse will note the order and update the MAR.

J. Discontinuation of MAT:

1. (I/I) who elect to terminate voluntarily and prematurely from the program will be reviewed by the FHSD. In cases of I/Is on Methadone, the FHSD will consult with the OTP provider.

K. Staff Education and Training:

1. Licensed medical professionals shall be appropriately trained in the administration of MAT medication and the Policy. All Buprenorphine prescribers must have an X-waiver.

L. Discharge Planning:

1. A consent form will be signed by the I/I and faxed by the NA or designee to the OTP, along with their date of release and address, so that the OTP can share information with the OTP closest to the I/I's address and an appointment can be made to ensure continuity of care.

2. Discharge planning for I/I's return to the community will be coordinated by the designated DOCCS OTP SURN for linkage to a MAT program in the community when there is no OTP to do so.

3. (I/I) will receive their dose of MAT medication, on the day of transfer prior to leaving the facility.

M. Disposal:

1. If there are remaining doses, FPCF will record that the medication was disposed of (date, time, amount, reason, and for which I/I) and dispose in the drop box provided in accordance with OASAS and DEA regulations.

N. Transfer to an Infirmary or Specialized Confinement Housing Units

1. Transfer to another facility:

    a. The NA or designee will alert the OTP and the medical staff of the receiving facility prior to placement.
    b. NA or designee will complete form 3313, MAT Program Transfer. The form will then be emailed to the facility that the I/I is being transferred to.
    c. The I/I will receive their daily dose prior to any transfer to another facility.
    d. Any transfer from one facility to another of a MAT patient will require a nurse to nurse discharge report.

NEW YORK STATE Corrections and Community Supervision **Franklin Correctional Facility**	FACILITY OPERATIONS MANUAL TITLE **MEDICATION - ASSISTED TREATMENT**	FOM. NO. 612 DATE **11/21/22**

SUPERSEDES	DISTRIBUTION	PAGE
	A & B	Page 1 of 7

REFERENCES	APPROVING AUTHORITY
Directives: Corresponding Directive(s): 4929 Health Services Policy: 3.08,8.02 Relates ACA Standard(s)	Sandra Danforth, Superintendent

I. PURPOSE: To establish a procedure for accepting, storage and administration of Medication Assisted Treatment with Methadone or Buprenorphine for identified incarcerated individuals at Franklin Correctional Facility (FCF).

II. POLICY: Incarcerated individuals (I/I) drafting from a reception facility who are currently on active Medication Assisted Treatment (MAT) with Methadone or Buprenorphine will continue their therapy upon entry to Franklin Correctional Facility. Sending facilities will continue the therapy until they arrive at FCF. MAT treatment will be provided at Franklin to eligible participants.

III. PROCEDURE:

A. Methadone/ Buprenorphine Maintenance:

1. When medically indicated, I/Is on Methadone/ Buprenorphine treatment will be received at FCF and will continue to be enrolled in the MAT Program.

2. An eligibility list of qualifying I/Is will be generated by the Department of Classification and Movement to determine admittance into FCF's MAT Program.

3. Once notified of an upcoming transfer of custody for an incarcerated individual already enrolled in the MAT program, the Health Class Analysts will forward the information to the Franklin Correctional Facility I/I Records Coordinator (IRC), Nurse Administrator (NA) and Facility Health Service Director (FHSD). FCF will be given one week's notice so that medication can be obtained prior to the I/I's arrival at the facility.

4. The sending facility will ensure that all I/Is accepted for this program will receive their daily dose of Methadone or Buprenorphine on the day of their transfer of custody to FCF.

5. An intake medical screening will be completed by a Registered Nurse upon admittance to FCF.

6. Any observations of signs and symptoms of opiate withdrawal, using the Clinical Opiate Withdrawal (COW) scale will be communicated to the Opioid Treatment Program (OTP) provider in a timely manner so that possible adjustments in the I/I's Methadone dosing can be considered. (See attached COW Scale) http://www.drugabuse.gov/sites/default/files/files/ClinicalOpiateWithdrawalScale.pdf

B. Logistics of Methadone Acquisition:

1. [redacted]

[redacted]

3. Upon arrival of the Methadone to FCF, there will be a two-nurse count of the contents of the locked box. In the event of only one Nurse on duty, the count will be performed with a member of the Security or Pharmacy staff. A Record of Controlled Substances Administered (Form #3182) and a Change of Shift-Control/Count (Form #3184) will be prepared in accordance with DOCCS Directive 4929 and HSPM 3.08.

4. Any discrepancy between the amount received and the amount ordered or damage to the medication, the FHSD, NA and the provider at the OTP must be notified immediately.

5. The DOCCS Nurses will sign the enclosed OTP Medication Administration Record form included in the lock box and return it to the OTP weekly. A copy must be kept on file.

6. The FCF provider will review the recommendations and write the specific Methadone orders to be administered for each I/I in the Ambulatory Health Care Record (AHR). A copy of the AHR will be forwarded to the pharmacy for inclusion in the I/I's pharmacy profile. A Medication Administration Record (MAR) (Form #3179) will be completed with the transcribed orders for each I/I.

7. A copy of the monthly MAR and a Record of Controlled Substances Administered will be faxed or scanned monthly to the OTP and the original MAR will be filed in the AHR MISC Section. Once scanned, a note should be added to the MAR that it has been scanned to the OTP with date and time along with signature of NA or designee.

C. Logistics of Buprenorphine Acquisition:

1. Providers need to have the X-waiver (an X number on their DEA License which signifies their ability to prescribe and administer Buprenorphine).

2. Providers also need to have e-prescribing capability so that they can electronically send the prescription to a pharmacy such as Omnicare. Omnicare will only be used in an emergent situation as the Franklin on-site pharmacy will procure and provide Buprenorphine as a stock medication under normal circumstances.

3. If procured from Omnicare, upon arrival of the Buprenorphine to FCF, the medication will be counted under dual control (two nurses). If there is just one nurse on duty, the count will be conducted with a member of the security or pharmacy staff. A Record of Controlled Substances Administered (Form #3182) and a Change of Shift-Control/Count (Form #3184) will be prepared in accordance with DOCCS Directive 4929 and HSPM 3.08.

4. Under normal circumstances the Franklin pharmacy will procure buprenorphine from Cardinal Health. When received the buprenorphine will be added to the pharmacy inventory and accounted for on a Controlled Substances – Main Stock Record (Form #3177). The outpatient medication room nurse will order Buprenorphine from the Franklin pharmacy on a Requisition for Schedule III, IV, V Controlled Substances or Needles, Syringes and Sharps (Form #3186A). The pharmacy will double count and issue the Buprenorphine, as well as an initial Record of Controlled Substances Administered (Form #3182), to the outpatient medication room in accordance with DOCCS Directive #4929. The nurse will complete Form #3186A and return the original to the pharmacy. The nurse will add the Buprenorphine received to a Change of Shift-Control Count (Form #3182).

5. Any discrepancy between the amount received and the amount ordered or damage to the medication, the FHSD, NA and the pharmacy (Omnicare or Franklin pharmacy) must be notified immediately.

6. An FCF provider will write the specific Buprenorphine orders to be administered for each I/I in the AHR. A copy of the AHR will be forwarded to the pharmacy for inclusion in the I/I's pharmacy profile. A MAR (Form #3179) will be completed with the transcribed orders for each I/I.

7. The original MAR will be filed in the AHR MISC Section.

D. <u>Storage of MAT medications Methadone/ Buprenorphine:</u>

1. [redacted]

2. [redacted]

E. Administration of Methadone and Buprenorphine:

1. Nursing is responsible for administering MAT in a secure site. Security will participate in the process to address the risk of diversion.

2. Administration of medication will be given per 1:1 medication administration protocol to avoid distraction and decrease the likelihood of spillage or diversion.

3. The I/I must show photo ID as well as state their name and DIN.

4. The nurse will observe the I/I prior to administering the medication. If the I/I appears to be sedated, drowsy, cognitively impaired, or weak, the I/I will be immediately assessed using the COW scale. **A score of 25 or above requires immediate notification of the FHSD, DOCCS provider and the OTP's provider. The medication must not be administered until they are assessed by the facility's provider.**
5. *Methadone:*
   a. The Methadone bottle will be labeled with the I/I's name, DIN # and dose and confirmed with the I/I prior to administration.
   b. They are then asked to drink a cup of water before and after taking the Methadone. The nurse will then perform a mouth check and ask the I/I to clearly enunciate their name and DIN to confirm consumption of the medication.
   c. The I/I will sit for 10-15 minutes so that they can be observed for any issues and to ensure digestion.
   d. The bottle in which the Methadone was contained will be returned to the RN so that the label can be removed and shredded, and the bottle properly discarded.

6. *Buprenorphine:*
   a. The I/I will be given a cup of water to drink before the nurse does a mouth check with a flashlight.
   b. The Subutex (crushed pill) or Suboxone (film) is then placed in a medicine cup by the nurse and given to the I/I.
   c. The I/I will place the Subutex (crushed pill) or Suboxone (film) under their tongue while being directly observed by the RN to prevent diversion.
   d. The nurse must perform mouth checks with the flashlight to confirm that the medication is dissolving.
   e. Once the medication is dissolved, the I/I is asked to drink a cup of water and enunciate their name and DIN.
   f. The I/I must be observed for 10-15 minutes after administration to ensure the absence of ill effects and reduce the chances of diversion.

g. Post ingestion, the I/I will be escorted back to their housing unit/assignment.
h. As the number of I/Is increases, the medication can be administered to several I/I simultaneously, to shorten the medication administration time.
i. They are to be evenly and appropriately spaced on a bench or standing against a wall with their hands to their sides. Security must be diligent in observing the group for diversion.

7. The RN will document the MAT medication administration in the MAR.

F. Diversion

1. If an I/I is observed to be diverting the medication, the nurse will:

a. Document exact actions of the I/I in the I/I's medical record in the AHR section.
b. Notify the FHSD and NA.

G. Discrepancies:

1. The NA and provider must be notified immediately, and the error resolved before the end of the tour.

2. A Medication Error report will be completed per HSPM 8.02, Medication Error Reporting.

3. The Medication Error report detailing the problem and corrective actions must be given to the provider to review.

4. A nurse may be asked to return to work before their scheduled tour to resolve Medication errors.

5. If there is Loss of Controlled Substances, the nurse must immediately notify the Nurse Administrator, provider, and Watch-Commander. On off-tours and weekends, the Officer of the Day and Watch Commander will be notified in accordance with Directives 2945, 4092, 4929, HSPM 3.01, NYCRR Title 10 Part 80.100, as well as the on-call provider.

H. Spillage/Vomit of Methadone

1. If there is spillage or vomiting of the Methadone solution, the nurse will inform the FHSD and OTP provider immediately.

2. A Consultation Form #3194 documenting the specific circumstances of the medication loss will be faxed or scanned to the OTP.

3. Once returned by the OTP, the DOCCS provider will review recommendations on the consultation form and write the new orders in the AHR. The nurse will note the orders and update the MAR.

I. I/Is Requiring Dose Adjustment:

1. When a I/I on MAT expresses any symptom of opiate withdrawal at the medication window, sick-call, or during emergency sick call, the I/I will be assessed using the COW scale by a nurse and will be evaluated by a DOCCS provider as soon as possible.

2. For I/Is on Methadone, the Consultation Form stating the issue will be faxed/scanned to the OTP and a call should be made between the DOCCS provider and the OPT's provider to discuss the plan.

3. For I/Is on Buprenorphine, the DOCCS provider will assess the I/I and determine the need for a dose adjustment.

4. The DOCCS provider will document any medication changes for Methadone or Buprenorphine in the AHR. The nurse will note the order and update the MAR.

J. Discontinuation of MAT:

1. I/Is who elect to terminate voluntarily and prematurely from the program will be reviewed by the FHSD. In cases of I/Is on Methadone, the FHSD will consult with the OTP provider.

K. Staff Education and Training:

1. Licensed medical professionals shall be appropriately trained in the administration of MAT medication and the Policy. All Buprenorphine prescribers must have an X-waiver.

L. Discharge Planning:

1. A consent form will be signed by the I/I and faxed by the NA or designee to the OTP, along with their date of release and address, so that the OTP can share information with the OTP closest to the I/I's address and an appointment can be made to ensure continuity of care.

2. Discharge planning for I/I's return to the community will be coordinated by the designated DOCCS OTP SURN for linkage to a MAT program in the community when there is no OTP to do so.

3. I/Is will receive their dose of MAT medication, on the day of transfer prior to leaving the facility.

M. Disposal:

1. If there are remaining doses, FCF will record that the medication was disposed of (date, time, amount, reason, and for which I/I) and dispose in the drop box provided in accordance with OASAS and DEA regulations.

N. Transfer to an Infirmary or Specialized Confinement Housing Units

1. Within the facility:

    a. Incarcerated individuals transferred to Specialized Confinement Housing Units or the Infirmary will be escorted to the [redacted] so that their MAT medication can be administered.

NEW YORK STATE Corrections and Community Supervision Gouverneur Correctional Facility	FACILITY OPERATIONS MANUAL TITLE **Medication-Assisted Treatment**	FOM. NO. 0565 DATE 05/10/22
SUPERSEDES 04/27/22	DISTRIBUTION A&B	PAGE Page 1 of 6
REFERENCES Directives: Corresponding Directive(s): 4929 Health Services Policy: 3.08,8.02 Relates ACA Standard(s)	APPROVING AUTHORITY Mark Rockwood, Superintendent	

I. **PURPOSE:** To establish a procedure for accepting, storage and administration of Medication Assisted Treatment with Methadone or Buprenorphine for identified incarcerated individuals at Gouverneur Correctional facility (GCF).

II. **POLICY:** Incarcerated individuals (I/I) drafting from a reception facility who are currently on active Medication Assisted Treatment (MAT) with Methadone or Buprenorphine will continue their therapy upon entry to Gouverneur Correctional Facility. Sending facilities will continue the therapy until they arrive at GCF. MAT treatment will be provided at Gouverneur to eligible participants.

III. **PROCEDURE:**

A. Methadone/ Buprenorphine Maintenance:

1. When medically indicated, I/Is on Methadone/ Buprenorphine treatment will be received at GCF and will continue to be enrolled in the MAT Program.

2. An eligibility list of qualifying I/Is will be generated by the Department of Classification and Movement to determine admittance into GCF's MAT Program.

3. Once notified, the Health Class Analysists will forward the information to the Gouverneur Correctional Facility I/I Records Coordinator (IRC), Nurse Administrator (NA) and Facility Health Service Director (FHSD). GCF will be given one week's notice so that medication can be obtained prior to the I/I's arrival at the facility.

4. The sending facility will ensure that all I/Is accepted for this program will receive their daily dose of Methadone or Buprenorphine on the day of their transfer of custody to GCF.

5. An intake medical screening will be completed by a Registered Nurse upon admittance to GCF.

6. Any observations of signs and symptoms of opiate withdrawal, using the Clinical Opiate Withdrawal (COW) scale will be communicated to the Opioid Treatment Program (OTP) provider in a timely manner so that possible adjustments in the I/I's Methadone dosing can be considered. (See attached COW Scale) http://www.drugabuse.gov/sites/default/files/files/ClinicalOpiateWithdrawalScale.pdf

B. Logistics of Methadone Acquisition:

1. [redacted]
2. [redacted]
3. Upon arrival of the Methadone to GCF, there will be a two-nurse count of the contents of the locked box. In the event of only one Nurse on duty, the count will be performed with a member of the Security or Pharmacy staff. A Record of Controlled Substances Administered (Form #3182) and a Change of Shift-Control/Count (Form #3184) will be prepared in accordance with DOCCS Directive 4929 and HSPM 3.08.
4. Any discrepancy between the amount received and the amount ordered or damage to the medication, the FHSD, NA and the provider at the OTP must be notified immediately.
5. The DOCCS Nurses will sign the enclosed OTP Medication Administration Record form included in the lock box and return it to the OTP weekly. A copy must be kept on file.
6. The GCF provider will review the recommendations and write the specific Methadone orders to be administered for each I/I in the Ambulatory Health Care Record (AHR). A Medication Administration Record (MAR) (Form #3179) will be completed with the transcribed orders for each I/I.
7. A copy of the monthly MAR and a Record of Controlled Substances Administered will be faxed or scanned monthly to the OTP and the original MAR will be filed in the AHR MISC Section. Once scanned, a note should be added to the MAR that it has been scanned to the OTP with date and time along with signature of NA or designee.

C. Logistics of Buprenorphine Acquisition:

1. Providers need to have the X-waiver (an X number on their DEA License which signifies their ability to prescribe and administer Buprenorphine).
2. Providers also need to have e-prescribing capability so that they can electronically send the prescription to a pharmacy such as Omnicare or Cardinal.
3. Upon arrival of the Buprenorphine to GCF, the medication will be counted under dual control (two nurses). If there is just one nurse on duty, the count will be conducted with a member of the security or pharmacy staff. A Record of Controlled Substances Administered (Form #3182) and a Change of Shift-Control/Count (Form #3184) will be prepared in accordance with DOCCS Directive 4929 and HSPM 3.08.
4. Any discrepancy between the amount received and the amount ordered or damage to the medication, the FHSD, NA and the pharmacy (Omnicare or Cardinal) must be

notified immediately.

5. An GCF provider will write the specific Buprenorphine orders to be administered for each I/I in the AHR. A MAR (Form #3179) will be completed with the transcribed orders for each I/I.

6. The original MAR will be filed in the AHR MISC Section.

D. Storage of MAT medications Methadone/ Buprenorphine:

[redacted]

E. Administration of Methadone and Buprenorphine:

1. Nursing is responsible for administering MAT in a secure site. Security will participate in the process to address the risk of diversion.

2. Administration of medication will be given per 1:1 medication administration protocol to avoid distraction and decrease the likelihood of spillage or diversion.

3. The I/I must show photo ID as well as state their name and DIN.

4. The nurse will observe the I/I prior to administering the medication. If the I/I appears to be sedated, drowsy, cognitively impaired, or weak, the I/I will be immediately assessed using the COW scale. **A score of 25 or above requires immediate notification of the FHSD, DOCCS provider and the OTP's provider. The medication must not be administered until they are assessed by the facility's provider.**

5. *Methadone:*
   a. The Methadone bottle will be labeled with the I/I's name, DIN # and dose and confirmed with the I/I prior to administration.
   b. They are then asked to drink a cup of water before and after taking the Methadone. The nurse will then perform a mouth check and ask the I/I to clearly enunciate their name and DIN to confirm consumption of the medication.
   c. The I/I will sit for 10-15 minutes so that they can be observed for any issues and to ensure digestion.
   d. The bottle in which the Methadone was contained will be returned to the RN so that the label can be removed and shredded, and the bottle properly discarded.

6. *Buprenorphine:*
   a. The I/I will be given a cup of water to drink before the nurse does a mouth check with a flashlight.
   b. Facilities have the choice to use the buprenorphine product that they are most comfortable using (pill or film tab). Suboxone is preferred over Subutex at this time. Subutex is generally used for pregnant and breastfeeding mothers. Sublocade is now being approved on a case-by-case basis only (CMO). The Subutex (crushed pill) or Suboxone (film) is then placed by the nurse under the tongue of the I/I.
      i. There is evidence to show that crushing the buprenorphine tablet can decrease the possibility of diversion and does not impact significantly on absorption. It is permissible to crush the tablet (DO NOT MIX WITH WATER).
      ii. The method of introducing film tab sublingually into the patient's mouth should never involve a finger into the oral cavity.
   c. The I/I must have their arms to their side on or a table during this time and be observed closely to prevent diversion.
   d. The nurse must perform mouth checks with the flashlight to confirm that the medication is dissolving.
   e. Once the medication is dissolved, the I/I is asked to drink a cup of water and enunciate their name and DIN.
   f. The I/I must be observed for 10-15 minutes after administration to ensure the absence of ill effects and reduce the chances of diversion.
   g. As the number of I/Is increases, the medication can be administered to several I/I simultaneously, to shorten the medication administration time.
   i. They are to be evenly and appropriately spaced on a bench or standing against a wall with their hands to their sides. Security must be diligent in observing the group for diversion.

6. The RN will document the MAT medication administration in the MAR.

F. Diversion

1. If an I/I is observed to be diverting the medication, the nurse will:
   a. Document exact actions of the I/I in the I/I's medical record in the AHR section.
   b. Notify the FHSD and NA.

G. Discrepancies:

1. The NA and provider must be notified immediately, and the error resolved before the end of the tour.

2. A Medication Error report will be completed per HSPM 8.02, Medication Error Reporting.

3. The Medication Error report detailing the problem and corrective actions must be given to the provider to review.

4. A nurse may be asked to return to work before their scheduled tour to resolve

Medication errors.

5. If there is Loss of Controlled Substances, the nurse must immediately notify the Nurse Administrator, provider, and Watch-Commander. On off-tours and weekends, the Officer of the Day and Watch Commander will be notified in accordance with Directives 2945, 4092, 4929, HSPM 3.01, NYCRR Title 10 Part 80.100, as well as the on-call provider.

H. Spillage/Vomit of Methadone

1. If there is spillage or vomiting of the Methadone solution, the nurse will inform the FHSD and OTP provider immediately.

2. A Consultation Form #3194 documenting the specific circumstances of the medication loss will be faxed or scanned to the OTP.

3. Once returned by the OTP, the DOCCS provider will review recommendations on the consultation form and write the new orders in the AHR. The nurse will note the orders and update the MAR.

I. I/Is Requiring Dose Adjustment:

1. When a I/I on MAT expresses any symptom of opiate withdrawal at the medication window, sick-call, or during emergency sick call, the I/I will be assessed using the COW scale by a nurse and will be evaluated by a DOCCS provider as soon as possible.

2. For I/Is on Methadone, the Consultation Form stating the issue will be faxed/scanned to the OTP and a call should be made between the DOCCS provider and the OPT's provider to discuss the plan.

3. For I/Is on Buprenorphine, the DOCCS provider will assess the I/I and determine the need for a dose adjustment.

4. The DOCCS provider will document any medication changes for Methadone or Buprenorphine in the AHR. The nurse will note the order and update the MAR.

J. Discontinuation of MAT:

1. I/Is who elect to terminate voluntarily and prematurely from the program will be reviewed by the FHSD. In cases of I/Is on Methadone, the FHSD will consult with the OTP provider.

K. Staff Education and Training:

1. Licensed medical professionals shall be appropriately trained in the administration of MAT medication and the Policy. All Buprenorphine prescribers must have an X-waiver.

L. Discharge Planning:

1. A consent form will be signed by the I/I and faxed by the NA or designee to the OTP, along with their date of release and address, so that the OTP can share information with the OTP closest to the I/I's address and an appointment can be made to ensure continuity of care.

2. Discharge planning for I/I's return to the community will be coordinated by the designated DOCCS OTP SURN for linkage to a MAT program in the community when there is no OTP to do so.

3. I/I will receive their dose of MAT medication, on the day of transfer prior to leaving the facility.

M. Disposal:

1. If there are remaining doses, GCF will record that the medication was disposed of (date, time, amount, reason, and for which I/I) and dispose in the drop box provided in accordance with OASAS and DEA regulations.

N. Transfer to an Infirmary or Specialized Confinement Housing Unit

1. Within the facility:

   a. Incarcerated individuals transferred to Specialized Confinement Housing Units or the Infirmary will be escorted to [redacted] so that their MAT medication can be administered.

[redacted]

NEW YORK STATE Corrections and Community Supervision Green Haven Correctional Facility	FACILITY OPERATIONS MANUAL TITLE **Medication-Assisted Treatment**	FOM. NO. #420 DATE 2/8/2022
SUPERSEDES	DISTRIBUTION 1, 3, 6	PAGE Page 1 of 8
REFERENCES Directives: Corresponding Directive(s): 4929 Health Services Policy: 3.08,8.02 Relates ACA Standard(s)	APPROVING AUTHORITY Mark J Miller	

I. **PURPOSE:** To establish a procedure for accepting, storage and administration of Medication Assisted Treatment with Methadone or Buprenorphine for identified incarcerated individuals at Green Haven Correctional Facility.

II. **POLICY:** Incarcerated individuals drafting from a county facility who are currently on active Medication Assisted Treatment (MAT) with Methadone or Buprenorphine will continue their therapy upon entry to Green Haven Correctional Facility. Sending facilities will continue the therapy until they arrive at Green Haven Correctional Facility. MAT treatment will be provided at Green Haven Correctional Facility to eligible participants.

III. PROCEDURE:

A. Methadone/Buprenorphine Maintenance:

1. When medically indicated, incarcerated individuals on Methadone/Buprenorphine treatment will be received at Green Haven Correctional Facility and will continue to be enrolled in the MAT Program.

2. An eligibility list of qualifying incarcerated individuals will be generated by the Department of Class and Movement to determine admittance into Green Haven Correctional Facility's MAT Program.

3. Once notified, the Health Class Analysts will forward the information to the Green Haven Correctional Facility Inmate Records Coordinator (IRC), Deputy Superintendent for Health Services (DSH), Nurse Administrator (NA) and Facility Health Service Director (FHSD). Green Haven Correctional Facility will be given one week's notice so that medication can be obtained prior to the incarcerated individual's arrival at the facility.

4. The sending facility will ensure that all incarcerated individuals accepted for this program will receive their daily dose of Methadone or Buprenorphine on the day of their transfer of custody to Green Haven Correctional Facility.

5. An intake medical screening will be completed by a Registered Nurse upon admittance to Green Haven Correctional Facility.

6. Any observations of signs and symptoms of opiate withdrawal, using the Clinical Opiate Withdrawal (COW) scale will be communicated to the Opioid Treatment Program (OTP) provider in a timely manner so that possible adjustments in the incarcerated individual's Methadone dosing can be considered. See attached COW scale.
   http://www.drugabuse.gov/sites/default/files/files/ClinicalOpiateWithdrawalScale.pdf

B. Logistics of Methadone Acquisition:



3. Upon arrival of the Methadone to Green Haven Correctional Facility, there will be a two-nurse count of the contents of the locked box. In the event of only one nurse on duty, the count will be performed with a member of the security or Pharmacy staff. A Record of Controlled Substances Administered (form #3182) and a Change of Shift – Control/Count (form #3184) will be prepared in accordance with DOCCS Directive #4929 and HSPM 3.08.

4. Any discrepancy between the amount received and the amount ordered or damage to the medication, the FHSD, NA and the provider at the OTP must be notified immediately.

5. The DOCCS nurses will sign the enclosed OTP Medication Administration Record form included in the lock box and return it to the OTP weekly. A copy must be kept on file.

6. The Green Haven Correctional Facility provider will review the recommendations and write the specific Methadone orders to be administered to each incarcerated individual in the Ambulatory Health Care Record (AHR). A Medication Administration Record (MAR) (form #3179) will be completed with the transcribed orders for each incarcerated individual.

7. A copy of the monthly MAR and a Record of Controlled Substances Administered will be faxed or scanned monthly to the OTP and the original MAR will be filed in the AHR MISC Section. Once scanned, a note should be added to the MAR that it has been scanned to the OTP with date and time along with signature of NA or designee.

C. Logistics of Buprenorphine Acquisition:

1. Providers need to have the X-waiver (an X number on their DEA License which signifies their ability to prescribe and administer Buprenorphine).

2. Providers also need to have e-prescribing capability so that they can electronically send the prescription to a pharmacy such as Omnicare or Cardinal.

3. Green Haven Pharmacy will order the Buprenorphine from Central Pharmacy to maintain a small stock supply. Upon arrival of the Buprenorphine to Green Haven Correctional Facility, the medication will be counted under dual control. A Record of Controlled Substances Administered (form #3182) will be completed in accordance with DOCCS Directive #4929 and HSPM 3.08.

4. Any discrepancy between the amount received and the amount ordered or damage to the medication, the FHSD, NA and the pharmacy (Omnicare, Cardinal or Central Pharmacy) must be notified immediately.

5. Green Haven Pharmacy will provide the amount of Buprenorphine needed for incarcerated individual dosing to the clinic medication room the day prior to administration. A Record of Controlled Substances Administered (form #3182) will be maintained and a Change of Shift – Control/Count (form #3184) will be prepared in accordance with DOCCS Directive #4929 and HSPM 3.08.

6. A Green Haven Correctional Facility provider will review the recommendations and write the specific Buprenorphine orders to be administered for each incarcerated individual in the AHR. A MAR (form #3179) will be completed with the transcribed orders for each incarcerated individual.

D. Storage of MAT medications Methadone/Buprenorphine:



E. Administration of Methadone and Buprenorphine:

1. Nursing is responsible for administering MAT in a secure site. Security will participate in the process to address the risk of diversion.

2. Administration of medication will be given per 1:1 medication administration protocol to avoid distraction and decrease the likelihood of spillage or diversion.

3. The incarcerated individual must show ID as well as state their name and DIN.

4. The nurse will observe the incarcerated individual prior to administering the medication. If the incarcerated individual appears to be sedated, drowsy, cognitively impaired or weak, the incarcerated individual will be immediately assessed using the COW scale. **A score of 25 or above requires immediate notification of the FHSD, DOCCS provider, and the OTP's provider. The medication must not be administered until they are assessed by the facility's provider.**

5. *Methadone:*
   a. The Methadone bottle will be labeled with the incarcerated individual's name, DIN and dose and confirmed with the incarcerated individual prior to administration.
   b. They are then asked to drink a cup of water before and after taking the Methadone. The nurse will then perform a mouth check and ask the incarcerated individual to clearly enunciate their name and DIN to confirm consumption of the medication.
   c. The incarcerated individual will sit for 10-15 minutes so that they can be observed for any issues and to ensure digestion.
   d. The bottle in which the Methadone was contained will be returned to the RN so that the label can be removed and shredded, and the bottle properly discarded.

6. *Buprenorphine:*
   a. The incarcerated individual will be given a cup of water to drink before the nurse does a mouth check with a flashlight.
   b. The Subutex (crushed pill) or Suboxone (film) is then placed by the nurse under the tongue of the incarcerated individual.
   c. The incarcerated individual must have their arms to their side or on a table during this time and be observed closely to prevent diversion.
   d. The nurse must perform mouth checks with the flashlight to confirm that the medication is dissolving.
   e. Once the medication is dissolved, the incarcerated individual is asked to drink a cup of water and enunciate their name and DIN.
   f. The incarcerated individual must be observed for 10-15 minutes after administration to ensure the absence of ill effects and reduce the chances of diversion.
   g. Post ingestion, the incarcerated individual will be escorted back to their housing unit/assignment.
   h. As the number of incarcerated individuals increases, the medication can be administered to several incarcerated individuals simultaneously to shorten the medication administration time.

i. They are to be evenly and appropriately spaced on a bench or standing against a wall with their hands to their sides. Security must be diligent in observing the group for diversion.

7. The RN will document the MAT medication administration in the MAR.

F. Diversion:

1. If an incarcerated individual is observed to be diverting the medication, the nurse will:
   a. Document exact actions of the incarcerated individual in the incarcerated individual's medical record in the AHR section.
   b. Notify the FHSD and NA.

G. Discrepancies:

1. The NA and provider must be notified immediately, and the error resolved before the end of the tour.

2. A Medication Error report will be completed per HSPM 8.02, Medication Error Reporting.

3. The Medication Error report detailing the problem and corrective actions must be given to the provider for review.

4. A nurse may be asked to return to work before their scheduled tour to resolve Medication Errors.

5. If there is Loss of Controlled Substances, the nurse must immediately notify the Nurse Administrator, provider, and Watch Commander. On off-tours and weekends, the Officer of the Day and Watch Commander will be notified in accordance with DOCCS Directives #2945, #4092, #4929, HSPM 3.01, NYCRR Title 10 Part 80.100, as well as the on-call provider.

H. Spillage/Vomit of Methadone:

1. If there is spillage or vomiting on the Methadone solution, the nurse will inform the FHSD and OTP provider immediately.

2. A Consultation Form #3194 documenting the specific circumstances of the medication loss will be faxed or scanned to the OTP.

3. Once returned by the OTP, the DOCCS provider will review recommendations on the consultation form and write the new orders in the AHR. The nurse will note the orders and update the MAR.

I. Incarcerated individuals Requiring Dose Adjustment:

1. When an incarcerated individual on MAT expresses any symptom of opiate withdrawal at the medication window, sick call, or during emergency sick call, the incarcerated individual will be assessed using the COW scale by a nurse and will be evaluated by a DOCCS provider as soon as possible.

2. For incarcerated individuals on Methadone, the Consultation Form stating the issue will be faxed/scanned to the OTP and a call should be made between the DOCCS provider and the OTP's provider to discuss the plan.

3. For incarcerated individuals on Buprenorphine, the DOCCS provider will assess the incarcerated individual and determine the need for a dose adjustment.

4. The DOCCS provider will document any medication changes for Methadone or Buprenorphine in the AHR. The nurse will note the order and update the MAR.

J. Discontinuation of MAT:

1. Incarcerated individuals who elect to terminate voluntarily and prematurely from the program will be reviewed by the FHSD. In cases of incarcerated individuals on Methadone, the FHSD will consult with the OTP provider.

K. Staff Education and Training:

1. Licensed medical professionals shall be appropriately trained in the administration of MAT medication and the policy. All Buprenorphine prescribers must have an X-waiver.

L. Discharge Planning:

1. A consent form will be signed by the incarcerated individual and faxed by the NA or designee to the OTP, along with the date of release and address, so that the OTP can share information with the OTP closest to the incarcerated individual's address and an appointment can be made to ensure continuity of care.

2. Discharge planning for incarcerated individuals' return to the community will be coordinated by the designated DOCCS OTP SURN for linkage to a MAT Program in the community when there is no OTP to do so.

3. Incarcerated individuals will receive their dose of MAT medication on the day of transfer prior to leaving the facility.

M. Disposal:

1. If there are remaining doses, Green Haven Correctional Facility will record that the medication was disposed of (date, time, amount, reason, and for which incarcerated individual) and dispose I the drop box provided in accordance with OASAS and DEA regulations.

N. Transfer to an Infirmary or Specialized Confinement Housing Units:

1. Transfer to another facility:
   a. The NA or designee will alert the OTP and the medical staff of the receiving infirmary or Specialized Confinement Housing Units prior to placement.
   b. NA or designee will complete form #3313, MAT Program Transfer. The form will then be emailed to the facility that the incarcerated individual is being transferred to.
   c. [redacted]
   d. Upon arrival to the receiving facility, the MAT medication will be immediately reconciled with a two-nurse count. If two nurses are not available, the narcotic count can be done with a nurse and a security member in accordance with DOCCS Directive #4929.
   e. The receiving facility nurses will use the MAR and Accountability sheets that are provided in the lock box. [redacted]
   f. The receiving facility medical staff will follow all MAT policies and procedures per their Facility Operating Manuals (FOM). Green Haven Correctional Facility's medical staff will be alerted with regards to any medication issues.
   g. At the time the incarcerated individual is medically cleared to return to Green Haven Correctional Facility, the medical staff must be informed with a nurse-to-nurse discharge report.
   h. [redacted]
   i. The MAT medication will be immediately reconciled with a two-nurse count. If two nurses are not available, the count can be done with a nurse and a security staff member. Any discrepancy noted, the NA, FHSD and Watch Commander must be notified immediately.

j. [redacted]

k. [redacted]

NEW YORK STATE Corrections and Community Supervision **Greene Correctional Facility**	FACILITY OPERATIONS MANUAL TITLE **Medication-Assisted Treatment (MAT)**	FOM. NO. 3707 DATE April 25, 2022
SUPERSEDES	DISTRIBUTION A	PAGE Page 1 of 7
REFERENCES Directives: Corresponding Directive(s): 4929 Health Services Policy: 3.08,8.02 Relates ACA Standard(s)	APPROVING AUTHORITY	

I. **PURPOSE:** To establish a procedure for accepting, storage and administration of Medication Assisted Treatment with Methadone or Buprenorphine for identified incarcerated individuals at Greene Correctional Facility (GCF).

II. **POLICY:** Incarcerated individuals (I/I) drafting from a reception facility who are currently on active Medication Assisted Treatment (MAT) with Methadone or Buprenorphine will continue their therapy upon entry to Greene Correctional Facility. Sending facilities will continue the therapy until they arrive at GCF. MAT treatment will be provided at Greene Correctional Facility to eligible participants.

III. **PROCEDURE:**

A. Methadone/ Buprenorphine Maintenance:

1. When medically indicated, I/Is on Methadone/ Buprenorphine treatment will be received at GCF and will continue to be enrolled in the MAT Program.

2. An eligibility list of qualifying I/Is will be generated by the Department of Classification and Movement to determine admittance into GCF's MAT Program.

3. Once notified, the Health Class Analysists will forward the information to the Greene Correctional Facility I/I Records Coordinator (IRC), Nurse Administrator (NA) and Facility Health Service Director (FHSD). GCF will be given one weeks' notice so that medication can be obtained prior to the I/I's arrival at the facility.

4. The sending facility will ensure that all I/Is accepted for this program will receive their daily dose of Methadone or Buprenorphine on the day of their transfer of custody to GCF.

5. An intake medical screening will be completed by a Registered Nurse upon admittance to GCF.

6. Any observations of signs and symptoms of opiate withdrawal, using the Clinical Opiate Withdrawal (COW) scale will be communicated to the Opioid Treatment

Program (OTP) provider in a timely manner so that possible adjustments in the I/I's Methadone dosing can be considered. (See attached COW Scale) http://www.drugabuse.gov/sites/default/files/files/ClinicalOpiateWithdrawalScale.pdf

B. Logistics of Methadone Acquisition:

[redacted]

3. Upon arrival of the Methadone to GCF, there will be a two-nurse count of the contents of the locked box. In the event of only one Nurse on duty, the count will be performed with a member of the Security or Medical staff. A Record of Controlled Substances Administered (Form #3182) and a Change of Shift-Control/Count (Form #3184) will be prepared in accordance with DOCCS Directive 4929 and HSPM 3.08.

4. Any discrepancy between the amount received and the amount ordered or damage to the medication, the FHSD, NA and the provider at the OTP must be notified immediately.

5. The DOCCS Nurses will sign the enclosed OTP Medication Administration Record form included in the lock box and return it to the OTP weekly. A copy must be kept on file.

6. The GCF provider will review the recommendations and write the specific Methadone orders to be administered for each I/I in the Ambulatory Health Care Record (AHR). A Medication Administration Record (MAR) (Form #3179) will be completed with the transcribed orders for each I/I.

7. A copy of the monthly MAR and a Record of Controlled Substances Administered will be faxed or scanned monthly to the OTP and the original MAR will be filed in the AHR MISC Section. Once scanned, a note should be added to the MAR that it has been scanned to the OTP with date and time along with signature of NA or designee.

C. Logistics of Buprenorphine Acquisition:

1. Providers need to have the X-waiver (an X number on their DEA License which signifies their ability to prescribe and administer Buprenorphine).

2. Providers also need to have e-prescribing capability so that they can electronically send the prescription to a pharmacy such as Omnicare or Cardinal.

3. Upon arrival of the Buprenorphine to GCF, the medication will be counted under dual control (two nurses). If there is just one nurse on duty, the count will be conducted with a member of the Security or Medical staff. A Record of Controlled Substances Administered (Form #3182) and a Change of Shift-Control/Count (Form #3184) will be prepared in accordance with DOCCS Directive 4929 and HSPM 3.08.

4. Any discrepancy between the amount received and the amount ordered or damage to the medication, the FHSD, NA and the pharmacy (Omnicare or Cardinal) must be notified immediately.

5. A GCF provider will write the specific Buprenorphine orders to be administered for each I/I in the AHR. A MAR (Form #3179) will be completed with the transcribed orders for each I/I.

6. The original MAR will be filed in the AHR MISC Section.

D. Storage of MAT medications Methadone/ Buprenorphine:

[redacted]

E. Administration of Methadone and Buprenorphine:

1. Nursing is responsible for administering MAT in a secure site. Security will participate in the process to address the risk of diversion.

2. Administration of medication will be given per 1:1 medication administration protocol to avoid distraction and decrease the likelihood of spillage or diversion.

3. The I/I must show photo ID as well as state their name and DIN.

4. The nurse will observe the I/I prior to administering the medication. If the I/I appears to be sedated, drowsy, cognitively impaired, or weak, the I/I will be immediately assessed using the COW scale. **A score of 25 or above requires immediate notification of**

the FHSD, DOCCS provider and the OTP's provider. The medication must not be administered until they are assessed by the facility's provider.

5. *Methadone:*
   a. The Methadone bottle will be labeled with the I/I's name, DIN # and dose and confirmed with the I/I prior to administration.
   b. They are then asked to drink a cup of water before and after taking the Methadone. The nurse will then perform a mouth check and ask the I/I to clearly enunciate their name and DIN to confirm consumption of the medication.
   c. The I/I will sit for 10-15 minutes so that they can be observed for any issues and to ensure digestion.
   d. The bottle in which the Methadone was contained will be returned to the RN so that the label can be removed and shredded, and the bottle properly discarded.

6. *Buprenorphine:*
   a. The I/I will be given a cup of water to drink before the nurse does a mouth check with a flashlight.
   b. The Subutex (crushed pill) or Suboxone (film) is then placed by the nurse under the tongue of the I/I.
   c. The I/I must have their arms to their side or on a table during this time and be observed closely to prevent diversion.
   d. The nurse must perform mouth checks with the flashlight to confirm that the medication is dissolving.
   e. Once the medication is dissolved, the I/I is asked to drink a cup of water and enunciate their name and DIN.
   f. The I/I must be observed for 10-15 minutes after administration to ensure the absence of ill effects and reduce the chances of diversion.
   g. As the number of I/Is increases, the medication can be administered to several I/Is simultaneously, to shorten the medication administration time.
   h. They are to be evenly and appropriately spaced on a bench or standing against a wall with their hands to their sides. Security must be diligent in observing the group for diversion.

7. The RN will document the MAT medication administration in the MAR.

F. <u>Diversion</u>

1. If an I/I is observed to be diverting the medication, the nurse will:

   a. Document exact actions of the I/I in the I/I's medical record in the AHR section.

   b. Notify the FHSD and NA.

G. Discrepancies:

1. The NA and provider must be notified immediately, and the error resolved before the end of the tour.

2. A Medication Error report will be completed per HSPM 8.02, Medication Error Reporting.

3. The Medication Error report detailing the problem and corrective actions must be given to the provider to review.

4. A nurse may be asked to return to work before their scheduled tour to resolve Medication errors.

5. If there is Loss of Controlled Substances, the nurse must immediately notify the Nurse Administrator, provider, and Watch-Commander. On off-tours and weekends, the Officer of the Day and Watch Commander will be notified in accordance with Directives 2945, 4092, 4929, HSPM 3.01, NYCRR Title 10 Part 80.100, as well as the on-call provider.

H. Spillage/Vomit of Methadone

1. If there is spillage or vomiting of the Methadone solution, the nurse will inform the FHSD and OTP provider immediately.

2. A Consultation Form #3194 documenting the specific circumstances of the medication loss will be faxed or scanned to the OTP.

3. Once returned by the OTP, the DOCCS provider will review recommendations on the consultation form and write the new orders in the AHR. The nurse will note the orders and update the MAR.

I. Incarcerated Individuals Requiring Dose Adjustment:

1. When an I/I on MAT expresses any symptom of opiate withdrawal at the medication window, sick-call, or during emergency sick call, the I/I will be assessed using the COW scale by a nurse and will be evaluated by a DOCCS provider as soon as possible.

2. For I/Is on Methadone, the Consultation Form stating the issue will be faxed/scanned to the OTP and a call should be made between the DOCCS provider and the OPT's provider to discuss the plan.

3. For I/Is on Buprenorphine, the DOCCS provider will assess the I/I and determine the

need for a dose adjustment.

4. The DOCCS provider will document any medication changes for Methadone or Buprenorphine in the AHR. The nurse will note the order and update the MAR.

J. Discontinuation of MAT:

1. I/Is who elect to terminate voluntarily and prematurely from the program will be reviewed by the FHSD. In cases of I/Is on Methadone, the FHSD will consult with the OTP provider.

K. Staff Education and Training:

1. Licensed medical professionals shall be appropriately trained in the administration of MAT medication and the Policy. All Buprenorphine prescribers must have an X-waiver.

L. Discharge Planning:

1. A consent form will be signed by the I/I and faxed by the NA or designee to the OTP, along with their date of release and address, so that the OTP can share information with the OTP closest to the I/I's address and an appointment can be made to ensure continuity of care.

2. Discharge planning for I/I's return to the community will be coordinated by the designated DOCCS OTP SURN for linkage to a MAT program in the community when there is no OTP to do so.

3. I/Is will receive their dose of MAT medication, on the day of transfer prior to leaving the facility.

M. Disposal:

1. If there are remaining doses, GCF will record that the medication was disposed of (date, time, amount, reason, and for which I/I) and dispose in the drop box provided in accordance with OASAS and DEA regulations.

N. Transfer to an Infirmary or Specialized Confinement Housing Units

1. Transfer to another facility:

   a. The NA or designee will alert the OTP and the medical staff of the receiving infirmary or Specialized Confinement Housing Units prior to placement.
   b. NA or designee will complete form 3313, MAT Program Transfer. The form will then be emailed to the facility that the I/I is being transferred to.

[redacted]

[redacted]

d. Upon arrival to the receiving facility, the MAT medication will be immediately reconciled with a two-nurse count. If two nurses are not available, the narcotic count can be done with a nurse and a security member in accordance with Directive 4929.
e. The receiving facility nurses will use the MAR and Accountability sheets that are provided in the lock box. These sheets and any additional doses of MAT medications must be returned to GCF upon discharge from the infirmary or Specialized Confinement Housing Units. All items will be placed in a locked box provided at time of discharge.
f. The receiving facility medical staff will follow all MAT policies and procedures per their Facility Operating Manuals (FOM). GCF's medical staff will be alerted with regards to any medication issues.
g. At the time the I/I is medically cleared to return to GCF, the medical staff must be informed with a nurse-to-nurse discharge report.

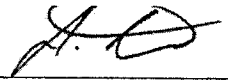
[redacted]

i. The MAT medication will be immediately reconciled with a two-nurse count. If two nurses are not available, the count can be done with a nurse and a security staff member. Any discrepancy noted, the NA, FHSD and Watch Commander must be notified immediately.

[redacted]

NEW YORK STATE Corrections and Community Supervision Groveland Correctional Facility	FACILITY OPERATIONS MANUAL TITLE **Medication-Assisted Treatment**	FOM. NO. 402
		DATE: 05/04/2022

SUPERSEDES	DISTRIBUTION	PAGE
N/A	A	Page 1 of 7

REFERENCES	APPROVING AUTHORITY
Directives: Corresponding Directive(s): 4929 Health Services Policy: 3.08,8.02 Relates ACA Standard(s)	

A. **PURPOSE:** To establish a procedure for accepting, storage and administration of Medication Assisted Treatment with Methadone or Buprenorphine for identified incarcerated individuals at Groveland Correctional Facility (GCF).

B. **POLICY:** Incarcerated Individuals drafting from a reception facility who are currently on active Medication Assisted Treatment (MAT) with Methadone or Buprenorphine will continue their therapy upon entry to Groveland Correctional Facility. Sending facilities will continue the therapy until they arrive at GCF. MAT treatment will be provided at Groveland to eligible participants.

C. **PROCEDURE:**

A. Methadone/ Buprenorphine Maintenance:

1. When medically indicated, Incarcerated Individuals on Methadone/ Buprenorphine treatment will be received at GCF and will continue to be enrolled in the MAT Program.

2. An eligibility list of qualifying Incarcerated Individuals will be generated by the Department of Class and movement to determine admittance into GCF's MAT Program.

3. Once notified, the Health Class Analysists will forward the information to the Groveland Correctional Facility Incarcerated Individual Records Coordinator (IRC), Nurse Administrator (NA) and Facility Health Service Director (FHSD). GCF will be given one week's notice so that medication can be obtained prior to the Incarcerated Individuals arrival at the facility.

4. The sending facility will ensure that all Incarcerated Individuals accepted into this program will receive their daily dose of Methadone or Buprenorphine on the day of their transfer of custody to Groveland Correctional Facility.

5. An intake medical screening will be completed by a Registered Nurse upon admittance to GCF.

6. Any observations of signs and symptoms of opiate withdrawal, using the Clinical Opiate Withdrawal (COW) scale will be communicated to the Opioid Treatment Program (OTP) provider in a timely manner so that possible adjustments in the Incarcerated Individual's Methadone dosing can be considered. (See attached COW Scale)

http://www.drugabuse.gov/sites/default/files/files/ClinicalOpiateWithdrawalScale.pdf

B. Logistics of Methadone Acquisition:

[redacted]

3. Upon arrival of the Methadone to GCF, there will be a two-nurse count of the contents of the locked box. In the event of only one Nurse on duty, the count will be performed with a member of the Security or Pharmacy staff. A Record of Controlled Substances Administered (Form #3182) and a Change of Shift-Control/Count (Form #3184) will be prepared in accordance with DOCCS Directive 4929 and HSPM 3.08.

4. Any discrepancy between the amount received and the amount ordered or damage to the medication, the FHSD, NA and the provider at the OTP must be notified immediately.

5. The DOCCS Nurses will sign the enclosed OTP Chain of Custody form included in the lock box and return it to the OTP weekly. A copy must be kept on file.

6. The GCF provider will review the recommendations and write the specific Methadone orders to be administered for each Incarcerated Individual in the

Ambulatory Health Care Record (AHR). A Medication Administration Record (MAR) (Form #3179) will be completed with the transcribed orders for each Incarcerated Individual. A copy of the weekly MAR's will be sent to GCASA in the lock box in a sealed envelope.

7. A copy of the monthly MAR and a Record of Controlled Substances Administered will be faxed or scanned monthly to the OTP and the original MAR will be filed in the AHR MISC Section. Once scanned, a note should be added to the MAR that it has been scanned to the OTP with date and time along with signature of NA or designee.

C. Logistics of Buprenorphine Acquisition:

1. Providers need to have the X-waiver (an X number on their DEA License which signifies their ability to prescribe and administer Buprenorphine).

2. Providers also need to have e-prescribing capability so that they can electronically send the prescription to a pharmacy such as Omnicare or Cardinal.

3. Upon arrival of the Buprenorphine to GCF, the medication will be counted under dual control (two nurses). If there is just one nurse on duty, the count will be conducted with a member of the security or pharmacy staff. A Record of Controlled Substances Administered (Form #3182) and a Change of Shift-Control/Count (Form #3184) will be prepared in accordance with DOCCS Directive 4929 and HSPM 3.08.

4. Any discrepancy between the amount received and the amount ordered or damage to the medication, the FHSD, NA and the pharmacy (Omnicare or Cardinal) must be notified immediately.

5. A GCF provider will write the patient specific Buprenorphine order to be administered for each Incarcerated Individual in the AHR. A MAR (Form #3179) will be completed with the transcribed orders for each Incarcerated Individual.

D. Storage of MAT medications Methadone/ Buprenorphine:

[redacted]

E. Administration of Methadone and Buprenorphine:

1. Methadone will be administered at 8:00 am and Buprenorphine will be administered at 8:30 am in the medical building. All Incarcerated Individuals receiving MAT will be placed on a daily mandatory call out.

2. Nursing is responsible for administering MAT in a secure site. Security will participate in the process to address the risk of diversion.

3. Administration of medication will be given per 1:1 medication administration protocol to avoid distraction and decrease the likelihood of spillage or diversion.

4. The Incarcerated Individual must show photo ID as well as state their name and DIN.

5. The nurse will observe the Incarcerated Individual prior to administering the medication. If the Incarcerated Individual appears to be sedated, drowsy, cognitively impaired, or weak, the Incarcerated Individual will be immediately assessed using the COW scale. **A score of 25 or above requires immediate notification of the FHSD, DOCCS provider and the OTP's provider. The medication must not be administered until they are assessed by the facility's provider.**

6. *Methadone:*

   a. The Methadone bottle will be labeled with the Incarcerated Individual's name, DIN # and dose and confirmed with the Incarcerated Individual prior to administration.

   b. They are then asked to drink a cup of water before and after taking the Methadone. The nurse will then perform a mouth check and ask the Incarcerated Individual to clearly enunciate their name and DIN to confirm consumption of the medication.

   c. The Incarcerated Individual will sit for 10-15 minutes so that they can be observed for any issues and to ensure digestion.

   d. The bottle in which the Methadone was contained will be returned to the RN so that the label can be removed and shredded, and the bottle properly discarded.

7. *Buprenorphine:*

a. The Incarcerated Individual will be given a cup of water to drink before the nurse does a mouth check with a flashlight.

b. The Suboxone (crushed pill) or Suboxone (film) is then placed by the nurse under the tongue of the Incarcerated Individual.

c. The Incarcerated Individual must have their arms to their side on or a table during this time and be observed closely to prevent diversion.

d. The nurse must perform mouth checks with the flashlight to confirm that the medication is dissolving.

e. Once the medication is dissolved, the Incarcerated Individual is asked to drink a cup of water and enunciate their name and DIN.

f. The Incarcerated Individual must be observed for 10-15 minutes after administration to ensure the absence of ill effects and reduce the chances of diversion.

g. They are to be evenly and appropriately spaced on a bench or standing against a wall with their hands to their sides. Security must be diligent in observing the group for diversion.

8. The RN will document the MAT medication administration in the MAR.

F. Diversion

1. If an Incarcerated Individual is observed to be diverting the medication, the nurse will:

a. Document exact actions of the INCARCERATED INDIVIDUAL in the Incarcerated Individual's medical record in the AHR section.

b. Notify the FHSD and NA.

G. Discrepancies:

1. The NA and provider must be notified immediately, and the error resolved before the end of the tour.

2. A Medication Error report will be completed per HSPM 8.02, Medication Error Reporting.

3. The Medication Error report detailing the problem and corrective actions must be give to the provider to review.

4. A nurse may be asked to return to work before their scheduled tour to resolve Medication errors.

5. If there is Loss of Controlled Substances, the nurse must immediately notify the Nurse Administrator, provider, and Watch-Commander. On off-tours and weekends, the Officer of the Day and Watch Commander will be notified in accordance with Directives 2945, 4092, 4929, HSPM 3.01, NYCRR Title 10 Part 80.100, as well as the on-call provider.

H. Spillage/Vomit of Methadone

1. If there is spillage or vomiting of the Methadone solution, the nurse will inform the FHSD and OTP provider immediately.

2. A Consultation Form #3194 documenting the specific circumstances of the medication loss will be faxed or scanned to the OTP.

3. Once returned by the OTP, the DOCCS provider will review recommendations on the consultation form and write the new orders in the AHR. The nurse will note the orders and update the MAR.

I. Incarcerated Individuals Requiring Dose Adjustment:

1. When an Incarcerated Individual on MAT expresses any symptom of opiate withdrawal at the medication window, sick-call, or during emergency sick call, the Incarcerated Individual will be assessed using the COW scale by a nurse and will be evaluated by a DOCCS provider as soon as possible.

2. For Incarcerated Individuals on Methadone, the Consultation Form stating the issue will be faxed/scanned to the OTP and a call should be made between the DOCCS provider and the OPT's provider to discuss the plan.

3. For Incarcerated Individuals on Buprenorphine, the DOCCS provider will assess the Incarcerated Individual and determine the need for a dose adjustment.

4. The DOCCS provider will document any medication changes for Methadone or Buprenorphine in the AHR. The nurse will note the order and update the MAR.

J. Discontinuation of MAT:

1. Incarcerated Individual who elects to terminate voluntarily and prematurely from the program will be reviewed by the FHSD. In cases of Incarcerated Individuals on Methadone, the FHSD will consult with the OTP provider.

K. Staff Education and Training:

1. Licensed medical professionals shall be appropriately trained in the administration of MAT medication and the Policy. All Buprenorphine prescribers must have an X-waiver.

L. Discharge Planning:

1. A consent form will be signed by the Incarcerated Individual and faxed by the NA or designee to the OTP, along with their date of release and address, so that the OTP can share information with the OTP closest to the Incarcerated Individual's address and an appointment can be made to ensure continuity of care.

2. Discharge planning for Incarcerated Individual's return to the community will be coordinated by the designated DOCCS OTP SURN for linkage to a MAT program in the community.

3. Incarcerated Individuals will receive their dose of MAT medication, on the day of transfer prior to leaving the facility.

M. Disposal:

1. If there are remaining doses, GCF will record that the medication was disposed of (date, time, amount, reason, and for which Incarcerated Individual) and dispose in the drop box provided in accordance with OASAS and DEA regulations.

N. Transfer to an Infirmary or Specialized Confinement Housing Unit

1. Transfer to another facility:

   a. The NA or designee will alert the OTP and the medical staff of the receiving facility or Specialized Confinement Housing Units prior to placement.

   b. NA or designee will complete form 3313, MAT Program Transfer. The form, medication orders, and MARS will then be emailed to the facility that the INCARCERATED INDIVIDUAL am being transferred to.

NEW YORK STATE Corrections and Community Supervision **Hale Creek Correctional Facility**	FACILITY OPERATIONS MANUAL TITLE **Medication-Assisted Treatment**	FOM. NO. **2.18** DATE: **04/26/22**
SUPERSEDE 01/31/22	DISTRIBUTION **A&B**	PAGE Page 1 of 7
REFERENCES Directives: Corresponding Directive(s): 4929 Health Services Policy: 3.08,8.02 Relates ACA Standard(s)	APPROVING AUTHORITY Peggy Lutz	

I. PURPOSE: To establish a procedure for accepting, storage and administration of Medication Assisted Treatment with Methadone or Buprenorphine for identified incarcerated individuals at Hale Creek Correctional Facility (HCCF).

II. POLICY: Incarcerated individuals (I/I) drafting from a reception facility who are currently on active Medication Assisted Treatment (MAT) with Methadone or Buprenorphine will continue their therapy upon entry to Hale Creek Correctional Facility. Sending facilities will continue the therapy until they arrive at HCCF. MAT treatment will be provided at Hale Creek to eligible participants.

III. PROCEDURE:

A. Methadone/ Buprenorphine Maintenance:

1. When medically indicated, I/Is on Methadone/ Buprenorphine treatment will be received at HCCF and will continue to be enrolled in the MAT Program.

2. An eligibility list of qualifying I/Is will be generated by the Department of Classification and Movement to determine admittance into HCCF's MAT Program.

3. Once notified, the Health Class Analysists will forward the information to the HCCF I/I Records Coordinator (IRC), Nurse Administrator (NA) and Facility Health Service Director (FHSD). HCCF will be given one weeks' notice so that medication can be obtained prior to the I/I's arrival at the facility.

4. The sending facility will ensure that all I/Is accepted for this program will receive their daily dose of Methadone or Buprenorphine on the day of their transfer of custody to HCCF.

5. An intake medical screening will be completed by a RN upon admittance to HCCF.

6. Any observations of signs and symptoms of opiate withdrawal, using the Clinical Opiate Withdrawal (COW) scale will be communicated to the Opioid Treatment Program (OTP) provider in a timely manner so that possible adjustments in the I/I's Methadone dosing can be considered. (See attached COW Scale) http://www.drugabuse.gov/sites/default/files/files/ClinicalOpiateWithdrawalScale.pdf

B. Logistics of Methadone Acquisition:

[redacted]

3. Upon arrival of the Methadone to HCCF, there will be a two-nurse count of the contents of the locked box. In the event of only one Nurse on duty, the count will be performed with a member of the Security. A Record of Controlled Substances Administered (Form #3182) and a Change of Shift-Control/Count (Form #3184) will be prepared in accordance with DOCCS Directive 4929 and HSPM 3.08.

4. Any discrepancy between the amount received and the amount ordered or damage to the medication, the FHSD, NA and the provider at the OTP must be notified immediately.

5. The DOCCS Nurses will sign the enclosed OTP Medication Administration Record form included in the lock box and return it to the OTP weekly. A copy must be kept on file.

6. The HCCF provider will review the recommendations and write the specific Methadone orders to be administered for each I/I in the Ambulatory Health Care Record (AHR). A Medication Administration Record (MAR) (Form #3179) will be completed with the transcribed orders for each I/I.

7. A copy of the monthly MAR and a Record of Controlled Substances Administered will be faxed or scanned monthly to the OTP and the original MAR will be filed in the AHR MISC Section. Once scanned, a note should be added to the MAR that it has been scanned to the OTP with date and time along with signature of NA or designee.

C. Logistics of Buprenorphine Acquisition:

1. Providers need to have the X-waiver (an X number on their DEA License which signifies their ability to prescribe and administer Buprenorphine).

2. Providers also need to have e-prescribing capability so that they can electronically send the prescription to a pharmacy such as Omnicare or Cardinal.
3. Upon arrival of the Buprenorphine to HCCF, the medication will be counted under dual control (two nurses). If there is just one nurse on duty, the count will be conducted with a member of the security. A Record of Controlled Substances Administered (Form #3182) and a Change of Shift-Control/Count (Form #3184) will be

prepared in accordance with DOCCS Directive 4929 and HSPM 3.08.

4. Any discrepancy between the amount received and the amount ordered or damage to the medication, the FHSD, NA and the pharmacy (Omnicare or Cardinal) must be notified immediately.

5. A HCCF provider will write the specific Buprenorphine orders to be administered for each I/I in the AHR. A MAR (Form #3179) will be completed with the transcribed orders for each I/I.

6. The original MAR will be filed in the AHR MISC Section.

D. Storage of MAT medications Methadone/ Buprenorphine:

[redacted]

E. Administration of Methadone and Buprenorphine:

1. Nursing is responsible for administering MAT in a secure site. Security will participate in the process to address the risk of diversion.

2. Administration of medication will be given per 1:1 medication administration protocol to avoid distraction and decrease the likelihood of spillage or diversion.

3. The I/I must show photo ID as well as state their name and DIN.

4. The nurse will observe the I/I prior to administering the medication. If the I/I appears to be sedated, drowsy, cognitively impaired, or weak, the I/I will be immediately assessed using the COW scale. **A score of 25 or above requires immediate notification of the FHSD, DOCCS provider and the OTP's provider. The medication must not be administered until they are assessed by the facility's provider.**

5. *Methadone:*
   a. The Methadone bottle will be labeled with the I/I's name, DIN # and dose and confirmed with the I/I prior to administration.

b. They are then asked to drink a cup of water before and after taking the Methadone. The nurse will then perform a mouth check and ask the I/I to clearly enunciate their name and DIN to confirm consumption of the medication.
c. The I/I will sit for 10-15 minutes so that they can be observed for any issues and to ensure digestion.
d. The bottle in which the Methadone was contained will be returned to the RN so that the label can be removed and shredded, and the bottle properly discarded.

6. *Buprenorphine:*
   a. The I/I will be given a cup of water to drink before the nurse does a mouth check with a flashlight.
   b. The Subutex (crushed pill) or Suboxone (film) is then placed by the nurse under the tongue of the I/I.
   c. The I/I must have their arms to their side on or a table during this time and be observed closely to prevent diversion.
   d. The nurse must perform mouth checks with the flashlight to confirm that the medication is dissolving.
   e. Once the medication is dissolved, the I/I is asked to drink a cup of water and enunciate their name and DIN.
   f. The I/I must be observed for 10-15 minutes after administration to ensure the absence of ill effects and reduce the chances of diversion.
   g. As the number of I/Is increases, the medication can be administered to several I/I simultaneously, to shorten the medication administration time.
   h. They are to be evenly and appropriately spaced on a bench or standing against a wall with their hands to their sides. Security must be diligent in observing the group for diversion.

7. The RN will document the MAT medication administration in the MAR.

F. <u>Diversion</u>
   1. If an I/I is observed to be diverting the medication, the nurse will:
      a. Document exact actions of the I/I in the I/I's medical record in the AHR section.
      b. Notify the FHSD and NA.

G. <u>Discrepancies:</u>
   1. The NA and provider must be notified immediately, and the error resolved before the end of the tour.

   2. A Medication Error report will be completed per HSPM 8.02, Medication Error Reporting.

   3. The Medication Error report detailing the problem and corrective actions must be given to the provider to review.

4. A nurse may be asked to return to work before their scheduled tour to resolve Medication errors.

5. If there is Loss of Controlled Substances, the nurse must immediately notify the Nurse Administrator, provider, and Watch-Commander. On off-tours and weekends, the Officer of the Day and Watch Commander will be notified in accordance with Directives 2945, 4092, 4929, HSPM 3.01, NYCRR Title 10 Part 80.100, as well as the on-call provider.

H. Spillage/Vomit of Methadone

1. If there is spillage or vomiting of the Methadone solution, the nurse will inform the FHSD and OTP provider immediately.

2. A Consultation Form #3194 documenting the specific circumstances of the medication loss will be faxed or scanned to the OTP.

3. Once returned by the OTP, the DOCCS provider will review recommendations on the consultation form and write the new orders in the AHR. The nurse will note the orders and update the MAR.

I. Incarcerated Individuals Requiring Dose Adjustment:

1. When a I/I on MAT expresses any symptom of opiate withdrawal at the medication window, sick-call, or during emergency sick call, the I/I will be assessed using the COW scale by a nurse and will be evaluated by a DOCCS provider as soon as possible.

2. For I/Is on Methadone, the Consultation Form stating the issue will be faxed/scanned to the OTP and a call should be made between the DOCCS provider and the OPT's provider to discuss the plan.

3. For I/Is on Buprenorphine, the DOCCS provider will assess the I/I and determine the need for a dose adjustment.

4. The DOCCS provider will document any medication changes for Methadone or Buprenorphine in the AHR. The nurse will note the order and update the MAR.

J. Discontinuation of MAT:

1. Incarcerated individuals who elect to terminate voluntarily and prematurely from the program will be reviewed by the FHSD. In cases of I/Is on Methadone, the FHSD will consult with the OTP provider.

K. Staff Education and Training:

1. Licensed medical professionals shall be appropriately trained in the administration of MAT medication and the Policy. All Buprenorphine prescribers must have an X-waiver.

L. Discharge Planning:

1. A consent form will be signed by the I/I and faxed by the NA or designee to the OTP, along with their date of release and address, so that the OTP can share information with the OTP closest to the I/I's address and an appointment can be made to ensure continuity of care.

2. Discharge planning for I/I's return to the community will be coordinated by the designated DOCCS OTP SURN for linkage to a MAT program in the community when there is no OTP to do so.

3. Incarcerated individuals will receive their dose of MAT medication, on the day of transfer prior to leaving the facility.

M. Disposal:

1. If there are remaining doses, HCCF will record that the medication was disposed of (date, time, amount, reason, and for which I/I) and dispose in the drop box provided in accordance with OASAS and DEA regulations.

N. Transfer to an Infirmary or Specialized Confinement Housing Units

1. Transfer to another facility:
   a. The NA or designee will alert the OTP and the medical staff of the receiving infirmary or Specialized Confinement Housing Units prior to placement.
   b. NA or designee will complete form 3313, MAT Program Transfer. The form will then be emailed to the facility that the I/I is being transferred to.
   c. [redacted]
   d. Upon arrival to the receiving facility, the MAT medication will be immediately reconciled with a two-nurse count. If two nurses are not available, the narcotic count can be done with a nurse and a security member in accordance with Directive 4929.
   e. The receiving facility nurses will use the MAR and Accountability sheets that are provided in the lock box. [redacted]
   f. The receiving facility medical staff will follow all MAT policies and procedures per their Facility Operating Manual (FOM). HCCF's medical staff will be alerted with regards to any medication issues.
   g. At the time the I/I is medically cleared to return to HCCF, the medical staff must be informed with a nurse-to-nurse discharge report.

h. [redacted]

i. The MAT medication will be immediately reconciled with a two-nurse count. If two nurses are not available, the count can be done with a nurse and a security staff member. Any discrepancy noted, the NA, FHSD and Watch Commander must be notified immediately.

j. [redacted]

NEW YORK STATE Corrections and Community Supervision **Hudson Correctional Facility**	FACILITY OPERATIONS MANUAL TITLE **Medication-Assisted Treatment**	FOM. NO. 5.600
		DATE 05/05/2022
SUPERSEDES	DISTRIBUTION A	PAGE Page 1 of 7
REFERENCES Directives: Corresponding Directive(s): 4929 Health Services Policy: 3.08,8.02 Relates ACA Standard(s)	APPROVING AUTHORITY	

I. PURPOSE: To establish a procedure for accepting, storage and administration of Medication Assisted Treatment with Methadone or Buprenorphine for identified incarcerated individuals at Hudson Correctional facility (HCF).

II. POLICY: Incarcerated individuals (I/I) drafting from a reception facility who are currently on active Medication Assisted Treatment (MAT) with Methadone or Buprenorphine will continue their therapy upon entry to Hudson Correctional Facility. Sending facilities will continue the therapy until they arrive at HCF. MAT treatment will be provided at Hudson to eligible participants.

III. PROCEDURE:

A. <u>Methadone/ Buprenorphine Maintenance:</u>

1. When medically indicated, I/Is on Methadone/ Buprenorphine treatment will be received at HCF and will continue to be enrolled in the MAT Program.

2. An eligibility list of qualifying I/Is will be generated by the Department of Classification and Movement to determine admittance into HCF's MAT Program.

3. Once notified, the Health Class Analysists will forward the information to the HCF I/I Records Coordinator (IRC), Nurse Administrator (NA) and Facility Health Service Director (FHSD). HCF will be given one week's notice so that medication can be obtained prior to the I/I's arrival at the facility.

4. The sending facility will ensure that all I/Is accepted for this program will receive their daily dose of Methadone or Buprenorphine on the day of their transfer of custody to HCF.

5. An intake medical screening will be completed by a Registered Nurse upon admittance to HCF.

6. Any observations of signs and symptoms of opiate withdrawal, using the Clinical

Opiate Withdrawal (COW) scale will be communicated to the Opioid Treatment Program (OTP) provider in a timely manner so that possible adjustments in the I/I's Methadone dosing can be considered. (See attached COW Scale) http://www.drugabuse.gov/sites/default/files/files/ClinicalOpiateWithdrawalScale.pdf

B. Logistics of Methadone Acquisition:

1. [redacted]

[redacted]

3. Upon arrival of the Methadone to HCF, there will be a two-nurse count of the contents of the locked box. In the event of only one Nurse on duty, the count will be performed with a member of the Security or Pharmacy staff. A Record of Controlled Substances Administered (Form #3182) and a Change of Shift-Control/Count (Form #3184) will be prepared in accordance with DOCCS Directive 4929 and HSPM 3.08.

4. Any discrepancy between the amount received and the amount ordered or damage to the medication, the FHSD, NA and the provider at the OTP must be notified immediately.

5. The DOCCS Nurses will sign the enclosed OTP Medication Administration Record form included in the lock box and return it to the OTP weekly. A copy must be kept on file.

6. The HCF provider will review the recommendations and write the specific Methadone orders to be administered for each I/I in the Ambulatory Health Care Record (AHR). A Medication Administration Record (MAR) (Form #3179) will be completed with the transcribed orders for each I/I.

7. A copy of the monthly MAR and a Record of Controlled Substances Administered will be faxed or scanned monthly to the OTP and the original MAR will be filed in the AHR MISC Section. Once scanned, a note should be added to the MAR that it has been scanned to the OTP with date and time along with signature of NA or designee.

C. Logistics of Buprenorphine Acquisition:

1. Providers need to have the X-waiver (an X number on their DEA License which

signifies their ability to prescribe and administer Buprenorphine).

2. Providers also need to have e-prescribing capability so that they can electronically send the prescription to a pharmacy such as Omnicare or Cardinal.
3. Upon arrival of the Buprenorphine to HCF, the medication will be counted under dual control (two nurses). If there is just one nurse on duty, the count will be conducted with a member of the security or pharmacy staff. A Record of Controlled Substances Administered (Form #3182) and a Change of Shift-Control/Count (Form #3184) will be prepared in accordance with DOCCS Directive 4929 and HSPM 3.08.

4. Any discrepancy between the amount received and the amount ordered or damage to the medication, the FHSD, NA and the pharmacy (Omnicare or Cardinal) must be notified immediately.

5. A HCF provider will write the specific Buprenorphine orders to be administered for each I/I in the AHR. A MAR (Form #3179) will be completed with the transcribed orders for each I/I.

6. The original MAR will be filed in the AHR MISC Section.

D. Storage of MAT medications Methadone/ Buprenorphine:

[redacted]

E. Administration of Methadone and Buprenorphine:

1. Nursing is responsible for administering MAT in a secure site. Security will participate in the process to address the risk of diversion.

2. Administration of medication will be given per 1:1 medication administration protocol to avoid distraction and decrease the likelihood of spillage or diversion.

3. The I/I must show photo ID as well as state their name and DIN.

4. The nurse will observe the I/I prior to administering the medication. If the I/I appears to be sedated, drowsy, cognitively impaired, or weak, the I/I will be immediately assessed using the COW scale. **A score of 25 or above requires immediate notification of the FHSD, DOCCS provider and the OTP's provider. The medication must not be administered until they are assessed by the facility's provider.**

5. *Methadone:*
   a. The Methadone bottle will be labeled with the I/I's name, DIN # and dose and confirmed with the I/I prior to administration.
   b. They are then asked to drink a cup of water before and after taking the Methadone. The nurse will then perform a mouth check and ask the I/I to clearly enunciate their name and DIN to confirm consumption of the medication.
   c. The I/I will sit for 10-15 minutes so that they can be observed for any issues and to ensure digestion.
   d. The bottle in which the Methadone was contained will be returned to the RN so that the label can be removed and shredded, and the bottle properly discarded.

6. *Buprenorphine:*
   a. The I/I will be given a cup of water to drink before the nurse does a mouth check with a flashlight.
   b. The Subutex (pill) or Suboxone (film) is then placed by the nurse under the tongue of the I/I.
   c. The I/I must have their arms to their side on or a table during this time and be observed closely to prevent diversion.
   d. The nurse must perform mouth checks with the flashlight to confirm that the medication is dissolving.
   e. Once the medication is dissolved, the I/I is asked to drink a cup of water and enunciate their name and DIN.
   f. The I/I must be observed for 10-15 minutes after administration to ensure the absence of ill effects and reduce the chances of diversion.
   g. As the number of I/Is increases, the medication can be administered to several I/I simultaneously, to shorten the medication administration time.
   h. They are to be evenly and appropriately spaced on a bench or standing against a wall with their hands to their sides. Security must be diligent in observing the group for diversion.

7. The RN will document the MAT medication administration in the MAR.

F. <u>Diversion</u>

1. If an I/I is observed to be diverting the medication, the nurse will:

    a. Document exact actions of the I/I in the I/I's medical record in the AHR section.
    b. Notify the FHSD and NA.

G. Discrepancies:

1. The NA and provider must be notified immediately, and the error resolved before the end of the tour.

2. A Medication Error report will be completed per HSPM 8.02, Medication Error Reporting.

3. The Medication Error report detailing the problem and corrective actions must be given to the provider to review.

4. A nurse may be asked to return to work before their scheduled tour to resolve Medication errors.

5. If there is Loss of Controlled Substances, the nurse must immediately notify the Nurse Administrator, provider, and Watch-Commander. On off-tours and weekends, the Officer of the Day and Watch Commander will be notified in accordance with Directives 2945, 4092, 4929, HSPM 3.01, NYCRR Title 10 Part 80.100, as well as the on-call provider.

H. Spillage/Vomit of Methadone

1. If there is spillage or vomiting of the Methadone solution, the nurse will inform the FHSD and OTP provider immediately.

2. A Consultation Form #3194 documenting the specific circumstances of the medication loss will be faxed or scanned to the OTP.

3. Once returned by the OTP, the DOCCS provider will review recommendations on the consultation form and write the new orders in the AHR. The nurse will note the orders and update the MAR.

I. I/Is Requiring Dose Adjustment:

1. When a I/I on MAT expresses any symptom of opiate withdrawal at the medication window, sick-call, or during emergency sick call, the I/I will be assessed using the COW scale by a nurse and will be evaluated by a DOCCS provider as soon as possible.
2. For I/Is on Methadone, the Consultation Form stating the issue will be faxed/scanned to the OTP and a call should be made between the DOCCS provider and the OPT's provider to discuss the plan.

3. For I/Is on Buprenorphine, the DOCCS provider will assess the I/I and determine the need for a dose adjustment.

4. The DOCCS provider will document any medication changes for Methadone or Buprenorphine in the AHR. The nurse will note the order and update the MAR.

J. Discontinuation of MAT:

1. I/Is who elect to terminate voluntarily and prematurely from the program will be reviewed by the FHSD. In cases of I/Is on Methadone, the FHSD will consult with the OTP provider.

K. Staff Education and Training:

1. Licensed medical professionals shall be appropriately trained in the administration of MAT medication and the Policy. All Buprenorphine prescribers must have an X-waiver.

L. Discharge Planning:

1. A consent form will be signed by the I/I and faxed by the NA or designee to the OTP, along with their date of release and address, so that the OTP can share information with the OTP closest to the I/I's address and an appointment can be made to ensure continuity of care.

2. Discharge planning for I/I's return to the community will be coordinated by the designated DOCCS OTP SURN for linkage to a MAT program in the community when there is no OTP to do so.

3. I/Is will receive their dose of MAT medication, on the day of transfer prior to leaving the facility.

M. Disposal:

1. If there are remaining doses, HCF will record that the medication was disposed of (date, time, amount, reason, and for which I/I) and dispose in the drop box provided in accordance with OASAS and DEA regulations.

N. Transfer to an Infirmary or Specialized Confinement Housing Units

1. Transfer to another facility:

a. The NA or designee will alert the OTP and the medical staff of the receiving infirmary or Specialized Confinement Housing Units prior to placement.
b. NA or designee will complete form 3313, MAT Program Transfer. The form will then be emailed to the facility that the I/I is being transferred to.
c. [redacted]
d. Upon arrival to the receiving facility, the MAT medication will be immediately reconciled with a two-nurse count. If two nurses are not available, the narcotic count can be done with a nurse and a security member in accordance with Directive 4929.
e. The receiving facility nurses will use the MAR and Accountability sheets that are provided in the lock box. [redacted]
f. The receiving facility medical staff will follow all MAT policies and procedures per their Facility Operating Manuals (FOM). HCF's medical staff will be alerted with regards to any medication issues.
g. At the time the I/I is medically cleared to return to HCF, the medical staff must be informed with a nurse-to-nurse discharge report.
h. [redacted]
i. The MAT medication will be immediately reconciled with a two-nurse count. If two nurses are not available, the count can be done with a nurse and a security staff member. Any discrepancy noted, the NA, FHSD and Watch Commander must be notified immediately.
j. [redacted]
k. [redacted]

NEW YORK STATE Corrections and Community Supervision Lakeview Correctional Facility	FACILITY OPERATIONS MANUAL TITLE **Medication-Assisted Treatment**	FOM. NO. 4318 DATE 10/22/21
SUPERSEDES	DISTRIBUTION A & B	PAGE Page 1 of 8
REFERENCES Directives: Corresponding Directive(s): 4929 Health Services Policy: 3.08 Relates ACA Standard(s)	APPROVING AUTHORITY	

I. **PURPOSE:** To establish a procedure for accepting, storage and administration of Medication Assisted Treatment with Methadone or Buprenorphine for identified incarcerated individuals at Lakeview Shock Incarceration Correctional Facility (LSICF).

II. **POLICY:** Incarcerated individuals drafting from a reception facility who have less than 2 years of incarceration currently on active Medication Assisted Treatment (MAT) with Methadone or Buprenorphine will have their therapy continued upon entry to Lakeview Shock Incarcerated Correctional Facility. Sending facilities will continue the therapy until they arrive at LSICF. MAT treatment will be provided at Lakeview to eligible participants.

III. **PROCEDURE:**

A. Methadone/ Buprenorphine Maintenance:

1. When medically indicated, incarcerated individuals on Methadone/ Buprenorphine treatment will be received at LSICF and will continue to be enrolled in the MAT Program.

2. An eligibility list of qualifying incarcerated individuals will be generated by the Department of Class and Movement to determine admittance into LSICF's MAT Program.

3. Once notified, the Health Class Analysists will forward the information to the Lakeview Shock Incarceration Correctional Facility Incarcerated Individual Records Coordinator (IRC), Nurse Administrator (NA) and Facility Health Service Director (FHSD). LSICF will be given one week's notice so that medication can be obtained prior to the incarcerated individual's arrival at the facility.

4. The sending facility will ensure that all incarcerated individuals accepted for this program will receive their daily dose of Methadone or Buprenorphine on the day of their transfer of custody to LSICF.

5. An intake medical screening will be completed by a Registered Nurse upon

admittance to LSICF.

6. Any observations of signs and symptoms of opiate withdrawal, using the Clinical Opiate Withdrawal (COW) scale will be communicated to the OTP physician in a timely manner so that possible adjustments in the patient's Methadone dosing can be considered. (See attached COW Scale) http://www.drugabuse.gov/sites/default/files/files/ClinicalOpiateWithdrawalScale.pdf

B. Logistics of Methadone Acquisition:



3. Upon arrival of the Methadone to LSICF, there will be a 2-Nurse count of the contents of the locked box. In the event of only 1 Nurse on duty, the count will be performed with a member of the Security staff. A Record of Controlled Substances Administered (Form #3182) and a Change of Shift-Control/Count (Form #3184) will be prepared in accordance with DOCCS Directive 4929 and HSPM 3.08.

4. Any discrepancy between the amount received and the amount ordered or if it is determined that there has been damage to the medication, the FHSD, NA and the provider at the OTP must be notified immediately.

5. The DOCCS Nurses will sign the enclosed OTP Medication Administration Record form included in the lock box and return it to the OTP weekly. (Keep Copy)

6. A LSICF provider will review the recommendations and write the specific Methadone orders to be administered for each patient in the Ambulatory Health Care Record (AHR). A Medication Administration Record (MAR) (Form #3179) will be completed with the transcribed orders for each patient.

7. A copy of the monthly MAR and a Record of Controlled Substances Administered will be faxed or scanned monthly to the OTP and the original MAR will be filed in the AHR MISC Section. Once scanned, a note should be added to the MAR that it has been scanned to the OTP with date and time.

C. Logistics of Buprenorphine Acquisition:

1. Providers need to have the X-waiver (an X number on their DEA License which signifies their ability to prescribe and administer Buprenorphine).

2. Providers also need to have escribing capability so that they can electronically send the prescription to a pharmacy like Omnicare or Cardinal.

3. Upon arrival of the Buprenorphine to LCF, there will be a 2-Nurse count of the medication. In the event of only 1 Nurse on duty, the count will be performed with a member of the Security staff. A Record of Controlled Substances Administered (Form #3182) and a Change of Shift-Control/Count (Form #3184) will be prepared in accordance with DOCCS Directive 4929 and HSPM 3.08.

4. Any discrepancy between the amount received and the amount ordered or if it is determined that there has been damage to the medication, the on-call physician at OTP must be notified immediately.

5. The DOCCS Nurses will sign the enclosed OTP Medication Administration Record form included in the lock box and return it to the OTP weekly. (Keep Copy)

6. An LCF provider will review the recommendations and write the specific Methadone orders to be administered for each patient in the Ambulatory Health Care Record (AHR). A Medication Administration Record (MAR) (Form #3179) will be completed with the transcribed orders for each patient.

7. A copy of the monthly MAR and a Record of Controlled Substances Administered will be faxed or scanned monthly to the OTP and the original MAR will be filed in the AHR MISC Section.

D. Storage of MAT medications (Methadone/Buprenorphine):



E. Administration of Methadone and Buprenorphine:

1. Nursing and Security will be responsible for administering MAT in a secure site.

2. Administration of medication will be given per 1:1 medication administration protocol to avoid distraction and decrease the likelihood of spillage or diversion.

3. The incarcerated individual must show photo ID as well as enunciate his/her name and DIN.

4. Observe the incarcerated individual prior to administering the medication. If the incarcerated individual appears sedated, drowsy, cognitively impaired, or weak, the incarcerated individual will be immediately assessed using the COW scale. **A score of 25 or above requires immediate notification of the FHSD, DOCCS provider and the OTP's provider. The medication must not be administered until they are assessed by the facility's provider.**

5. *Methadone:*
   a. The Methadone bottle will be labeled with the incarcerated individual's name, DIN # and dose and confirmed with the patient prior to administration
   b. They are then asked to drink a cup of water before and after taking the Methadone. The nurse will then perform a mouth check and ask the incarcerated individual to clearly enunciate their name and DIN to confirm consumption of the medication.
   c. The incarcerated individual will sit for 10-15 minutes so that they can be observed for any issues and to ensure digestion.
   d. The bottle in which the Methadone was contained will be returned to the RN so that the label can be removed and shredded, and the bottle properly discarded.

6. *Buprenorphine:*
   a. The incarcerated individual will be given a cup of water to drink before the nurse does a mouth check with a flashlight.
   b. The Subutex (crushed pill) or Suboxone (film) is then placed by the nurse under the tongue of the incarcerated individual.
   c. The incarcerated individual must have their arms to their side on or a table during this time and be observed closely to prevent diversion.
   d. The nurse must perform mouth checks with the flashlight to confirm that the medication is dissolving.
   e. Once dissolved, the incarcerated individual is asked to drink a cup of water and enunciate his name and DIN.
   f. The incarcerated is then observed for 10-15 minutes after administration to ensure the absence of ill effects and reduce the chances of diversion.

g. Post ingestion, the patient will be escorted back to their housing unit/assignment.
h. As the number of incarcerated individuals increases, the medication can be administered to several incarcerated individuals simultaneously, to shorten the medication administration time.
i. They are to be evenly and appropriately spaced on a bench or standing against a wall with their hands to their sides. Security must be diligent in observing the group for diversion.

7. The RN will document the MAT medication administration in the MAR.

F. Diversion:

1. DOCCS has a zero-tolerance policy for Diversion. If an incarcerated individual is caught diverting Methadone, the nurse after receiving written documentation regarding the incident will:

   a. Document in the incarcerated individual's medical record in the AHR section the exact actions of the patient.
   b. Notify the on-call physician and Security.

G. Discrepancies:

1. All medication errors will be resolved before the end of the tour.

2. A Medication Error report will be completed per HSPM 8.02, Medication Error Reporting.

3. The on-call physician will be notified when an error cannot be corrected before the end of the tour.

4. The Medication Error report detailing the problem and corrective actions must be left for the on-call physician to review.

5. A nurse may be asked to return to work before his/her scheduled tour to resolve Medication errors related to Methadone administration.

6. If there is Loss of Controlled Substances, the nurse must immediately notify the Nurse Administrator and the on-call physician. On off-tours and weekends, the Officer of the Day and the Watch Commander will be notified in accordance to Directives 2945, 4092, 4929, HSPM 3.01, NYCRR Title 10 Part 80.100, as well as the on-call physician.

H. Spillage/Vomit of Methadone

1. If there is spillage or vomiting of the Methadone solution, the nurse will inform the FHSD and OTP provider immediately

2. A Consultation Form #3194 documenting the specific circumstances of the medication loss will be faxed or scanned to the OTP

3. Once returned by the OTP, the DOCCS provider will review recommendations on the consultation form and write the new orders in the AHR so that the nurse can update the MAR.

I. Patients Requiring Dose Adjustment:

1. When a patient on MAT expresses any symptom of opiate withdrawal at the medication window, sick-call, or referred by a Corrections Officer, the patient will be assessed using the COW scale by a nurse and will be evaluated by a DOCCS provider as soon as possible.

2. For patients on Methadone, the Consultation Form stating the issue will be faxed/scanned to the OTP and a call should be made between the DOCCS provider and the OPT's provider to discuss the plan.

3. For patients on Buprenorphine, the DOCCS provider will assess the patient and determine the need for a dose adjustment.

4. The DOCCS provider will document any medication changes for Methadone or Buprenorphine in the AHR so that the MAR can be updated by the nurse.

J. Discontinuation of MAT:

1. Incarcerated individuals who elect to terminate voluntarily and prematurely from the program will be reviewed by the FHSD. In cases of patients on Methadone, the FHSD will consult with the OTP provider.

K. Staff Education and Training:

1. Licensed medical professionals shall be appropriately trained in the administration of MAT medication and the Policy. All Buprenorphine prescribers will have an X-waiver.

L. Discharge Planning:

1. A consent form will be signed by the incarcerated individual and faxed by the

NA or designee to the OTP, along with their date of release and address, so that the OTP can share information with the OTP closest to the incarcerated individual's address and an appointment can be made to ensure continuity of care.

2. Discharge planning for incarcerated individual's return to the community will be coordinated by the designated DOCCS OTP SURN for linkage to a Medication Assisted Therapy program in the community when there is no OTP to do so.

3. Incarcerated individuals will receive their dose of MAT medication, on the day of transfer prior to leaving the facility.

M. Disposal:

1. If there are extra or leftover doses, Lakeview SICF will record that the medication was disposed of (date, time, amount, reason, and for which patient) and dispose in the drop box provided in accordance with OASAS and DEA regulations.

N. Transfer to an Infirmary or Specialized Confinement Housing Units

1. Within the facility:

a. Incarcerated individuals transferred to Specialized Confinement Housing Units or the Infirmary will be escorted [redacted] so that their MAT medication can be administered.

[redacted]

2. Transfer to another facility:

a. LSICF will alert the OTP and the medical staff of the receiving infirmary or Specialized Confinement Housing Units prior to placement.
b. Nurse Administrator or designee will complete form 3313, MAT Program Transfer. The form will then be emailed to the facility that the incarcerated individual is being transferred to.
c. [redacted]
d. Upon arrival to the receiving facility, the MAT medication will be immediately reconciled with a two-nurse count. If two nurses are not available, the narcotic count can be done with a nurse and a security

member in accordance with Directive 4929.

e. The receiving facility nurses will use the MAR and Accountability sheets that are provided in the lock box. [redacted]

f. The receiving facility medical staff will follow all MAT policies and procedures per their Facility Operating Manuals (FOM). LSICF's medical staff will be alerted with regards to any medication issues.

g. At the time the incarcerated individual is medically cleared to return to LSICF, the medical staff must be informed with a nurse-to-nurse discharge report.

h. [redacted]

i. The MAT medication will be immediately reconciled with a two-nurse count. If two nurses are not available, the count can be done with a nurse and a security staff member. Any discrepancy noted, the NA, FHSD and Watch Commander must be notified immediately.

j. [redacted]

k.

O. IASAT:

1. Incarcerated individuals in the Intensive Alcohol and Substance Abuse program (IASAT) will receive their medication in the [redacted] to be determined by the LSICF provider.

NEW YORK STATE Corrections and Community Supervision Marcy Correctional Facility	FACILITY OPERATIONS MANUAL TITLE **Medication-Assisted Treatment**	FOM. NO. 15.24 DATE 4/25/22
SUPERSEDES MCF 15.24 dated 10/21/21	DISTRIBUTION A	PAGE Page 1 of 8
REFERENCES Directives: Corresponding Directive(s): 4929 Health Services Policy: 3.08,8.02 Relates ACA Standard(s)	APPROVING AUTHORITY	

I. **PURPOSE:** To establish a procedure for accepting, storage and administration of Medication Assisted Treatment with Methadone or Buprenorphine for identified incarcerated individuals at Marcy Correctional Facility (MCF).

II. **POLICY:** Incarcerated individuals (I/I) drafting from a reception facility who are currently on active Medication Assisted Treatment (MAT) with Methadone or Buprenorphine will continue their therapy upon entry to Marcy Correctional Facility. Sending facilities will continue the therapy until they arrive at MCF. MAT treatment will be provided at Marcy to eligible participants.

III. **PROCEDURE:**

A. Methadone/ Buprenorphine Maintenance:

1. When medically indicated, I/Is on Methadone/ Buprenorphine treatment will be received at MCF on Thursdays and will continue to be enrolled in the MAT Program.

2. An eligibility list of qualifying I/Is will be generated by the Department of Classification and Movement to determine admittance into MCF's MAT Program.

3. Once notified, the Health Class Analysists will forward the information to the Marcy Correctional Facility I/I Records Coordinator (IRC), Nurse Administrator (NA) and Facility Health Service Director (FHSD). MCF will be given one week's notice so that medication can be obtained prior to the I/I's arrival at the facility.

4. The sending facility will ensure that all I/Is accepted for this program will receive their daily dose of Methadone or Buprenorphine on the day of their transfer of custody to MCF.

5. An intake medical screening will be completed by a Registered Nurse upon admittance to MCF.

6. Any observations of signs and symptoms of opiate withdrawal, using the Clinical Opiate Withdrawal (COW) scale will be communicated to the Opioid Treatment Program (OTP) provider in a timely manner so that possible adjustments in the I/I's Methadone dosing can be considered. (See attached COW Scale) http://www.drugabuse.gov/sites/default/files/files/ClinicalOpiateWithdrawalScale.pdf

B. Logistics of Methadone Acquisition:

[redacted]

3. Upon arrival of the Methadone to MCF, the medication will be counted under dual control (two nurses). If there is just one nurse on duty, the count will be conducted with a member of the security staff. A Record of Controlled Substances Administered (Form #3182) and a Change of Shift-Control/Count (Form #3184) will be prepared in accordance with DOCCS Directive 4929 and HSPM 3.08.

4. Any discrepancy between the amount received and the amount ordered or damage to the medication, the FHSD, NA and the provider at the OTP must be notified immediately.

5. The DOCCS Nurses will sign the enclosed OTP Medication Administration Record form included in the lock box and return it to the OTP weekly. A copy must be kept on file.

6. The MCF provider will review the recommendations and write the specific Methadone orders to be administered for each I/I in the Ambulatory Health Care Record (AHR). A Medication Administration Record (MAR) (Form #3179) will be completed with the transcribed orders for each I/I.

7. A copy of the monthly MAR and a Record of Controlled Substances Administered will be faxed or scanned monthly to the OTP and the original MAR will be filed in the AHR MISC Section. Once scanned, a note should be added to the MAR that it has been scanned to the OTP with date and time along with signature of NA or designee.

C. Logistics of Buprenorphine Acquisition:

1. Providers need to have the X-waiver (an X number on their DEA License which signifies their ability to prescribe and administer Buprenorphine).

2. Providers also need to have e-prescribing capability so that they can electronically send the prescription to a pharmacy such as Omnicare or Cardinal.
3. Upon arrival of the Buprenorphine to MCF, the medication will be counted under dual control (two nurses). If there is just one nurse on duty, the count will be conducted with a member of the security staff. A Record of Controlled Substances Administered (Form #3182) and a Change of Shift-Control/Count (Form #3184) will be prepared in accordance with DOCCS Directive 4929 and HSPM 3.08.

4. Any discrepancy between the amount received and the amount ordered or damage to the medication, the FHSD, NA and the pharmacy (Omnicare or Cardinal) must be notified immediately.

5. A MCF provider will write the specific Buprenorphine orders to be administered for each I/I in the AHR. A MAR (Form #3179) will be completed with the transcribed orders for each I/I.

6. The original MAR will be filed in the AHR MISC Section.

D. Storage of MAT medications Methadone/ Buprenorphine:



E. Administration of Methadone and Buprenorphine:

1. Nursing is responsible for administering MAT in a secure site. Security will participate in the process to address the risk of diversion.

2. Administration of medication will be given per 1:1 medication administration protocol to avoid distraction and decrease the likelihood of spillage or diversion.

3. The I/I must show photo ID as well as state their name and DIN.

4. The nurse will observe the I/I prior to administering the medication. If the I/I appears to be sedated, drowsy, cognitively impaired, or weak, the I/I will be immediately assessed using the COW scale. **A score of 25 or above requires immediate notification of the FHSD, DOCCS provider and the OTP's provider. The medication must not be administered until they are assessed by the facility's provider.**

5. *Methadone:*
   a. The Methadone bottle will be labeled with the I/I's name and dose and confirmed with the I/I prior to administration.
   b. They are then asked to drink a cup of water before and after taking the Methadone. The nurse will then perform a mouth check and ask the I/I to clearly enunciate their name and DIN to confirm consumption of the medication.
   c. The I/I will sit for 10-15 minutes so that they can be observed for any issues and to ensure digestion.
   d. The bottle in which the Methadone was contained will be returned to the RN so that the label can be removed and shredded, and the bottle properly discarded.

6. *Buprenorphine:*
   a. The I/I will be given a cup of water to drink before the nurse does a mouth check with a flashlight.
   b. The Subutex (crushed pill) or Suboxone (film) is then placed by the nurse under the tongue of the I/I.
   c. The I/I must have their arms to their side on or a table during this time and be observed closely to prevent diversion.
   d. The nurse must perform mouth checks with the flashlight to confirm that the medication is dissolving.
   e. Once the medication is dissolved, the I/I is asked to drink a cup of water and enunciate their name and DIN.
   f. The I/I must be observed for 10-15 minutes after administration to ensure the absence of ill effects and reduce the chances of diversion.
   g. As the number of I/Is increases, the medication can be administered to several I/I simultaneously, to shorten the medication administration time.
   h. They are to be evenly and appropriately spaced on a bench or standing against

a wall with their hands to their sides. Security must be diligent in observing the group for diversion.

7. The RN will document the MAT medication administration in the MAR.

F. Diversion

1. If an I/I is observed to be diverting the medication, the nurse will:

   a. Document exact actions of the I/I in the I/I's medical record in the AHR section.
   b. Notify the FHSD and NA.

G. Discrepancies:

1. The NA and provider must be notified immediately, and the error resolved before the end of the tour.
2. A Medication Error report will be completed per HSPM 8.02, Medication Error Reporting.

3. The Medication Error report detailing the problem and corrective actions must be given to the provider to review.

4. A nurse may be asked to return to work before their scheduled tour to resolve Medication errors.

5. If there is Loss of Controlled Substances, the nurse must immediately notify the NA, provider and Watch-Commander. On off-tours and weekends, the Officer of the Day and Watch Commander will be notified in accordance with Directives 2945, 4092, 4929, HSPM 3.01, NYCRR Title 10 Part 80.100, as well as the on-call provider.

H. Spillage/Vomit of Methadone

1. If there is spillage or vomiting of the Methadone solution, the nurse will inform the FHSD and OTP provider immediately.

2. A Consultation Form #3194 documenting the specific circumstances of the medication loss will be faxed or scanned to the OTP.

3. Once returned by the OTP, the DOCCS provider will review recommendations on the consultation form and write the new orders in the AHR. The nurse will note the orders and update the MAR.

I. I/Is Requiring Dose Adjustment:

1. When a I/I on MAT expresses any symptom of opiate withdrawal at the medication window, sick-call, or during emergency sick call, the I/I will be assessed using the COW scale by a nurse and will be evaluated by a DOCCS provider as soon as possible.

2. For I/Is on Methadone, the Consultation Form stating the issue will be faxed/scanned to the OTP and a call should be made between the DOCCS provider and the OPT's provider to discuss the plan.

3. For I/Is on Buprenorphine, the DOCCS provider will assess the I/I and determine the need for a dose adjustment.

4. The DOCCS provider will document any medication changes for Methadone or Buprenorphine in the AHR. The nurse will note the order and update the MAR.

J. Discontinuation of MAT:

1. I/Is who elect to terminate voluntarily and prematurely from the program will be reviewed by the FHSD. In cases of I/Is on Methadone, the FHSD will consult with the OTP provider.

K. Staff Education and Training:

1. Licensed medical professionals shall be appropriately trained in the administration of MAT medication and the Policy. All Buprenorphine prescribers must have an X-waiver.

L. Discharge Planning:

1. A consent form will be signed by the I/I and faxed by the NA or designee to the OTP, along with their date of release and address, so that the OTP can share information

with the OTP closest to the I/I's address and an appointment can be made to ensure continuity of care.

2. Discharge planning for I/I's return to the community will be coordinated by the designated DOCCS OTP SURN for linkage to a MAT program in the community when there is no OTP to do so.

3. I/Is will receive their dose of MAT medication, on the day of transfer prior to leaving the facility.

M. Disposal:

1. If there are remaining doses, MCF will record that the medication was disposed of (date, time, amount, reason, and for which I/I) and dispose in the drop box provided in accordance with OASAS and DEA regulations.

N. Transfer to an Infirmary or Specialized Confinement Housing Units

1. Within the facility:

   a. Incarcerated individuals transferred to Specialized Confinement Housing Units will be escorted and secured in [redacted] so that their MAT medication can be administered.

2. Transfer to another facility:

   a. The NA or designee will alert the OTP and the medical staff of the receiving infirmary or Specialized Confinement Housing Units prior to placement.
   b. NA or designee will complete form 3313, MAT Program Transfer. The form will then be emailed to the facility that the I/I is being transferred to.
   c. [redacted]
   d. Upon arrival to the receiving facility, the MAT medication will be immediately reconciled with a two-nurse count. If two nurses are not available, the narcotic count can be done with a nurse and a security member in accordance with Directive 4929.
   e. The receiving facility nurses will use the MAR and Accountability sheets that are provided in the lock box. [redacted]

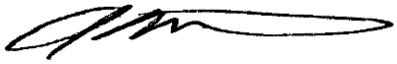
f. The receiving facility medical staff will follow all MAT policies and procedures per their Facility Operating Manuals (FOM). MCF's medical staff will be alerted with regards to any medication issues.

g. At the time the I/I is medically cleared to return to MCF, the medical staff must be informed with a nurse-to-nurse discharge report.

h. [redacted]

i. The MAT medication will be immediately reconciled with a two-nurse count. If two nurses are not available, the count can be done with a nurse and a security staff member. Any discrepancy noted, the NA, FHSD and Watch Commander must be notified immediately.

[redacted]

NEW YORK STATE Corrections and Community Supervision **Mohawk Correctional Facility**	FACILITY OPERATIONS MANUAL TITLE **Medication Assisted Treatment**	FOM. NO. **5.19** DATE 03/02/22
SUPERSEDES FOM Dtd 10/14/21	DISTRIBUTION A & B	PAGE Page 1 of 8
REFERENCES Directives: Corresponding Directive(s): 4929 Health Services Policy: 3.08 Relates ACA Standard(s)	APPROVING AUTHORITY  Acting Superintendent	

I. PURPOSE: To establish a procedure for accepting, storage and administration of Medication Assisted Treatment with Methadone or Buprenorphine for identified incarcerated individuals at Mohawk Correctional Facility (MCF).

II. POLICY: Incarcerated individuals (I/I) drafting from a reception facility who are currently on active Medication Assisted Treatment (MAT) with Methadone or Buprenorphine will continue their therapy upon entry to Mohawk Correctional Facility. Sending facilities will continue the therapy until they arrive at MCF. MAT treatment will be provided at Mohawk to eligible participants.

III. PROCEDURE:

A. Methadone/ Buprenorphine Maintenance:

1. When medically indicated, (I/I) on Methadone/ Buprenorphine treatment will be received at MCF and will continue to be enrolled in the MAT Program.

2. An eligibility list of qualifying (I/I) will be generated by the Department of Class and Movement to determine admittance into MCF's MAT Program.

3. Once notified, the Health Class Analysists will forward the information to the Mohawk Correctional Facility Incarcerated Individual Records Coordinator (IRC), Deputy Superintendent of Health (DSH), Nurse Administrator (NA) and Facility Health Service Director (FHSD). MCF will be given one week's notice so that medication can be obtained prior to the incarcerated individual's arrival at the facility.

4. The sending facility will ensure that all (I/I) accepted for this program will receive their daily dose of Methadone or Buprenorphine on the day of their transfer of custody to MCF.

5. An intake medical screening will be completed by a Registered Nurse upon admittance to MCF.

6. Any observations of signs and symptoms of opiate withdrawal, using the Clinical Opiate Withdrawal (COW) scale will be communicated to the Opioid Treatment

Program (OTP) provider in a timely manner so that possible adjustments in the I/I's Methadone dosing can be considered. (See attached COW Scale) http://www.drugabuse.gov/sites/default/files/files/ClinicalOpiateWithdrawalScale.pdf

B. Logistics of Methadone Acquisition:

1. [redacted]

[redacted]

3. Upon arrival of the Methadone to MCF, there will be a two-nurse count of the contents of the locked box. In the event of only one Nurse on duty, the count will be performed with a member of the Security or Pharmacy staff. A Record of Controlled Substances Administered (Form #3182) and a Change of Shift-Control/Count (Form #3184) will be prepared in accordance with DOCCS Directive 4929 and HSPM 3.08.

4. Any discrepancy between the amount received and the amount ordered or damage to the medication, the FHSD, DSH, NA and the provider at the OTP must be notified immediately.

5. The DOCCS Nurses will sign the enclosed OTP Medication Administration Record form included in the lock box and return it to the OTP weekly. A copy must be kept on file.

6. A MCF provider will review the recommendations and write the specific Methadone orders to be administered for each I/I in the Ambulatory Health Care Record (AHR). A Medication Administration Record (MAR) (Form #3179) will be completed with the transcribed orders for each I/I.

7. A copy of the monthly MAR and a Record of Controlled Substances Administered will be faxed or scanned monthly to the OTP and the original MAR will be filed in the AHR MISC Section. Once scanned, a note should be added to the MAR that it has been scanned to the OTP with date and time along with signature of NA or designee.

C. Logistics of Buprenorphine Acquisition:

1. Providers need to have the X-waiver (an X number on their DEA License which signifies their ability to prescribe and administer Buprenorphine).

2. Providers also need to have e-prescribing capability so that they can electronically send the prescription to a pharmacy such as Omnicare or Cardinal.

3. Upon arrival of the Buprenorphine to MCF, the medication will be counted under dual control (two nurses). If there is just one nurse on duty, the count will be conducted with a member of the security or pharmacy staff. A Record of Controlled Substances Administered (Form #3182) and a Change of Shift-Control/Count (Form #3184) will be prepared in accordance with DOCCS Directive 4929 and HSPM 3.08.

4. Any discrepancy between the amount received and the amount ordered or damage to the medication, the FHSD, NA and the pharmacy (Omnicare or Cardinal) must be notified immediately.

5. The DOCCS Nurses will sign the enclosed OTP Medication Administration Record form included in the lock box and return it to the OTP weekly. A copy must be kept on file.

6. A MCF provider will review the recommendations and write the specific Methadone orders to be administered for each I/I in the AHR. A MAR (Form #3179) will be completed with the transcribed orders for each I/I.

7. A copy of the monthly MAR and a Record of Controlled Substances Administered will be faxed or scanned monthly to the OTP by the NA or designee. Once scanned, a date, time, and person scanning document will be place on the document. The original MAR will be filed in the AHR MISC Section.

D. Storage of MAT medications (Methadone/Buprenorphine):

[redacted]

E. Administration of Methadone and Buprenorphine:

1. Nursing is responsible for administering MAT in a secure site. Security will participate in the process to address the risk of diversion.

2. Administration of medication will be given per 1:1 medication administration protocol to avoid distraction and decrease the likelihood of spillage or diversion.

3. The I/I must show photo ID as well as enunciate their name and DIN.

4. The nurse will observe the I/I prior to administering the medication. If the I/I appears to be sedated, drowsy, cognitively impaired, or weak, the I/I will be immediately assessed using the COW scale. **A score of 25 or above requires immediate notification of the FHSD, DOCCS provider and the OTP's provider. The medication must not be administered until they are assessed by the facility's provider.**

5. *Methadone:*
   a. The Methadone bottle will be labeled with the incarcerated individual's name, DIN # and dose and confirmed with the I/I prior to administration.
   b. They are then asked to drink a cup of water before and after taking the Methadone. After the dose is given to the I/I the vial will be filled with water and to the same I/I to drink. The nurse will then perform a mouth check and ask the I/I to clearly enunciate their name and DIN to confirm consumption of the medication.
   c. The I/I will sit for 10-15 minutes so that they can be observed for any issues and to ensure digestion.
   d. The bottle in which the Methadone was contained will be returned to the RN so that the label can be removed and shredded, and the bottle properly discarded.

6. *Buprenorphine:*
   a. The I/I will be given a cup of water to drink before the nurse does a mouth check with a flashlight.
   b. The Subutex (crushed pill) or Suboxone (film) is then placed by the nurse under the tongue of the I/I.
   c. The I/I must have their arms to their side on or a table during this time and be observed closely to prevent diversion.
   d. The nurse must perform mouth checks with the flashlight to confirm that the medication is dissolving.
   e. Once the medication is dissolved, the I/I is asked to drink a cup of water and enunciate their name and DIN.
   f. The I/I is then observed for 10-15 minutes after administration to ensure the absence of ill effects and reduce the chances of diversion.
   g. Post ingestion, the I/I will be escorted back to their housing unit/assignment.
   h. As the number of (I/I) increases, the medication can be administered to several (I/I) simultaneously, to shorten the medication administration time.
   i. They are to be evenly and appropriately spaced on a bench or standing against a wall with their hands to their sides. Security must be diligent in observing the group for diversion.

7. The RN will document the MAT medication administration in the MAR.

F. Diversion:

1. If an I/I is observed to be diverting the medication, the nurse will:

   a. Document exact actions of the I/I in the I/I's medical record in the AHR section.
   b. Notify the FHSD and NA.

G. Discrepancies:

1. The NA and provider must be notified immediately, and the error resolved before the end of the tour.

2. A Medication Error report will be completed per HSPM 8.02, Medication Error Reporting.

3. The Medication Error report detailing the problem and corrective actions must be given to the provider to review.

4. A nurse may be asked to return to work before their scheduled tour to resolve Medication errors.

5. If there is Loss of Controlled Substances, the nurse must immediately notify the Nurse Administrator, provider and Watch-Commander. On off-tours and weekends, the Officer of the Day and Watch Commander will be notified in accordance with Directives 2945, 4092, 4929, HSPM 3.01, NYCRR Title 10 Part 80.100, as well as the on-call provider.

H. Spillage/Vomit of Methadone

1. If there is spillage or vomiting of the Methadone solution, the nurse will inform the FHSD and OTP provider immediately.

2. A Consultation Form #3194 documenting the specific circumstances of the medication loss will be faxed or scanned to the OTP.

3. Once returned by the OTP, the DOCCS provider will review recommendations on the consultation form and write the new orders in the AHR. The nurse will note the orders and update the MAR.

I. I/Is Requiring Dose Adjustment:

1. When a I/I on MAT expresses any symptom of opiate withdrawal at the medication window, sick-call, or during emergency sick call, the I/I will be assessed using the COW scale by a nurse and will be evaluated by a DOCCS provider as soon as possible.

2. For I/Is on Methadone, the Consultation Form stating the issue will be faxed/scanned to the OTP and a call should be made between the DOCCS provider and the OPT's provider to discuss the plan.

3. For I/Is on Buprenorphine, the DOCCS provider will assess the I/I and determine the need for a dose adjustment.

4. The DOCCS provider will document any medication changes for Methadone or Buprenorphine in the AHR. The nurse will note the orders and update the MAR.

J. Discontinuation of MAT:

1. (I/I) who elect to terminate voluntarily and prematurely from the program will be reviewed by the FHSD. In cases of I/Is on Methadone, the FHSD will consult with the OTP provider.

K. Staff Education and Training:

1. Licensed medical professionals shall be appropriately trained in the administration of MAT medication and the Policy. All Buprenorphine prescribers will have an X-waiver.

L. Discharge Planning:

1. A consent form will be signed by the I/I and faxed by the NA or designee to the OTP, along with their date of release and address, so that the OTP can share information with the OTP closest to the I/I's address and an appointment can be made to ensure continuity of care.

2. Discharge planning for I/I's return to the community will be coordinated by the designated DOCCS OTP SURN for linkage to a MAT program in the community when there is no OTP to do so.

3. (I/I) will receive their dose of MAT medication, on the day of transfer prior to leaving the facility.

M. Disposal:

1. If there are remaining doses, MCF will record that the medication was disposed of (date, time, amount, reason, and for which I/I) and dispose in the drop box provided in

accordance with OASAS and DEA regulations.

N. Transfer to an Infirmary or Specialized Confinement Housing Units

1. Within the facility:

a. (I/I) transferred to Specialized Confinement Housing Units or the Infirmary will be escorted to [redacted] so that their MAT medication can be administered.

Attachment A

Clinical Opiate Withdrawal Scale

For each item, circle the number that best describes the patient's signs or symptom. Rate on just the apparent relationship to opiate withdrawal. For example, if heart rate is increased because the patient was jogging just prior to assessment, the increase pulse rate would not add to the score.

Patient's Name:_____ Date and Time ____/____/____:_____

Reason for this assessment:_____

Resting Pulse Rate: _____beats/minute *Measured after patient is sitting or lying for one minute* 0 pulse rate 80 or below 1 pulse rate 81-100 2 pulse rate 101-120 4 pulse rate greater than 120	**GI Upset:** *over last 1/2 hour* 0 no GI symptoms 1 stomach cramps 2 nausea or loose stool 3 vomiting or diarrhea 5 multiple episodes of diarrhea or vomiting
Sweating: *over past 1/2 hour not accounted for by room temperature or patient activity.* 0 no report of chills or flushing 1 subjective report of chills or flushing 2 flushed or observable moistness on face 3 beads of sweat on brow or face 4 sweat streaming off face	**Tremor** *observation of outstretched hands* 0 no tremor 1 tremor can be felt, but not observed 2 slight tremor observable 4 gross tremor or muscle twitching
Restlessness *Observation during assessment* 0 able to sit still 1 reports difficulty sitting still, but is able to do so 3 frequent shifting or extraneous movements of legs/arms 5 unable to sit still for more than a few seconds	**Yawning** *Observation during assessment* 0 no yawning 1 yawning once or twice during assessment 2 yawning three or more times during assessment 4 yawning several times/minute
Pupil size 0 pupils pinned or normal size for room light 1 pupils possibly larger than normal for room light 2 pupils moderately dilated 5 pupils so dilated that only the rim of the iris is visible	**Anxiety or Irritability** 0 none 1 patient reports increasing irritability or anxiousness 2 patient obviously irritable or anxious 4 patient so irritable or anxious that participation in the assessment is difficult
Bone or Joint aches *If patient was having pain previously, only the additional component attributed to opiates withdrawal is scored* 0 not present 1 mild diffuse discomfort 2 patient reports severe diffuse aching of joints/muscles 4 patient is rubbing joints or muscles and is unable to sit still because of discomfort	**Gooseflesh skin** 0 skin is smooth 3 piloerrection of skin can be felt or hairs standing up on arms 5 prominent piloerrection
Runny nose or tearing *Not accounted for by cold symptoms or allergies* 0 not present 1 nasal stuffiness or unusually moist eyes 2 nose running or tearing 4 nose constantly running or tears streaming down cheeks	Total Score _____ The total score is the sum of all 11 items Initials of person completing assessment: _____

Score: 5-12 = mild; 13-24 = moderate; 25-36 = moderately severe; more than 36 = severe withdrawal

This version may be copied and used clinically.

Journal of Psychoactive Drugs Volume 35 (2), April - June 2003

Source: Wesson, D. R., & Ling, W. (2003). The Clinical Opiate Withdrawal Scale (COWS). *J Psychoactive Drugs*, 35(2), 253–9.

FOM

NEW YORK STATE Corrections and Community Supervision Orleans Correctional Facility	FACILITY OPERATIONS MANUAL TITLE **Medication-Assisted Treatment**	FOM. NO. 116 DATE 11/21/2022
SUPERSEDES FOM dated 3/18/22	DISTRIBUTION A	PAGE Page 1 of 6
REFERENCES Directives: Corresponding Directive(s): 4929 Health Services Policy: 3.08,8.02 Relates ACA Standard(s)	APPROVING AUTHORITY	

I. **PURPOSE:** To establish a procedure for accepting, storage and administration of Medication Assisted Treatment with Methadone or Buprenorphine for identified incarcerated individuals at Orleans Correctional facility (OCF).

II. **POLICY:** Incarcerated individuals (I/I) drafting from a reception facility who are currently on active Medication Assisted Treatment (MAT) with Methadone or Buprenorphine will continue their therapy upon entry to Orleans Correctional Facility. Sending facilities will continue the therapy until they arrive at OCF. MAT treatment will be provided at Orleans to eligible participants.

III. **PROCEDURE:**

A. Methadone/ Buprenorphine Maintenance:

1. When medically indicated, I/Is on Methadone/ Buprenorphine treatment will be received at OCF and will continue to be enrolled in the MAT Program.

2. An eligibility list of qualifying I/Is will be generated by the Department of Classification and Movement to determine admittance into OCF's MAT Program.

3. Once notified, the Health Class Analysists will forward the information to the OCF I/I Records Coordinator (IRC), Nurse Administrator (NA) and Facility Health Service Director (FHSD). OCF will be given one week's notice so that medication can be obtained prior to the I/I's arrival at the facility.

4. The sending facility will ensure that all I/Is accepted for this program will receive their daily dose of Methadone or Buprenorphine on the day of their transfer of custody to OCF.

5. An intake medical screening will be completed by a Registered Nurse upon admittance to OCF.

6. Any observations of signs and symptoms of opiate withdrawal, using the Clinical Opiate Withdrawal (COW) scale will be communicated to the Opioid Treatment Program (OTP) provider in a timely manner so that possible adjustments in the

I/I's Methadone dosing can be considered. (See attached COW Scale)
http://www.drugabuse.gov/sites/default/files/files/ClinicalOpiateWithdrawalScale.pdf

B. Logistics of Methadone Acquisition:

[redacted]

3. Upon arrival of the Methadone to OCF, the medication will be counted under dual control (two nurses). If there is just one nurse on duty, the count will be conducted with a member of the security staff. A Record of Controlled Substances Administered (Form #3182) and a Change of Shift-Control/Count (Form #3184) will be prepared in accordance with DOCCS Directive 4929 and HSPM 3.08.

4. Any discrepancy between the amount received and the amount ordered or damage to the medication, the FHSD, NA and the provider at the OTP must be notified immediately.

5. The DOCCS Nurses will sign the enclosed OTP Medication Administration Record form included in the lock box and return it to the OTP weekly. A copy must be kept on file.

6. The OCF provider will review the recommendations and write the specific Methadone orders to be administered for each I/I in the Ambulatory Health Care Record (AHR). A Medication Administration Record (MAR) (Form #3179) will be completed with the transcribed orders for each I/I.

7. A copy of the monthly MAR and a Record of Controlled Substances Administered will be faxed or scanned monthly to the OTP and the original MAR will be filed in the AHR MISC Section. Once scanned, a note should be added to the MAR that it has been scanned to the OTP with date and time along with signature of NA or designee.

C. Logistics of Buprenorphine Acquisition:

1. Providers need to have the X-waiver (an X number on their DEA License which signifies their ability to prescribe and administer Buprenorphine).

2. Providers also need to have e-prescribing capability so that they can electronically send the prescription to a pharmacy such as Omnicare or Cardinal.

3. Upon arrival of the Buprenorphine to OCF, the medication will be counted under dual control (two nurses). If there is just one nurse on duty, the count will be conducted with a member of the security staff. A Record of Controlled Substances Administered (Form #3182) and a Change of Shift-Control/Count (Form #3184) will be prepared in accordance with DOCCS Directive 4929 and HSPM 3.08.

4. Any discrepancy between the amount received and the amount ordered or damage to the medication, the FHSD, NA and the pharmacy (Omnicare or Cardinal) must be notified immediately.

5. An OCF provider will write the specific Buprenorphine orders to be administered for each I/I in the AHR. A MAR (Form #3179) will be completed with the transcribed orders for each I/I.

6. The original MAR will be filed in the AHR MISC Section.

D. Storage of Methadone and Buprenorphine:

[redacted]

E. Administration of Methadone and Buprenorphine:

1. Nursing is responsible for administering MAT in a secure site. Security will participate in the process to address the risk of diversion.

2. Administration of medication will be given per 1:1 medication administration protocol to avoid distraction and decrease the likelihood of spillage or diversion.

3. The I/I must show photo ID as well as state their name and DIN.

4. The nurse will observe the I/I prior to administering the medication. If the I/I appears to be sedated, drowsy, cognitively impaired, or weak, the I/I will be immediately assessed using the COW scale. **A score of 25 or above requires immediate notification of the FHSD, DOCCS provider and the OTP's provider. The medication must not be administered until they are assessed by the facility's provider.**

5. *Methadone:*
   a. The Methadone bottle will be labeled with the I/I's name, DIN # and dose and confirmed with the I/I prior to administration.
   b. They are then asked to drink a cup of water before and after taking the Methadone. The nurse will then perform a mouth check and ask the I/I to clearly enunciate their name and DIN to confirm consumption of the medication.
   c. The bottle in which the Methadone was contained will be returned to the RN so that the label can be removed and shredded, and the bottle properly discarded.

6. *Buprenorphine:*
   a. The I/I will be given a cup of water to drink before the nurse does a mouth check with a flashlight.
   b. The Subutex (crushed pill) or Suboxone (film) is then placed by the nurse under the tongue of the I/I.
   c. The I/I must have their arms to their side on or a table during this time and be observed closely to prevent diversion.
   d. The nurse must perform mouth checks with the flashlight to confirm that the medication is dissolving.
   e. Once the medication is dissolved, the I/I is asked to drink a cup of water and enunciate their name and DIN.

7. The RN will document the MAT medication administration in the MAR.

F. Discrepancies:

1. The NA and provider must be notified immediately, and the error resolved before the end of the tour.
2. A Medication Error report will be completed per HSPM 8.02, Medication Error Reporting.

3. The Medication Error report detailing the problem and corrective actions must be given to the provider to review.

4. A nurse may be asked to return to work before their scheduled tour to resolve Medication errors.

5. If there is Loss of Controlled Substances, the nurse must immediately notify the NA, provider, and Watch-Commander. On off-tours and weekends, the Officer of the Day and Watch Commander will be notified in accordance with Directives 2945, 4092, 4929, HSPM 3.01, NYCRR Title 10 Part 80.100, as well as the on-call provider.

G. Spillage/Vomit of Methadone

1. If there is spillage or vomiting of the Methadone solution, the nurse will inform the FHSD and OTP provider immediately.

2. A Consultation Form #3194 documenting the specific circumstances of the medication loss will be faxed or scanned to the OTP.

3. Once returned by the OTP, the DOCCS provider will review recommendations on the consultation form and write the new orders in the AHR. The nurse will note the orders and update the MAR.

H. I/Is Requiring Dose Adjustment:

1. When a I/I on MAT expresses any symptom of opiate withdrawal at the medication window, sick-call, or during emergency sick call, the I/I will be assessed using the COW scale by a nurse and will be evaluated by a DOCCS provider as soon as possible.

2. For I/Is on Methadone, the Consultation Form stating the issue will be faxed/scanned to the OTP and a call should be made between the DOCCS provider and the OPT's provider to discuss the plan.

3. For I/Is on Buprenorphine, the DOCCS provider will assess the I/I and determine the need for a dose adjustment.

4. The DOCCS provider will document any medication changes for Methadone or Buprenorphine in the AHR. The nurse will note the order and update the MAR.

I. Discontinuation of MAT:

1. I/Is who elect to terminate voluntarily and prematurely from the program will be reviewed by the FHSD. In cases of I/Is on Methadone, the FHSD will consult with the OTP provider.

J. Staff Education and Training:

1. Licensed medical professionals shall be appropriately trained in the administration of MAT medication and the Policy. All Buprenorphine prescribers must have an X-waiver.

K. Discharge Planning:

1. A consent form will be signed by the I/I and faxed by the NA or designee to the OTP, along with their date of release and address, so that the OTP can share information

with the OTP closest to the I/I's address and an appointment can be made to ensure continuity of care.

2. Discharge planning for I/I's return to the community will be coordinated by the designated DOCCS OTP SURN for linkage to a MAT program in the community when there is no OTP to do so.

3. I/Is will receive their dose of MAT medication, on the day of transfer prior to leaving the facility.

L. Disposal:

1. If there are remaining doses, OCF will record that the medication was disposed of (date, time, amount, reason, and for which I/I) and dispose in the drop box provided in accordance with OASAS and DEA regulations.

M. Transfer to an Infirmary or Specialized Confinement Housing Units

1. Within the facility:

a. Incarcerated individuals transferred to Specialized Confinement Housing Units or the Infirmary will be escorted to [redacted] so that their MAT medication can be administered.

[redacted]

NEW YORK STATE Corrections and Community Supervision **Queensboro Correctional Facility**	FACILITY OPERATIONS MANUAL TITLE **Medication Assisted Treatment**	FOM. NO. **9016** DATE **03/22/22**
SUPERSEDES 07/28/21	DISTRIBUTION **A**	PAGE 1 OF 7
REFERENCES Corresponding Directive(s): 4929 Health Services Policy: 3.08, 8.02 Related ACA Standard(s):	APPROVING AUTHORITY Linda Carrington-Allen, Superintendent	

I. PURPOSE: To establish a procedure for accepting, storage and administration of Medication Assisted Treatment with Methadone or Buprenorphine for identified incarcerated individuals at Queensboro Correctional Facility (QCF).

II. POLICY: Incarcerated individuals (I/I) drafting from a reception facility who are currently on active Medication Assisted Treatment (MAT) with Methadone or Buprenorphine will continue their therapy upon entry to Queensboro Correctional Facility. Sending facilities will continue the therapy until they arrive at QCF. MAT treatment will be provided at Queensboro to eligible participants.

III. PROCEDURE:

A. Methadone/ Buprenorphine Maintenance:

1. When medically indicated, I/Is on Methadone/ Buprenorphine treatment will be received at QCF and will continue to be enrolled in the MAT Program.

2. An eligibility list of qualifying I/Is will be generated by the Department of Classification and Movement to determine admittance into QCF's MAT Program.

3. Once notified, the Health Class Analysist will forward the information to the Queensboro Correctional Facility I/I Records Coordinator (IRC), Nurse Administrator (NA) and Facility Health Service Director (FHSD). QCF will be given one week's notice so that medication can be obtained prior to the I/I's arrival at the facility.

4. The sending facility will ensure that all I/Is accepted for this program will receive their daily dose of Methadone or Buprenorphine on the day of their transfer of custody to QCF.

5. An intake medical screening will be completed by a Registered Nurse upon admittance to QCF.

6. Any observations of signs and symptoms of opiate withdrawal, using the Clinical Opiate Withdrawal (COW) scale will be communicated to the Opioid Treatment Program (OTP) provider in a timely manner so that possible adjustments in the I/I's Methadone dosing can be considered. (See attached COW Scale) http://www.drugabuse.gov/sites/default/files/files/ClinicalOpiateWithdrawalScale.pdf

B. Logistics of Methadone Acquisition:

[redacted]

3. Upon arrival of the Methadone to QCF, the medication will be counted under dual control (two nurses). If there is just one nurse on duty, the count will be conducted with a member of the security staff. A Record of Controlled Substances Administered (Form #3182) and a Change of Shift-Control/Count (Form #3184) will be prepared in accordance with DOCCS Directive 4929 and HSPM 3.08.

4. Any discrepancy between the amount received and the amount ordered or damage to the medication, the FHSD, NA and the provider at the OTP must be notified immediately.

5. The DOCCS Nurses will sign the enclosed OTP Medication Administration Record form included in the lock box and return it to the OTP weekly. A copy must be kept on file.

6. The QCF provider will review the recommendations and write the specific Methadone orders to be administered for each I/I in the Ambulatory Health Care Record (AHR). A Medication Administration Record (MAR) (Form#3179) will be completed with the transcribed orders for each I/I.

7. A copy of the monthly MAR and A Record of Controlled Substances Administered will be faxed or scanned monthly to the OTP and the original MAR will be filed in the AHR MISC Section. Once scanned, a note should be added to the MAR that it has been scanned to the OTP with date and time along with signature of NA or designee.

C. Logistics of Buprenorphine Acquisition:

1. Providers need to have the X-waiver (an X number on their DEA License which signifies their ability to prescribe and administer Buprenorphine).

2. Providers also need to have e-prescribing capability so that they can electronically send the prescription to a pharmacy such as Omnicare or Cardinal.

3. Upon arrival of the Buprenorphine to QCF, the medication will be counted under dual control (two nurses). If there is just one nurse on duty, the count will be conducted with a member of the security staff. A Record of Controlled Substances

Administered (Form #3182) and a Change of Shift-Control/Count (Form #3184) will be prepared in accordance with DOCCS Directive 4929 and HSPM 3.08

4. Any discrepancy between the amount received and the amount ordered or damage to the medication, the FHSD, NA and the pharmacy (Omnicare or Cardinal) must be notified immediately.

5. A QCF provider will write the specific Buprenorphine orders to be administered for each I/I in the AHR. A MAR (Form #3179) will be completed with the transcribed orders for each I/I.

6. The original MAR will be filed in the AHR MISC Section.

D. Storage of MAT medications Methadone/ Buprenorphine:

[redacted]

E. Administration of Methadone and Buprenorphine:

1. Nursing is responsible for administering MAT in a secure site. Security will participate in the process to address the risk of diversion.

2. Administration of medication will be given per 1:1 medication administration protocol to avoid distraction and decrease the likelihood of spillage or diversion.

3. The I/I must show their photo ID as well as state their name and DIN.

4. The nurse will observe the I/I prior to administering the medication. If the I/I appears to be sedated, drowsy, cognitively impaired, or weak, the I/I will be immediately assessed using the COW scale. **A score of 25 or above requires immediate notification of the FHSD, DOCCS provider and the OTP's provider. The medication must not be administered until they are assessed by the facility's provider.**

5. *Methadone:*
   a. The Methadone bottle will be labeled with I/I's name, DIN # and dose and confirmed with the I/I prior to administration.

b. They are then asked to drink a cup of water before and after taking the Methadone. The nurse will then perform a mouth check and ask the I/I to clearly enunciate their name and DIN to confirm consumption of the medication.
c. The I/I will sit for 10-15 minutes so that they can be observed for any issues and to ensure digestion.
d. The bottle in which the Methadone was contained will be returned to the RN so that the label can be removed and shredded, and the bottle properly discarded.

6. *Buprenorphine:*
   a. The I/I will be given a cup of water to drink before the nurse does a mouth check with a flashlight.
   b. The Subutex (crushed pill) or Suboxone (film) is then placed by the nurse under the tongue of the I/I.
   c. The I/I must have their arms to their side or on a table during this time and be observed closely to prevent diversion.
   d. The nurse must perform mouth checks with the flashlight to confirm that the medication is dissolving.
   e. Once the medication is dissolved, the I/I is asked to drink a cup of water and enunciate their name and DIN.
   f. The I/I must be observed for 10-15 minutes after administration to ensure the absence of ill effects and reduce the chances of diversion.
   g. As the number of I/Is increases, the medication can be administered to several I/I simultaneously, to shorten the medication administration time.
   h. They are to be evenly and appropriately spaced on a bench or standing against a wall with their hands to their sides. Security must be diligent in observing the group for diversion.

7. The RN will document the MAT medication administration in the MAR.

F. <u>Diversion:</u>

1. If an I/I is observed to be diverting the medication, the nurse will:
   a. Document exact actions of the I/I in the I/I's medical record in the AHR section.
   b. Notify the FHSD and NA.

G. <u>Discrepancies</u>

1. The NA and provider must be notified immediately, and the error resolved before the end of the tour.

2. A Medication Error report will be completed per HSPM 8.02, Medication Error Reporting.

3. The Medication Error report detailing the problem and corrective actions must be left for the FHSD to review.

4. A nurse may be asked to return to work before their scheduled tour to resolve Medication errors.

5. If there is Loss of Controlled Substances, the nurse must immediately notify the NA, provider and Watch Commander. On off-tours and weekends, the Officer of the Day and the Watch Commander will be notified in accordance with Directives 2945, 4092, 4929, HSPM 3.01, NYCRR Title 10 Part 80.100., as well as the on-call provider.

H. Spillage/Vomit of Methadone

1. If there is spillage or vomiting of the Methadone solution, the nurse will inform the FHSD and OTP provider immediately.

2. A Consultation Form #3194 documenting the specific circumstances of the medication loss will be faxed or scanned to the OTP.

3. Once returned by the OTP, the DOCCS provider will review recommendations on the consultation form and write the new orders in the AHR. The nurse will not the orders and update the MAR.

I. I/Is Requiring Dose Adjustment:

1. When a I/I on MAT expresses any symptom of Opiate withdrawal at the medication window, sick-call, or during emergency sick call, the I/I will be assessed using the COW scale by a nurse and will be evaluated by a DOCCS provider as soon as possible.

2. For I/Is on Methadone, the Consultation Form stating the issue will be faxed/scanned to the OTP and a call should be made between the DOCCS provider and the OTP's provider to discuss the plan.

3. For I/Is on Buprenorphine, the DOCCS provider will assess the I/I and determine the need for a dose adjustment.

4. The DOCCS provider will document any medication changes for Methadone or Buprenorphine in the AHR. The nurse will note the order and update the MAR.

J. Discontinuation of MAT:

1. (I/I) who elect to terminate voluntarily and prematurely from the program will be reviewed by the FHSD. In cases of I/Is on Methadone, the FHSD will consult with the OTP provider.

K. Staff Education and Training:

1. Licensed medical professional shall be appropriately trained in the administration of MAT medication and the Policy. All Buprenorphine prescribers must have an X-waiver.

L. Discharge Planning:

1. A consent form will be signed by the I/I and faxed by the NA or designee to the OTP, along with their date of release and address, so that the OTP can share information with the OTP closest to the I/I's address and an appointment can be made to ensure continuity of care.

2. Discharge planning for I/I's return to the community will be coordinated by the designated DOCCS OTP SURN for linkage to a MAT program in the community when there is no OTP to do so.

3. (I/I) will receive their dose of MAT medication, on the day of transfer prior to leaving the facility.

M. Disposal:

1. If there are remaining doses, QCF will record that the medication was disposed of (date, time, amount, reason, and for which I/I) and dispose in the drop box provided in accordance with OASAS and DEA regulations.

N. Disposal:

1. Transfer to another facility

   a. The NA or designee will alert the OTP and the medical staff of the receiving infirmary or Specialized Confinement Housing Units prior to placement.
   b. NA or designee will complete form 3313, MAT Program Transfer. The form will then be emailed to the facility that the I/I is being transferred to.
   c. [redacted]
   d. Upon arrival to the receiving facility, the MAT medication will be immediately reconciled with a two-nurse count. If two nurses are not available, the narcotic count can be done with a nurse and a security member in accordance with Directive 4929.

e. The receiving facility nurses will use the MAR and Accountability sheets that are provided in the lock box. [redacted]

f. The receiving facility medical staff will follow all MAT policies and procedures per their Facility Operating Manuals (FOM). QCF's medical stall will be alerted with regards to any medication issues.

g. At the time the I/I is medically cleared to return to QCF, the medical staff must be informed with a nurse-to-nurse discharge report.

h. [redacted]

i. The MAT medication will be immediately reconciled with a two-nurse count. If two nurses are not available, the count can be done with a nurse and a security staff member. Any discrepancy noted, the NA, FHSD and Watch Commander must be notified immediately.

j. [redacted]

[redacted]

NEW YORK STATE Corrections and Community Supervision **Shawangunk Correctional Facility**	FACILITY OPERATIONS MANUAL TITLE: **MEDICATION-ASSISTED TREATMENT**	FOM. NO. **5.123** DATE **05/09/22**

SUPERSEDES:	DISTRIBUTION	PAGE
02/08/22	**A**	1 OF 5

REFERENCES:	APPROVING AUTHORITY
Directive: 4929 Health Services Policy: 3.08,8.02	J. McGinness

I. PURPOSE:

To establish a procedure for accepting, storage and administration of Medication Assisted Treatment with Methadone or Buprenorphine for identified incarcerated individuals at Shawangunk Correctional Facility (SCF).

II. POLICY:

Incarcerated individuals (I/I) drafting from a reception facility who are currently on active Medication Assisted Treatment (MAT) with Methadone or Buprenorphine will continue their therapy upon entry to Shawangunk Correctional Facility. Sending facilities will continue the therapy until they arrive at SCF. MAT treatment will be provided at Shawangunk to eligible participants.

III. PROCEDURE:

A. Methadone/ Buprenorphine Maintenance:

1. When medically indicated, I/Is on Methadone/ Buprenorphine treatment will be received at SCF and will continue to be enrolled in the MAT Program.
2. An eligibility list of qualifying I/Is will be generated by the Department of Classification and Movement to determine admittance into SCF's MAT Program.
3. Once notified, the Health Class Analysists will forward the information to the Shawangunk Correctional Facility I/I Records Coordinator (IRC), Nurse Administrator (NA) and Facility Health Service Director (FHSD). SCF will be given one week's notice so that medication can be obtained prior to the I/I's arrival at the facility.
4. The sending facility will ensure that all I/Is accepted for this program will receive their daily dose of Methadone or Buprenorphine on the day of their transfer of custody to SCF.
5. An intake medical screening will be completed by a Registered Nurse upon admittance to SCF.
6. Any observations of signs and symptoms of opiate withdrawal, using the Clinical Opiate Withdrawal (COW) scale will be communicated to the Opioid Treatment Program (OTP) provider in a timely manner so that possible adjustments in the I/I's Methadone dosing can be considered. (See attached COW Scale) http://www.drugabuse.gov/sites/default/files/files/ClinicalOpiateWithdrawalScale.pdf

B. Logistics of Methadone Acquisition:

[redacted]

3. Upon arrival of the Methadone to SCF, there will be a two-nurse count of the contents of the locked box. In the event of only one Nurse on duty, the count will be performed with a member of the Security. A Record of Controlled Substances Administered (Form 3182) and a Change of Shift-Control/Count (Form 3184) will be prepared in accordance with DOCCS Directive 4929 and HSPM 3.08.
4. Any discrepancy between the amount received and the amount ordered or damage to the medication, the FHSD, NA and the provider at the OTP must be notified immediately.
5. The DOCCS Nurses will sign the enclosed OTP Medication Administration Record form included in the lock box and return it to the OTP weekly. A copy must be kept on file.
6. The SCF provider will review the recommendations and write the specific Methadone orders to be administered for each I/I in the Ambulatory Health Care Record (AHR). A Medication Administration Record (MAR) (Form 3179) will be completed with the transcribed orders for each I/I.
7. A copy of the monthly MAR and a Record of Controlled Substances Administered will be faxed or scanned monthly to the OTP and the original MAR will be filed in the AHR MISC Section. Once scanned, a note should be added to the MAR that it has been scanned to the OTP with date and time along with signature of NA or designee.

C. Logistics of Buprenorphine Acquisition:

1. Providers need to have the X-waiver (an X number on their DEA License which signifies their ability to prescribe and administer Buprenorphine).
2. Providers also need to have e-prescribing capability so that they can electronically send the prescription to a pharmacy such as Omnicare or Cardinal.
3. Upon arrival of the Buprenorphine to SCF, the medication will be counted under dual control (two nurses). If there is just one nurse on duty, the count will be conducted with a member of the Security staff. A Record of Controlled Substances Administered (Form 3182) and a Change of Shift-Control/Count (Form 3184) will be prepared in accordance with DOCCS Directive 4929 and HSPM 3.08.
4. Any discrepancy between the amount received and the amount ordered or damage to the medication, the FHSD, NA and the pharmacy (Omnicare or Cardinal) must be notified immediately.
5. A SCF provider will write the specific Buprenorphine orders to be administered for each I/I in the AHR. A MAR (Form 3179) will be completed with the transcribed orders for each I/I.

6. The original MAR will be filed in the AHR MISC Section.

D. Storage of MAT medications Methadone/ Buprenorphine:

[redacted]

E. Administration of Methadone and Buprenorphine:

1. Nursing is responsible for administering MAT in a secure site. Security will participate in the process to address the risk of diversion.
2. Administration of medication will be given per 1:1 medication administration protocol to avoid distraction and decrease the likelihood of spillage or diversion.
3. The I/I must show photo ID as well as state their name and DIN.
4. The nurse will observe the I/I prior to administering the medication. If the I/I appears to be sedated, drowsy, cognitively impaired, or weak, the I/I will be immediately assessed using the COW scale. **A score of 25 or above requires immediate notification of the FHSD, DOCCS provider and the OTP's provider. The medication must not be administered until they are assessed by the facility's provider.**
5. *Methadone:*
   a. The Methadone bottle will be labeled with the I/I's name, DIN # and dose and confirmed with the I/I prior to administration.
   b. They are then asked to drink a cup of water before and after taking the Methadone. The nurse will then perform a mouth check and ask the I/I to clearly enunciate their name and DIN to confirm consumption of the medication.
   c. The I/I will sit for 10-15 minutes so that they can be observed for any issues and to ensure digestion.
   d. The bottle in which the Methadone was contained will be returned to the RN so that the label can be removed and shredded, and the bottle properly discarded.
6. *Buprenorphine:*
   a. The I/I will be given a cup of water to drink before the nurse does a mouth check with a flashlight.
   b. The Subutex (pill) or Suboxone (film) is then placed by the nurse under the tongue of the I/I.
   c. The I/I must have their arms to their side on or a table during this time and be observed closely to prevent diversion.
   d. The nurse must perform mouth checks with the flashlight to confirm that the medication is dissolving.
   e. Once the medication is dissolved, the I/I is asked to drink a cup of water and enunciate their name and DIN.
   f. The I/I must be observed for 10-15 minutes after administration to ensure the absence of ill effects and reduce the chances of diversion.

g. Post ingestion, the I/I will be escorted back to their housing unit/assignment.
h. As the number of I/Is increases, the medication can be administered to several I/I simultaneously, to shorten the medication administration time.
i. They are to be evenly and appropriately spaced on a bench or standing against a wall with their hands to their sides. Security must be diligent in observing the group for diversion.

7. The RN will document the MAT medication administration in the MAR.

F. Diversion:
1. If an I/I is observed to be diverting the medication, the nurse will:
   a. Document exact actions of the I/I in the I/I's medical record in the AHR section.
   b. Notify the FHSD and NA.

G. Discrepancies:
1. The NA and provider must be notified immediately, and the error resolved before the end of the tour.
2. A Medication Error report will be completed per HSPM 8.02, Medication Error Reporting.
3. The Medication Error report detailing the problem and corrective actions must be given to the provider to review.
4. A nurse may be asked to return to work before their scheduled tour to resolve Medication errors.
5. If there is Loss of Controlled Substances, the nurse must immediately notify the Nurse Administrator, provider, and Watch-Commander. On off-tours and weekends, the Officer of the Day and Watch Commander will be notified in accordance with Directives 2945, 4092, 4929, HSPM 3.01, NYCRR Title 10 Part 80.100, as well as the on-call provider.

H. Spillage/Vomit of Methadone:
1. If there is spillage or vomiting of the Methadone solution, the nurse will inform the FHSD and OTP provider immediately.
2. A Consultation Form #3194 documenting the specific circumstances of the medication loss will be faxed or scanned to the OTP.
3. Once returned by the OTP, the DOCCS provider will review recommendations on the consultation form and write the new orders in the AHR. The nurse will note the orders and update the MAR.

I. I/Is Requiring Dose Adjustment:
1. When a I/I on MAT expresses any symptom of opiate withdrawal at the medication window, sick-call, or during emergency sick call, the I/I will be assessed using the COW scale by a nurse and will be evaluated by a DOCCS provider as soon as possible.
2. For I/Is on Methadone, the Consultation Form stating the issue will be faxed/scanned to the OTP and a call should be made between the DOCCS provider and the OPT's provider to discuss the plan.
3. For I/Is on Buprenorphine, the DOCCS provider will assess the I/I and determine the need for a dose adjustment.

4. The DOCCS provider will document any medication changes for Methadone or Buprenorphine in the AHR. The nurse will note the order and update the MAR.

J. Discontinuation of MAT:

1. I/Is who elect to terminate voluntarily and prematurely from the program will be reviewed by the FHSD. In cases of I/Is on Methadone, the FHSD will consult with the OTP provider.

K. Staff Education and Training:

1. Licensed medical professionals shall be appropriately trained in the administration of MAT medication and the Policy. All Buprenorphine prescribers must have an X-waiver.

L. Discharge Planning:

1. A consent form will be signed by the I/I and faxed by the NA or designee to the OTP, along with their date of release and address, so that the OTP can share information with the OTP closest to the I/I's address and an appointment can be made to ensure continuity of care.
2. Discharge planning for I/I's return to the community will be coordinated by the designated DOCCS OTP SURN for linkage to a MAT program in the community when there is no OTP to do so.
3. I/Is will receive their dose of MAT medication, on the day of transfer prior to leaving the facility.

M. Disposal:

1. If there are remaining doses, SCF will record that the medication was disposed of (date, time, amount, reason, and for which I/I) and dispose in the drop box provided in accordance with OASAS and DEA regulations.

N. Transfer to an Infirmary or Specialized Confinement Housing Units:

1. Within the facility:
   a. Incarcerated individuals transferred to Specialized Confinement Housing Units or the Infirmary will be escorted to [redacted] so that their MAT medication can be administered.
   b. [redacted]

NEW YORK STATE Corrections and Community Supervision Taconic Correctional Facility	FACILITY OPERATIONS MANUAL TITLE **Medication-Assisted Treatment**	FOM. NO. 631 DATE : 3/9/22
SUPERSEDES FOM 631 dated 12/17/21	DISTRIBUTION A	PAGE Page 1 of 7
REFERENCES Directives: Corresponding Directive(s): 4929 Health Services Policy: 3.08,8.02 Relates ACA Standard(s)	APPROVING AUTHORITY E. Williams	

I. **PURPOSE:** To establish a procedure for accepting, storage and administration of Medication Assisted Treatment with Methadone or Buprenorphine for identified incarcerated individuals at Taconic Correctional Facility (TCF).

II. **POLICY:** Incarcerated individuals (I/I) drafting from a reception facility who are currently on active Medication Assisted Treatment (MAT) with Methadone or Buprenorphine will continue their therapy upon entry to Taconic Correctional Facility. Sending facilities will continue the therapy until they arrive at TCF. MAT treatment will be provided at Taconic to eligible participants.

III. **PROCEDURE:**

A. Methadone/ Buprenorphine Maintenance:

1. When medically indicated, I/Is on Methadone/ Buprenorphine treatment will be received at TCF and will continue to be enrolled in the MAT Program.

2. An eligibility list of qualifying I/Is will be generated by the Department of Classification and Movement to determine admittance into TCF's MAT Program.

3. Once notified, the Health Class Analysists will forward the information to the Taconic Correctional Facility I/I Records Coordinator (IRC), Nurse Administrator (NA) and Facility Health Service Director (FHSD). TCF will be given one week's notice so that medication can be obtained prior to the I/I's arrival at the facility.

4. The sending facility will ensure that all I/Is accepted for this program will receive their daily dose of Methadone or Buprenorphine on the day of their transfer of custody to TCF.

5. An intake medical screening will be completed by a Registered Nurse upon admittance to TCF.

6. Any observations of signs and symptoms of opiate withdrawal, using the Clinical Opiate Withdrawal (COW) scale will be communicated to the Opioid Treatment

Program (OTP) provider in a timely manner so that possible adjustments in the I/I's Methadone dosing can be considered. (See attached COW Scale) http://www.drugabuse.gov/sites/default/files/files/ClinicalOpiateWithdrawalScale.pdf

B. Logistics of Methadone Acquisition:

[redacted]

3. Upon arrival of the Methadone to TCF, the medication will be counted under dual control (two nurses). If there is just one nurse on duty, the count will be conducted with a member of the security staff. A Record of Controlled Substances Administered (Form #3182) and a Change of Shift-Control/Count (Form #3184) will be prepared in accordance with DOCCS Directive 4929 and HSPM 3.08.

4. Any discrepancy between the amount received and the amount ordered or damage to the medication, the FHSD, NA and the provider at the OTP must be notified immediately.

5. The DOCCS Nurses will sign the enclosed OTP Medication Administration Record form included in the lock box and return it to the OTP weekly. A copy must be kept on file.

6. The TCF provider will review the recommendations and write the specific Methadone orders to be administered for each I/I in the Ambulatory Health Care Record (AHR). A Medication Administration Record (MAR) (Form #3179) will be completed with the transcribed orders for each I/I.

7. A copy of the monthly MAR and a Record of Controlled Substances Administered will be faxed or scanned monthly to the OTP and the original MAR will be filed in the AHR MISC Section. Once scanned, a note should be added to the MAR that it has been scanned to the OTP with date and time along with signature of NA or designee.

C. Logistics of Buprenorphine Acquisition:

1. Providers need to have the X-waiver (an X number on their DEA License which signifies their ability to prescribe and administer Buprenorphine).

2. Providers also need to have e-prescribing capability so that they can electronically

send the prescription to a pharmacy such as Omnicare or Cardinal.

3. Upon arrival of the Buprenorphine to TCF, the medication will be counted under dual control (two nurses). If there is just one nurse on duty, the count will be conducted with a member of the security staff. A Record of Controlled Substances Administered (Form #3182) and a Change of Shift-Control/Count (Form #3184) will be prepared in accordance with DOCCS Directive 4929 and HSPM 3.08.

4. Any discrepancy between the amount received and the amount ordered or damage to the medication, the FHSD, NA and the pharmacy (Omnicare or Cardinal) must be notified immediately.

6. A TCF provider will write the specific Buprenorphine orders to be administered for each I/I in the AHR. A MAR (Form #3179) will be completed with the transcribed orders for each I/I.

7. The original MAR will be filed in the AHR MISC Section.

D. Storage of MAT medications Methadone/ Buprenorphine:

[redacted]

E. Administration of Methadone and Buprenorphine:

1. Nursing is responsible for administering MAT in a secure site. Security will participate in the process to address the risk of diversion.

2. Administration of medication will be given per 1:1 medication administration protocol to avoid distraction and decrease the likelihood of spillage or diversion.

3. The I/I must show photo ID as well as state their name and DIN.

4. The nurse will observe the I/I prior to administering the medication. If the I/I appears to be sedated, drowsy, cognitively impaired, or weak, the I/I will be immediately assessed using the COW scale. **A score of 25 or above requires immediate notification of the FHSD, DOCCS provider and the OTP's provider. The**

medication must not be administered until they are assessed by the facility's provider.

5. *Methadone:*
   a. The Methadone bottle will be labeled with the I/I's name, DIN # and dose and confirmed with the I/I prior to administration.
   b. They are then asked to drink a cup of water before and after taking the Methadone. The nurse will then perform a mouth check and ask the I/I to clearly enunciate their name and DIN to confirm consumption of the medication.
   c. The I/I will sit for 10-15 minutes so that they can be observed for any issues and to ensure digestion.
   d. The bottle in which the Methadone was contained will be returned to the RN so that it can be returned to the OTP.

6. *Buprenorphine:*
   a. The I/I will be given a cup of water to drink before the nurse does a mouth check with a flashlight.
   b. The Subutex (crushed pill) or Suboxone (film) is then placed by the nurse under the tongue of the I/I.
   c. The I/I must have their arms to their side on or a table during this time and be observed closely to prevent diversion.
   d. The nurse must perform mouth checks with the flashlight to confirm that the medication is dissolving.
   e. Once the medication is dissolved, the I/I is asked to drink a cup of water and enunciate their name and DIN.
   f. The I/I must be observed for 10-15 minutes after administration to ensure the absence of ill effects and reduce the chances of diversion.
   g. As the number of I/Is increases, the medication can be administered to several I/I simultaneously, to shorten the medication administration time.
   h. They are to be evenly and appropriately spaced on a bench or standing against a wall with their hands to their sides. Security must be diligent in observing the group for diversion.

7. The RN will document the MAT medication administration in the MAR.

F. Diversion

1. If an I/I is observed to be diverting the medication, the nurse will:

   a. Document exact actions of the I/I in the I/I's medical record in the AHR section.
   b. Notify the FHSD and NA.

G. Discrepancies:

1. The NA and provider must be notified immediately, and the error resolved before the end of the tour.
2. A Medication Error report will be completed per HSPM 8.02, Medication Error Reporting.
3. The Medication Error report detailing the problem and corrective actions must be given to the provider to review.
4. A nurse may be asked to return to work before their scheduled tour to resolve Medication errors.
5. If there is Loss of Controlled Substances, the nurse must immediately notify the NA, provider and Watch-Commander. On off-tours and weekends, the Officer of the Day and Watch Commander will be notified in accordance with Directives 2945, 4092, 4929, HSPM 3.01, NYCRR Title 10 Part 80.100, as well as the on-call provider.

H. Spillage/Vomit of Methadone

1. If there is spillage or vomiting of the Methadone solution, the nurse will inform the FHSD and OTP provider immediately.
2. A Consultation Form #3194 documenting the specific circumstances of the medication loss will be faxed or scanned to the OTP.
3. Once returned by the OTP, the DOCCS provider will review recommendations on the consultation form and write the new orders in the AHR. The nurse will note the orders and update the MAR.

I. I/Is Requiring Dose Adjustment:

1. When a I/I on MAT expresses any symptom of opiate withdrawal at the medication window, sick-call, or during emergency sick call, the I/I will be assessed using the COW scale by a nurse and will be evaluated by a DOCCS provider as soon as possible.
2. For I/Is on Methadone, the Consultation Form stating the issue will be faxed/scanned to the OTP and a call should be made between the DOCCS provider and the OTP's provider to discuss the plan.
3. For I/Is on Buprenorphine, the DOCCS provider will assess the I/I and determine the need for a dose adjustment.

4. The DOCCS provider will document any medication changes for Methadone or Buprenorphine in the AHR. The nurse will note the order and update the MAR.

J. Discontinuation of MAT:

1. (I/I) who elect to terminate voluntarily and prematurely from the program will be reviewed by the FHSD. In cases of I/Is on Methadone, the FHSD will consult with the OTP provider.

K. Staff Education and Training:

1. Licensed medical professionals shall be appropriately trained in the administration of MAT medication and the Policy. All Buprenorphine prescribers must have an X-waiver.

L. Discharge Planning:

1. A consent form will be signed by the I/I and faxed by the NA or designee to the OTP, along with their date of release and address, so that the OTP can share information with the OTP closest to the I/I's address and an appointment can be made to ensure continuity of care.

2. Discharge planning for I/I's return to the community will be coordinated by the designated DOCCS OTP SURN for linkage to a MAT program in the community when there is no OTP to do so.

3. (I/I) will receive their dose of MAT medication, on the day of transfer prior to leaving the facility.

M. Disposal:

1. If there are remaining doses, TCF will record that the medication was returned to the OTP, include date, time, amount, reason, and for which I/I.

N. Transfer to an Infirmary or Specialized Confinement Housing Units

1. Transfer to another facility:

   a. The NA or designee will alert the OTP and the medical staff of the receiving infirmary or Specialized Confinement Housing Units prior to placement.
   b. NA or designee will complete form 3313, MAT Program Transfer. The form will then be emailed to the facility that the I/I is being transferred to.
   c. [redacted]
   d. Upon arrival to the receiving facility, the MAT medication will be immediately

reconciled with a two-nurse count. If two nurses are not available, the narcotic count can be done with a nurse and a security member in accordance with Directive 4929.

e. The receiving facility nurses will use the MAR and Accountability sheets that are provided in the lock box. [redacted]

f. The receiving facility medical staff will follow all MAT policies and procedures per their Facility Operating Manuals (FOM). TCF's medical staff will be alerted with regards to any medication issues.

g. At the time the I/I is medically cleared to return to TCF, the medical staff must be informed with a nurse-to-nurse discharge report.

h. [redacted]

i. The MAT medication will be immediately reconciled with a two-nurse count. If two nurses are not available, the count can be done with a nurse and a security staff member. Any discrepancy noted, the NA, FHSD and Watch Commander must be notified immediately.

j. [redacted]

k.

NEW YORK STATE Corrections and Community Supervision Ulster Correctional Facility	FACILITY OPERATIONS MANUAL TITLE **Medication-Assisted Treatment**	FOM. NO. 447
		DATE 07/22/2022
SUPERSEDES	DISTRIBUTION A	PAGE Page 1 of 9
REFERENCES Directives: Corresponding Directive(s): 4929 Health Services Policy: 3.08,8.02 Relates ACA Standard(s)	APPROVING AUTHORITY T Lundcond	

I. **PURPOSE:** To establish a procedure for accepting, storage and administration of Medication Assisted Treatment with Methadone or Buprenorphine for identified incarcerated individuals at Ulster Correctional Facility (UCF).

II. **POLICY:** Incarcerated individuals (I/I) drafting into a reception facility who are currently on active Medication Assisted Treatment (MAT) with Methadone or Buprenorphine will continue their therapy upon entry to Ulster Correctional Facility (UCF). Sending facilities will continue the therapy until they arrive at UCF. MAT treatment will be provided at UCF to eligible participants.

III. **PROCEDURE:**

A. Methadone/ Buprenorphine Maintenance:

1. When medically indicated, incarcerated individuals (I/I) on Methadone/Buprenorphine treatment will be received at UCF and will continue to be enrolled in the MAT Program.

2. An eligibility list of qualifying I/Is will be generated by the Department of Classification and Movement to determine admittance into UCF's MAT Program.

3. Once notified, the Health Class Analysist will forward the information to the Ulster Correctional Facility Inmate Records Coordinator (IRC), Nurse Administrator (NA) and Facility Health Service Director (FHSD). UCF will be given one week's notice so that medication can be obtained prior to the I/I's arrival at the facility.

4. The sending facility will ensure that all I/Is accepted for this program will receive their daily dose of Methadone or Buprenorphine on the day of their transfer of custody to UCF.

5. An intake medical screening will be completed by a Registered Nurse upon admittance to UCF.

6. Any observations of signs and symptoms of opiate withdrawal, using the Clinical Opiate Withdrawal (COW) scale will be communicated to the Opioid Treatment Program (OTP) Provider in a timely manner so that possible adjustments in the I/I's Methadone dosing can be considered. (See attached COW Scale).
http://www.drugabuse.gov/sites/default/files/files/ClinicalOpiateWithdrawalScale.pdf

B. Logistics of Methadone Acquisition:

[redacted]

3. Upon arrival of the Methadone to UCF, there will be a two-Nurse count of the contents of the locked box. In the event of only one Nurse on duty, the count will be performed with a member of the Security or Pharmacy staff. A Record of Controlled Substances Administered (Form 3182) and a Change of Shift-Control/Count (Form 3184) will be prepared in accordance with DOCCS Directive 4929 and HSPM 3.08.

4. Any discrepancy between the amount received and the amount ordered or damage to the medication, the FHSD, NA and the Provider at the OTP must be notified immediately.

5. The DOCCS Nurse will sign the enclosed OTP Medication Administration Record form included in the lock box and return it to the OTP weekly. A copy must be kept on file.

6. The UCF Provider will review the recommendations and write the specific Methadone orders to be administered for each I/I in the Ambulatory Health Care Record (AHR). A Medication Administration Record (MAR) (Form 3179) will be completed with the transcribed orders for each I/I.

7. A copy of the monthly MAR and a Record of Controlled Substances Administered will be faxed or scanned monthly to the OTP and the original MAR will be filed in the AHR MISC section. Once scanned, a note should be added to the MAR that it has been scanned to the OTP with date and time along with signature of NA or designee.

C. Logistics of Buprenorphine Acquisition:

1. Providers need to have the X-waiver (an X number on their DEA License which signifies their ability to prescribe and administer Buprenorphine).

2. UCF will have a stock supply of Buprenorphine obtained from the HUB pharmacy. Providers will write a prescription and an order on the Ambulatory Health Record in the medical chart.

3. Upon arrival of the Buprenorphine to UCF, the medication will be counted under dual control (two Nurses). If there is just one Nurse on duty, the count will be conducted with a member of the security or pharmacy staff. A Record of Controlled Substances Administered (Form 3182) and a Change of Shift-Control/Count (Form 3184) will be prepared in accordance with DOCCS Directive 4929 and HSPM 3.08.

4. Any discrepancy between the amount received and the amount ordered or damage to the medication, the FHSD, NA and the HUB pharmacy must be notified immediately.

5. An UCF Provider will review the recommendations and write the specific Buprenorphine orders to be administered for each I/I in the AHR. A MAR (Form 3179) will be completed with the transcribed orders for each I/I.

6. A copy of the monthly MAR and a Record of Controlled Substances Administered will be faxed or scanned monthly to the HUB Pharmacy by the NA or designee. Once scanned, a date, time, and person scanning document will be place on the document. The original MAR will be filed in the AHR MISC Section.

D. Storage of MAT medications Methadone/ Buprenorphine:

[redacted]

E. Administration of Methadone and Buprenorphine:

1. Nursing staff is responsible for administering MAT in a secure site. Security staff will participate in the process to address the risk of diversion.

2. Administration of medication will be given per 1:1 medication administration protocol to avoid distraction and decrease the likelihood of spillage or diversion.

3. The I/I must show photo ID as well as state their name and DIN.

4. The Nurse will observe the I/I prior to administering the medication. If the I/I appears to be sedated, drowsy, cognitively impaired, or weak, the I/I will be immediately assessed using the COW scale. **A score of 25 or above requires immediate notification of the FHSD, DOCCS Provider and the OTP's Provider. The medication must not be administered until they are assessed by the facility's Provider.**

5. *Methadone:*
   a. The Methadone bottle will be labeled with the I/I's name, DIN and dose and confirmed with the I/I prior to administration.
   b. I/I's are then asked to drink a cup of water before and after taking the Methadone. The Nurse will then perform a mouth check and ask the I/I to clearly enunciate their name and DIN to confirm consumption of the medication.
   c. The I/I will sit for 10-15 minutes so that they can be observed for any issues and to ensure digestion.

d. The bottle in which the Methadone was contained will be returned to the Nurse so that the label can be removed and shredded, and the bottle properly discarded.

6. *Buprenorphine:*
   a. The I/I will be given a cup of water to drink before the Nurse does a mouth check with a flashlight.
   b. The Subutex (crushed pill) or Suboxone (film) is then placed by the Nurse under the tongue of the I/I.
   c. The I/I must have their arms to their side on or a table during this time and be observed closely to prevent diversion.
   d. The Nurse must perform mouth checks with the flashlight to confirm that the medication is dissolving.
   e. Once the medication is dissolved, the I/I is asked to drink a cup of water and enunciate their name and DIN.
   f. The I/I must be observed for 10-15 minutes after administration to ensure the absence of ill effects and reduce the chances of diversion.
   g. Post ingestion, the I/I will be escorted back to their housing unit/assignment.
   h. As the number of I/Is increases, the medication can be administered to several I/I simultaneously, to shorten the medication administration time.
   i. They are to be evenly and appropriately spaced on a bench or standing against a wall with their hands to their sides. Security must be diligent in observing the group for diversion.

7. The Nurse will document the MAT medication administration in the MAR.

F. Diversion

1. If an I/I is observed to be diverting the medication, the Nurse will:
   a. Document exact actions of the I/I in the I/I's medical record in the AHR section.
   b. Notify the FHSD and NA.
   c. I/I will be referred immediately to security staff for appropriate misbehavior report.

G. Discrepancies:

1. The NA and Provider must be notified immediately, and the error resolved before the end of the tour.

2. A medication error report will be completed per HSPM 8.02, Medication Error Reporting.

3. The medication error report detailing the problem and corrective actions must be given to the Provider to review.

4. A Nurse may be asked to return to work before their scheduled tour to resolve medication errors.

5. If there is Loss of Controlled Substances, the Nurse must immediately notify the Nurse Administrator, Provider, and Watch-Commander. On off-tours and weekends, the Officer of the Day and Watch Commander will be notified in accordance with Directives 2945, 4092, 4929, HSPM 3.01, NYCRR Title 10 Part 80.100, as well as the on-call Provider.

H. Spillage/Vomit of Methadone

1. If there is spillage or vomiting of the Methadone solution, the Nurse will inform the FHSD and OTP Provider immediately.

2. A Consultation Form 3194 documenting the specific circumstances of the medication loss will be faxed or scanned to the OTP.

3. Once returned by the OTP, the DOCCS Provider will review recommendations on the consultation form and write the new orders in the AHR. The Nurse will note the orders and update the MAR.

I. I/Is Requiring Dose Adjustment:

1. When an I/I on MAT expresses any symptom of opiate withdrawal at the medication window, sick-call, or during emergency sick call, the I/I will be assessed using the COW scale by a Nurse and will be evaluated by a DOCCS Provider as soon as possible.

2. For I/Is on Methadone, the Consultation Form stating the issue will be faxed/scanned to the OTP and a call should be made between the DOCCS Provider and the OTP's Provider to discuss the plan.

3. For I/Is on Buprenorphine, the DOCCS Provider will assess the I/I and determine the need for a dose adjustment.

4. The DOCCS Provider will document any medication changes for Methadone or Buprenorphine in the AHR. The Nurse will note the order and update the MAR.

J. Discontinuation of MAT:

1. I/I's who elect to terminate voluntarily and prematurely from the program will be reviewed by the FHSD. In cases of I/Is on Methadone, the FHSD will consult with the OTP Provider.

K. Staff Education and Training:

1. Licensed medical professionals shall be appropriately trained in the administration of MAT medication and the Policy. All Buprenorphine prescribers must have an X-waiver.

L. Discharge Planning:

1. See Attachment A.

2. A DOH Form 5032 will be signed by the I/I and faxed by the NA or designee to the OTP, along with their date of release and address, so that the OTP can share information with the OTP closest to the I/I's address and an appointment can be made to ensure continuity of care.

3. Discharge planning for I/I's return to the community will be coordinated by the designated DOCCS OTP SURN for linkage to a MAT program in the community when there is no OTP to do so.

4. I/I will receive their dose of MAT medication, on the day of transfer prior to leaving the facility.

M. Disposal:

1. If there are remaining doses, UCF will record that the medication was disposed of (date, time, amount, reason, and for which I/I) and dispose in the drop box provided in accordance with OASAS and DEA regulations.

Attachment A

MAT – Methadone – Continuity of Care

As DOCCS continues to expand MAT services to the incarcerated population, it is critical that we have open communication with the Opioid Treatment Provider (OTP) associated with the patient throughout the period of treatment and particularly as it deals with discharge from custody and the referral to a community OTP. In order to ensure appropriate discharge planning, the following procedures should be incorporated into the facility FOM.

- Upon arrival of an incarcerated individual participating in the MAT program, the appropriate medical code should be entered by the facility health services staff into the system. The earliest release date (ERD) should be determined and communicated to the associated OTP by the facility representative.
- Community Prep begins 4 months prior to release. The facility must ensure the discharge plan as it pertains to the OTP is incorporated into the Community Prep as follows:
    - ORC will meet with the incarcerated individual to determine if they were previously receiving services in the community, from which OTP and whether there is a MAT program in the community that they would prefer.
- When creating the Community Prep, the ORC with verify a MAT DP alert appears in CMS to indicate that the individual is a methadone participant.
    - The facility representative will notify the associated OTP of the upcoming release and request that a Community OTP be identified in the area of release. If a previous Provider is identified, that should be provided to the OTP.
    - If the associated OTP does not provide a discharge transition plan 2 months prior to release, the facility representative will follow up with the OTP.
    - If the associated OTP has not provided a discharge transition plan 1 month prior to release, the facility representative will immediately notify both the Central Office Health Services Discharge Planning Unit and the MAT Coordinator.
    - The MAT Coordinator will track cases in which the OTP does not provide a discharge plan and report to the CMO.
- If the associated OTP does not identify the transitional Community OTP, the Central Office Health Services Discharge Planning Unit and MAT Coordinator will use the search feature of the list of providers in order to identify the local OTP's. The information is searched on the OASAS website. https://www.oasas.ny.gov/providerDirectory/index.cfm?searchtype=2
- Once the OTP in the community has been identified, the associated OTP will complete the referral and advise the ORC upon completion. ORC will update CMS as noted above.
- Once appointment has been established for releasing incarcerated individual, ORC will document Provider name, address, contact person, appointment date and time in CMS

program field, chronos and document that the incarcerated individual was advised of the appointment.

- If the incarcerated individual participating in the MAT program is an immediate release or has an ERD of less than 4 months, the above time frames will be shortened, and the notifications made immediately upon receipt.
- The Parole Officer assigned to the incarcerated individual identified as being in MAT program is responsible for ensuring that the information for the OTP in the community has been updated. If the information is missing, the Parole Officer will reach out to the facility to obtain such information and ensure continuity of care upon release.

MAT – Buprenorphine – Continuity of Care

- Upon arrival of an incarcerated individual participating in the MAT program, the appropriate medical code should be entered by the facility health services staff into the system. The earliest release date (ERD) should be determined and communicated to the Central Office Health Services Discharge Planning Unit and MAT Coordinator by the facility representative.

- Community Prep begins 4 months prior to release. The facility must ensure the discharge plan as it pertains to continuation of MAT treatment on Buprenorphine is incorporated into the Community Prep as follows:

    - ORC will meet with the incarcerated individual to determine if they were previously receiving services in the community, from which Provider and whether there is a MAT program in the community that they would prefer.

    - The facility representative will notify the Central Office Health Services Discharge Planning Unit and MAT Coordinator of the upcoming release and request that a community Provider be identified in the area of release. If a previous Provider is identified that information should be provided.

    - If the Central Office Health Services Discharge Planning Unit and MAT Coordinator does not provide a discharge transition plan 2 months prior to release, the facility representative will follow up with Central Office Health Services.

- The Central Office Health Services Discharge Planning Unit and MAT Coordinator will use the search feature of the list of providers in order to identify the local OTP's. The information is searched on the OASAS website.
https://www.oasas.ny.gov/providerDirectory/index.cfm?searchtype=2

- Once the Provider in the community has been identified, the Central Office Health Services Discharge Planning Unit and MAT Coordinator will complete the referral and advise the ORC upon completion. ORC will update CMS as noted above.

- Once appointment has been established for releasing incarcerated individual, ORC will document Provider name, address, contact person, appointment date and time in CMS program field, chronos and document that the incarcerated individual was advised of the appointment.

- If the incarcerated individual participating in the MAT program is an immediate release or has an ERD of less than 4 months, the above time frames will be shortened, and the notifications made immediately upon receipt.

- The Parole Officer assigned to the incarcerated individual identified as being in MAT program is responsible for ensuring that the information for the OTP in the community has been updated. If the information is missing, the Parole Officer will reach out to the facility to obtain such information and ensure continuity of care upon release.

NEW YORK STATE Corrections and Community Supervision **Upstate Correctional Facility**	FACILITY OPERATIONS MANUAL TITLE **Medication-Assisted Treatment**	FOM. NO. 405 DATE 5/16/22
SUPERSEDES	DISTRIBUTION **A**	PAGE Page 1 of 7
REFERENCES Directives: Corresponding Directive(s): 4929 Health Services Policy: 3.08,8.02 Relates ACA Standard(s)	APPROVING AUTHORITY Donald G. Uhler, Superintendent	

I. **PURPOSE:** To establish a procedure for accepting, storage and administration of Medication Assisted Treatment with Methadone or Buprenorphine for identified incarcerated individuals at Upstate Correctional Facility (UCF).

II. **POLICY:** Incarcerated individuals (I/I) drafting from a reception facility who are currently on active Medication Assisted Treatment (MAT) with Methadone or Buprenorphine will continue their therapy upon entry to Upstate Correctional Facility. Sending facilities will continue the therapy until they arrive at UCF. MAT treatment will be provided at Upstate to eligible participants.

III. **PROCEDURE:**

A. Methadone/ Buprenorphine Maintenance:

1. When medically indicated, I/Is on Methadone/ Buprenorphine treatment will be received at UCF and will continue to be enrolled in the MAT Program.

2. An eligibility list of qualifying I/Is will be generated by the Department of Class and Movement to determine admittance into UCF's MAT Program.

3. Once notified, the Health Class Analysists will forward the information to the Upstate Correctional Facility I/I Records Coordinator (IRC), Nurse Administrator (NA) and Facility Health Service Director (FHSD). UCF will be given one week's notice so that medication can be obtained prior to the I/I's arrival at the facility.

4. The sending facility will ensure that all I/Is accepted for this program will receive their daily dose of Methadone or Buprenorphine on the day of their transfer of custody to UCF.

5. An intake medical screening will be completed by a Registered Nurse upon admittance to UCF.

6. Any observations of signs and symptoms of opiate withdrawal, using the Clinical Opiate Withdrawal (COW) scale will be communicated to the Opioid Treatment

Program (OTP) provider in a timely manner so that possible adjustments in the I/I's Methadone dosing can be considered. (See attached COW Scale) http://www.drugabuse.gov/sites/default/files/files/ClinicalOpiateWithdrawalScale.pdf

B. Logistics of Methadone Acquisition:

[redacted]

3. Upon arrival of the Methadone to UCF, there will be a two-nurse count of the contents of the locked box. A Record of Controlled Substances Administered (Form #3182) and a Change of Shift-Control/Count (Form #3184) will be prepared in accordance with DOCCS Directive 4929 and HSPM 3.08.

4. Any discrepancy between the amount received and the amount ordered or damage to the medication, the FHSD, NA and the provider at the OTP must be notified immediately.

5. The DOCCS Nurses will sign the enclosed OTP Medication Administration Record form included in the lock box and return it to the OTP weekly. A copy must be kept on file.

6. The UCF provider will review the recommendations and write the specific Methadone orders to be administered for each I/I in the Ambulatory Health Care Record (AHR). A Medication Administration Record (MAR) (Form #3179) will be completed with the transcribed orders for each I/I.

7. A copy of the monthly MAR and a Record of Controlled Substances Administered will be faxed or scanned monthly to the OTP and the original MAR will be filed in the AHR MISC Section. Once scanned, a note should be added to the MAR that it has been scanned to the OTP with date and time along with signature of NA or designee.

C. Logistics of Buprenorphine Acquisition:

1. Providers need to have the X-waiver (an X number on their DEA License which signifies their ability to prescribe and administer Buprenorphine).

2. Providers also need to have e-prescribing capability so that they can electronically

send the prescription to a pharmacy such as Omnicare or Cardinal.

3. Upon arrival of the Buprenorphine to UCF, the medication will be counted under dual control (two nurses). A Record of Controlled Substances Administered (Form #3182) and a Change of Shift-Control/Count (Form #3184) will be prepared in accordance with DOCCS Directive 4929 and HSPM 3.08.

4. Any discrepancy between the amount received and the amount ordered or damage to the medication, the FHSD, NA and the pharmacy (Omnicare or Cardinal) must be notified immediately.

5. The DOCCS Nurses will sign the enclosed OTP Medication Administration Record form included in the lock box and return it to the OTP weekly. A copy must be kept on file.

6. A UCF provider will review the recommendations and write the specific Methadone orders to be administered for each I/I in the AHR. A MAR (Form #3179) will be completed with the transcribed orders for each I/I.

7. A copy of the monthly MAR and a Record of Controlled Substances Administered will be faxed or scanned monthly to the OTP by the NA or designee. Once scanned, a date, time, and person scanning document will be place on the document. The original MAR will be filed in the AHR MISC Section.

D. Storage of MAT medications Methadone/ Buprenorphine:

[redacted]

E. Administration of Methadone and Buprenorphine:

1. Nursing is responsible for administering MAT in a secure site. Security will participate in the process to address the risk of diversion.

2. Administration of medication will be given per 1:1 medication administration protocol to avoid distraction and decrease the likelihood of spillage or diversion.

3. The I/I must show photo ID as well as state their name and DIN.

4. The nurse will observe the I/I prior to administering the medication. If the I/I appears to be sedated, drowsy, cognitively impaired, or weak, the I/I will be immediately assessed using the COW scale. **A score of 25 or above requires immediate notification of the FHSD, DOCCS provider and the OTP's provider. The medication must not be administered until they are assessed by the facility's provider.**

5. *Methadone:*
   a. The Methadone bottle will be labeled with the I/I's name, DIN # and dose and confirmed with the I/I prior to administration.
   b. They are then asked to drink a cup of water before and after taking the Methadone. The nurse will then perform a mouth check and ask the I/I to clearly enunciate their name and DIN to confirm consumption of the medication.
   c. The I/I will sit for 10-15 minutes so that they can be observed for any issues and to ensure digestion.
   d. The bottle in which the Methadone was contained will be returned to the RN so that the label can be removed and shredded, and the bottle properly discarded.

6. *Buprenorphine:*
   a. The I/I will be given a cup of water to drink before the nurse does a mouth check with a flashlight.
   b. The Subutex (crushed pill) or Suboxone (film) is then placed under the tongue of the I/I.
   c. The I/I must have their arms to their side on or a table during this time and be observed closely to prevent diversion.
   d. The nurse must perform mouth checks with the flashlight to confirm that the medication is dissolving.
   e. Once the medication is dissolved, the I/I is asked to drink a cup of water and enunciate their name and DIN.
   f. The I/I must be observed for 10-15 minutes after administration to ensure the absence of ill effects and reduce the chances of diversion.
   g. Post ingestion, the I/I will be escorted back to their housing unit/assignment.
   h. As the number of I/Is increases, the medication can be administered to several I/I simultaneously, to shorten the medication administration time.
   i. They are to be evenly and appropriately spaced on a bench or standing against a wall with their hands to their sides. Security must be diligent in observing the group for diversion.

7. The RN will document the MAT medication administration in the MAR.

F. <u>Diversion</u>

1. If an I/I is observed to be diverting the medication, the nurse will:

    a. Document exact actions of the I/I in the I/I's medical record in the AHR section.
    b. Notify the FHSD and NA.

G. Discrepancies:

1. The NA and provider must be notified immediately, and the error resolved before the end of the tour.

2. A Medication Error report will be completed per HSPM 8.02, Medication Error Reporting.

3. The Medication Error report detailing the problem and corrective actions must be given to the provider to review.

4. A nurse may be asked to return to work before their scheduled tour to resolve Medication errors.

5. If there is Loss of Controlled Substances, the nurse must immediately notify the Nurse Administrator, provider, and Watch-Commander. On off-tours and weekends, the Officer of the Day and Watch Commander will be notified in accordance with Directives 2945, 4092, 4929, HSPM 3.01, NYCRR Title 10 Part 80.100, as well as the on-call provider.

H. Spillage/Vomit of Methadone

1. If there is spillage or vomiting of the Methadone solution, the nurse will inform the FHSD and OTP provider immediately.

2. A Consultation Form #3194 documenting the specific circumstances of the medication loss will be faxed or scanned to the OTP.

3. Once returned by the OTP, the DOCCS provider will review recommendations on the consultation form and write the new orders in the AHR. The nurse will note the orders and update the MAR.

I. I/Is Requiring Dose Adjustment:

1. When a I/I on MAT expresses any symptom of opiate withdrawal at the medication window, sick-call, or during emergency sick call, the I/I will be assessed using the

COW scale by a nurse and will be evaluated by a DOCCS provider as soon as possible.

2. For I/Is on Methadone, the Consultation Form stating the issue will be faxed/scanned to the OTP and a call should be made between the DOCCS provider and the OPT's provider to discuss the plan.

3. For I/Is on Buprenorphine, the DOCCS provider will assess the I/I and determine the need for a dose adjustment.

4. The DOCCS provider will document any medication changes for Methadone or Buprenorphine in the AHR. The nurse will note the order and update the MAR.

J. Discontinuation of MAT:

1. (I/I) who elect to terminate voluntarily and prematurely from the program will be reviewed by the FHSD. In cases of I/Is on Methadone, the FHSD will consult with the OTP provider.

K. Staff Education and Training:

1. Licensed medical professionals shall be appropriately trained in the administration of MAT medication and the Policy. All Buprenorphine prescribers must have an X-waiver.

L. Discharge Planning:

1. A consent form will be signed by the I/I and faxed by the NA or designee to the OTP, along with their date of release and address, so that the OTP can share information with the OTP closest to the I/I's address and an appointment can be made to ensure continuity of care.

2. Discharge planning for I/I's return to the community will be coordinated by the designated DOCCS OTP SURN for linkage to a MAT program in the community when there is no OTP to do so.

3. (I/I) will receive their dose of MAT medication, on the day of transfer prior to leaving the facility.

M. Disposal:

1. If there are remaining doses, UCF will record that the medication was disposed of (date, time, amount, reason, and for which I/I) and dispose in the drop box provided in accordance with OASAS and DEA regulations.

N. Transfer to an Infirmary or Specialized Confinement Housing Units

1. Transfer to another facility:

a. The NA or designee will alert the OTP and the medical staff of the receiving infirmary or Specialized Confinement Housing Units prior to placement.

b. NA or designee will complete form 3313, MAT Program Transfer. The form will then be emailed to the facility that the I/I is being transferred to.

c. [redacted]

d. Upon arrival to the receiving facility, the MAT medication will be immediately reconciled with a two-nurse count. If two nurses are not available, the narcotic count can be done with a nurse and a security member in accordance with Directive 4929.

e. The receiving facility nurses will use the MAR and Accountability sheets that are provided in the lock box [redacted]

f. The receiving facility medical staff will follow all MAT policies and procedures per their Facility Operating Manuals (FOM). UCF's medical staff will be alerted with regards to any medication issues.

g. At the time the I/I is medically cleared to return to UCF, the medical staff must be informed with a nurse-to-nurse discharge report.

h. [redacted]

i. The MAT medication will be immediately reconciled with a two-nurse count. If two nurses are not available, the count can be done with a nurse and a security staff member. Any discrepancy noted, the NA, FHSD and Watch Commander must be notified immediately.

j. [redacted]

k.

NEW YORK STATE Corrections and Community Supervision **Wallkill Correctional Facility**	FACILITY OPERATIONS MANUAL TITLE **Medication-Assisted Treatment**	FOM. NO. **PPA-10** DATE 3/7/2022
SUPERSEDES PPA-10 dated 8/28/2019	DISTRIBUTION A	PAGE Page 1 of 7
REFERENCES Directives: Corresponding Directive(s): 4929 Health Services Policy: 3.08,8.02 Relates ACA Standard(s)	APPROVING AUTHORITY	

I. **PURPOSE:** To establish a procedure for accepting, storage and administration of Medication Assisted Treatment with Methadone or Buprenorphine for identified incarcerated individuals at Wallkill Correctional facility (WCF).

II. **POLICY:** Incarcerated individuals (I/I) drafting from a reception facility who are currently on active Medication Assisted Treatment (MAT) with Methadone or Buprenorphine will continue their therapy upon entry to Wallkill Correctional Facility. Sending facilities will continue the therapy until they arrive at WCF. MAT treatment will be provided at Wallkill to eligible participants.

III. **PROCEDURE:**

A. Methadone/ Buprenorphine Maintenance:

1. When medically indicated, I/Is on Methadone/ Buprenorphine treatment will be received at WCF and will continue to be enrolled in the MAT Program.

2. An eligibility list of qualifying I/Is will be generated by the Department of Classification and Movement to determine admittance into WCF's MAT Program.

3. Once notified, the Health Class Analysists will forward the information to the Wallkill Correctional Facility I/I Records Coordinator (IRC), Nurse Administrator (NA) and Facility Health Service Director (FHSD). WCF will be given one week's notice so that medication can be obtained prior to the I/I's arrival at the facility.

4. The sending facility will ensure that all I/Is accepted for this program will receive their daily dose of Methadone or Buprenorphine on the day of their transfer of custody to WCF.

5. An intake medical screening will be completed by a Registered Nurse upon admittance to WCF.

6. Any observations of signs and symptoms of opiate withdrawal, using the Clinical Opiate Withdrawal (COW) scale will be communicated to the Opioid Treatment

Program (OTP) provider in a timely manner so that possible adjustments in the I/I's Methadone dosing can be considered. (See attached COW Scale) http://www.drugabuse.gov/sites/default/files/files/ClinicalOpiateWithdrawalScale.pdf

B. Logistics of Methadone Acquisition:

[redacted]

3. Upon arrival of the Methadone to WCF, the medication will be counted under dual control (two nurses). If there is just one nurse on duty, the count will be conducted with a member of the security staff. A Record of Controlled Substances Administered (Form #3182) and a Change of Shift-Control/Count (Form #3184) will be prepared in accordance with DOCCS Directive 4929 and HSPM 3.08.

4. Any discrepancy between the amount received and the amount ordered or damage to the medication, the FHSD, NA and the provider at the OTP must be notified immediately.

5. The DOCCS Nurses will sign the enclosed OTP Medication Administration Record form included in the lock box and return it to the OTP weekly. A copy must be kept on file.

6. The WCF provider will review the recommendations and write the specific Methadone orders to be administered for each I/I in the Ambulatory Health Care Record (AHR). A Medication Administration Record (MAR) (Form #3179) will be completed with the transcribed orders for each I/I.

7. A copy of the monthly MAR and a Record of Controlled Substances Administered will be faxed or scanned monthly to the OTP and the original MAR will be filed in the AHR MISC Section. Once scanned, a note should be added to the MAR that it has been scanned to the OTP with date and time along with signature of NA or designee.

C. Logistics of Buprenorphine Acquisition:

1. Providers need to have the X-waiver (an X number on their DEA License which signifies their ability to prescribe and administer Buprenorphine).
2. Providers also need to have e-prescribing capability so that they can electronically send the prescription to a pharmacy such as Omnicare or Cardinal.

3. Upon arrival of the Buprenorphine to WCF, the medication will be counted under dual control (two nurses). If there is just one nurse on duty, the count will be conducted with a member of the security staff. A Record of Controlled Substances Administered (Form #3182) and a Change of Shift-Control/Count (Form #3184) will be prepared in accordance with DOCCS Directive 4929 and HSPM 3.08.

4. Any discrepancy between the amount received and the amount ordered or damage to the medication, the FHSD, NA and the pharmacy (Omnicare or Cardinal) must be notified immediately.

6. A WCF provider will write the specific Buprenorphine orders to be administered for each I/I in the AHR. A MAR (Form #3179) will be completed with the transcribed orders for each I/I.

7. The original MAR will be filed in the AHR MISC Section.

D. Storage of MAT medications Methadone/ Buprenorphine:

[redacted]

E. Administration of Methadone and Buprenorphine:

1. Nursing is responsible for administering MAT in a secure site. Security will participate in the process to address the risk of diversion.

2. Administration of medication will be given per 1:1 medication administration protocol to avoid distraction and decrease the likelihood of spillage or diversion.

3. The I/I must show photo ID as well as state their name and DIN.

4. The nurse will observe the I/I prior to administering the medication. If the I/I appears to be sedated, drowsy, cognitively impaired, or weak, the I/I will be immediately assessed using the COW scale. **A score of 25 or above requires immediate notification of the FHSD, DOCCS provider and the OTP's provider. The**

medication must not be administered until they are assessed by the facility's provider.

5. *Methadone:*
   a. The Methadone bottle will be labeled with the I/I's name, DIN # and dose and confirmed with the I/I prior to administration.
   b. They are then asked to drink a cup of water before and after taking the Methadone. The nurse will then perform a mouth check and ask the I/I to clearly enunciate their name and DIN to confirm consumption of the medication.
   c. The I/I will sit for 10-15 minutes so that they can be observed for any issues and to ensure digestion.
   d. The bottle in which the Methadone was contained will be returned to the RN so that the label can be removed and shredded, and the bottle properly discarded.

6. *Buprenorphine:*
   a. The I/I will be given a cup of water to drink before the nurse does a mouth check with a flashlight.
   b. The Subutex (crushed pill) or Suboxone (film) is then placed by the nurse under the tongue of the I/I.
   c. The I/I must have their arms to their side on or a table during this time and be observed closely to prevent diversion.
   d. The nurse must perform mouth checks with the flashlight to confirm that the medication is dissolving.
   e. Once the medication is dissolved, the I/I is asked to drink a cup of water and enunciate their name and DIN.
   f. The I/I must be observed for 10-15 minutes after administration to ensure the absence of ill effects and reduce the chances of diversion.
   g. As the number of I/Is increases, the medication can be administered to several I/I simultaneously, to shorten the medication administration time.
   h. They are to be evenly and appropriately spaced on a bench or standing against a wall with their hands to their sides. Security must be diligent in observing the group for diversion.

7. The RN will document the MAT medication administration in the MAR.

F. Diversion

1. If an I/I is observed to be diverting the medication, the nurse will:
   a. Document exact actions of the I/I in the I/I's medical record in the AHR section.
   b. Notify the FHSD and NA.

G. Discrepancies:

1. The NA and provider must be notified immediately, and the error resolved before the end of the tour.
2. A Medication Error report will be completed per HSPM 8.02, Medication Error Reporting.

3. The Medication Error report detailing the problem and corrective actions must be given to the provider to review.

4. A nurse may be asked to return to work before their scheduled tour to resolve Medication errors.

5. If there is Loss of Controlled Substances, the nurse must immediately notify the NA, provider and Watch-Commander. On off-tours and weekends, the Officer of the Day and Watch Commander will be notified in accordance with Directives 2945, 4092, 4929, HSPM 3.01, NYCRR Title 10 Part 80.100, as well as the on-call provider.

H. Spillage/Vomit of Methadone

1. If there is spillage or vomiting of the Methadone solution, the nurse will inform the FHSD and OTP provider immediately.

2. A Consultation Form #3194 documenting the specific circumstances of the medication loss will be faxed or scanned to the OTP.

3. Once returned by the OTP, the DOCCS provider will review recommendations on the consultation form and write the new orders in the AHR. The nurse will note the orders and update the MAR.

I. I/Is Requiring Dose Adjustment:

1. When a I/I on MAT expresses any symptom of opiate withdrawal at the medication window, sick-call, or during emergency sick call, the I/I will be assessed using the COW scale by a nurse and will be evaluated by a DOCCS provider as soon as possible.

2. For I/Is on Methadone, the Consultation Form stating the issue will be faxed/scanned to the OTP and a call should be made between the DOCCS provider and the OPT's provider to discuss the plan.

3. For I/Is on Buprenorphine, the DOCCS provider will assess the I/I and determine the need for a dose adjustment.
4. The DOCCS provider will document any medication changes for Methadone or Buprenorphine in the AHR. The nurse will note the order and update the MAR.

J. Discontinuation of MAT:

1. (I/I) who elect to terminate voluntarily and prematurely from the program will be reviewed by the FHSD. In cases of I/Is on Methadone, the FHSD will consult with the OTP provider.

K. Staff Education and Training:

1. Licensed medical professionals shall be appropriately trained in the administration of MAT medication and the Policy. All Buprenorphine prescribers must have an X-waiver.

L. Discharge Planning:

1. A consent form will be signed by the I/I and faxed by the NA or designee to the OTP, along with their date of release and address, so that the OTP can share information with the OTP closest to the I/I's address and an appointment can be made to ensure continuity of care.

2. Discharge planning for I/I's return to the community will be coordinated by the designated DOCCS OTP SURN for linkage to a MAT program in the community when there is no OTP to do so.

3. (I/I) will receive their dose of MAT medication, on the day of transfer prior to leaving the facility.

M. Disposal:

1. If there are remaining doses, WCF will record that the medication was disposed of (date, time, amount, reason, and for which I/I) and dispose in the drop box provided in accordance with OASAS and DEA regulations.

N. Transfer to an Infirmary or Specialized Confinement Housing Units

1. Transfer to another facility:

   a. The NA or designee will alert the OTP and the medical staff of the receiving infirmary or Specialized Confinement Housing Units prior to placement.
   b. NA or designee will complete form 3313, MAT Program Transfer. The form will then be emailed to the facility that the I/I is being transferred to.
   c. [redacted]
   d. Upon arrival to the receiving facility, the MAT medication will be immediately reconciled with a two-nurse count. If two nurses are not available, the narcotic count can be done with a nurse and a security member in accordance with

Directive 4929.

e. The receiving facility nurses will use the MAR and Accountability sheets that are provided in the lock box. [redacted]

f. The receiving facility medical staff will follow all MAT policies and procedures per their Facility Operating Manuals (FOM). WCF's medical staff will be alerted with regards to any medication issues.

g. At the time the I/I is medically cleared to return to WCF, the medical staff must be informed with a nurse-to-nurse discharge report.

h. [redacted]

i. The MAT medication will be immediately reconciled with a two-nurse count. If two nurses are not available, the count can be done with a nurse and a security staff member. Any discrepancy noted, the NA, FHSD and Watch Commander must be notified immediately.

j. [redacted]

k.

NEW YORK STATE Corrections and Community Supervision **Washington Correctional Facility**	FACILITY OPERATIONS MANUAL TITLE **Medication-Assisted Treatment**	FOM. NO. 273 DATE 10/07/22

SUPERSEDES	DISTRIBUTION	PAGE
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REFERENCES	
Directives: Corresponding Directive(s): 4929 Health Services Policy: 3.08,8.02 Relates ACA Standard(s)	Teresa Lynon Approving Authority - Superintendent

I. PURPOSE: To establish a procedure for accepting, storing, and dispensing Medication Assisted Treatment (MAT) with Methadone or Buprenorphine to incarcerated individuals at Washington Correctional Facility (WCF).

II. POLICY: Incarcerated individuals (I/I) drafting from a reception facility who are currently on active Medication Assisted Treatment (MAT) with Methadone or Buprenorphine will continue their therapy upon entry to WCF. The sending facilities will continue the therapy until they arrive at WCF. MAT treatment may be provided at WCF to eligible participants.

III. PROCEDURE:

A. Methadone/ Buprenorphine Maintenance:

1. When medically indicated, I/Is on Methadone/Buprenorphine treatment will be transferred to WCF and will continue to be enrolled in the MAT Program.

2. An eligibility list of qualifying I/Is will be generated by the Department of Classification and Movement to determine transfer for admittance into WCF's MAT Program.

3. Once notified, the Health Class Analysists will forward the information to the WCF I/I Records Coordinator (IRC), Nurse Administrator (NA) and Facility Health Service Director (FHSD). WCF will be given one week's notice so that medication can be obtained prior to the I/I's arrival at the facility.

4. The sending facility will ensure that I/Is participating in the MAT Program will receive their prescribed daily dose of Methadone or Buprenorphine on the day of their transfer to WCF.

5. An intake medical screening will be completed by a Registered Nurse upon arrival to WCF.

6. Any observed signs and symptoms of opiate withdrawal will be documented using the Clinical Opiate Withdrawal Scale form (COWS) and will be reported to the facility provider or the Opioid Treatment Program (OTP) provider in a timely manner so

adjustments in the I/Is MAT medication dosage may be considered (see attached COWS form). The COWS form may be attained via the following link: http://www.drugabuse.gov/sites/default/files/files/ClinicalOpiateWithdrawalScale.pdf

B. Logistics of Methadone Acquisition:

1. [redacted]

[redacted]

3. Upon arrival of the Methadone to WCF, there will be a two-nurse count of the medication. If there is only one nurse on duty, the count will be conducted with a member of Security. A "Record of Controlled Substances Administered" (Form #3182) and a "Change of Shift-Control/Count" (Form #3184) will be completed in accordance with DOCCS Directive #4929 "Controlled Drugs, Needles, Syringes and Sharps" and HSPM #3.08 "Stock Drugs Storage and Accountability".

4. Any discrepancy between the amount received and the amount ordered, or damage to the medication, the FHSD, the NA and the OTP provider must be notified immediately.

5. The nurses or a nurse and a security staff member will sign the enclosed OTP form(s) included in the lock box and return it to the OTP weekly. A copy must be kept on file.

6. The FHSD or provider will review the recommendations from the OTP, and then write the specific Methadone order to be administered for each I/I in their "Ambulatory Health Record" (AHR) (Form #3105A). A "Medication Administration Record" (MAR) (Form #3179) will be completed with the transcribed orders for each I/I.

7. A copy of the monthly MAR and the Record of Controlled Substances Administered form will be faxed/scanned to the OTP. Once the MAR is faxed/scanned, a note will be written on it to reflect it was sent including the date, the time and the signature of the NA or designee who sent it. The original MAR will be filed in the I/Is chart under the miscellaneous section.

C. Logistics of Buprenorphine Acquisition:

1. Providers must have an X-waiver on their DEA License to prescribe and administer Buprenorphine.

2. Providers must have e-prescribing capability so that they can electronically send the prescription to be filled by a pharmacy such as Omnicare, Cardinal, etc.

3. Upon arrival of the Buprenorphine to WCF, there will be a two-nurse count of the medication. If there is only one nurse on duty, the count will be conducted with a member of Security. A "Record of Controlled Substances Administered" (Form #3182) and "Change of Shift-Control/Count" (Form #3184) will be completed in accordance with DOCCS Directive #4929 and HSPM #3.08.

4. Any discrepancy between the amount received and the amount ordered or damage to the medication, the FHSD, NA and the pharmacy (Omnicare, Cardinal, etc.) must be notified immediately.

5. A WCF provider will write the specific Buprenorphine orders to be administered for each I/I in their Ambulatory Health Care Record (AHR). A Medication Administration Record (MAR) (Form #3179) will be completed with the transcribed orders for each I/I.

6. The original MAR will be filed in the I/Is chart under the miscellaneous section.

D. Storage of MAT medications Methadone/Buprenorphine:

1. [redacted]

E. Administration of Methadone/Buprenorphine:

1. Nursing is responsible for administering MAT in a secure area. Security will participate in the process to address the risk of diversion.

2. Methadone/Buprenorphine will be administered unit dosed by an RN as these medications are controlled substances.

3. The I/I must show their photo ID as well as state their name and DIN number.

4. Prior to administering the medication, the nurse will assess the I/I. If they appear to be drowsy, sweaty, restless, shaky, anxious, or irritable, the COWS form will be completed by the nurse. **A score of 25 or above requires immediate notification to the FHSD,**

the provider and/or the OTP provider. The medication will be held until they are assessed by a facility provider.

5. *Methadone:*
    a. The Methadone is in liquid form and comes in a bottle.
    b. The I/I will drink water before and after taking Methadone. The nurse will perform a mouth check and ask the I/I to clearly say their name and DIN number to confirm consumption of the medication.
    c. The I/I will sit for 10-15 minutes for observation of possible ill effects, ensure digestion, and reduce the risk of diversion.
    d. The empty bottle is returned to the nurse so the label can be removed and shredded, and the bottle is properly discarded.

6. *Buprenorphine:*
    a. The I/I will drink water before the nurse does a mouth check with a flashlight.
    b. The Buprenorphine, sublingual tablet, or buccal film is placed in the I/I's mouth by the nurse.
    c. The I/I must have his arms at his side with his hands in his pockets during the medication administration encounter, except when drinking water. The I/I must be observed by the nurse and Security to prevent diversion.
    d. The nurse must perform a mouth check with a flashlight to confirm that the medication has dissolved. Once the medication is dissolved, the I/I will drink water, and then clearly say their name and DIN number to the nurse to verify the medication is dissolved.
    e. The I/I will sit for 10-15 minutes for observation of possible ill effects, ensure digestion, and reduce the risk of diversion.
    f. As the number of I/Is receiving Buprenorphine increases, the medication can be administered to several I/Is simultaneously to shorten the medication administration time. However, they are to be evenly and appropriately spaced on a bench, in chairs, or standing against a wall with their arms to their sides with their hands in their pockets. Security must be diligent in observing the group for diversion.
7. The nurse will document the MAT medication administration appropriately per policy.

F. Diversion

1. If an I/I is observed to be diverting the medication, the nurse will:

    a. Document the exact actions and statements of the I/I in their medical record in the AHR section.
    b. Notify the FHSD and NA.

G. Discrepancies:

1. The NA and the provider must be notified immediately, with the error resolved before the end of the shift.
2. Per HSPM #8.02 “Medication Error Reporting”, a medication error report detailing the incident and corrective action must be completed and given to the FHSD or provider.
3. The nurse may be asked to return to work before their next scheduled shift to resolve any medication errors.
4. If a loss of controlled substances occurs, the nurse will immediately notify the Nurse Administrator, the FHSD or the Provider, and the Watch Commander. On off-shifts, weekends, or holidays the nurse will notify the on-call provider and the Watch Commander. The Watch Commander will notify the facility’s Officer of the Day in accordance with Directives #2945, #4092, #4929, HSPM #3.01, and NYCRR Title 10, Part 80.100.

H. Spillage/Vomiting of Methadone:

1. If the Methadone is spilled or vomited after consumption, the nurse will inform the FHSD and OTP immediately.
2. “Consultation Form" #3194 documenting the specific circumstances of the medication loss will be completed and faxed/scanned to the OTP.
3. The OTP will review the consultation form and provide recommendations to the DOCCS provider. The provider will review recommendations on the consultation form and write the new orders in the medical record AHR section. The nurse will transcribe the orders and update the MAR as needed.

I. MAT Dose Adjustments:

1. When an I/I taking MAT conveys or exhibits symptoms of opiate withdrawal at the MAT medication window, Sick-Call, or Emergency Sick Call, the nurse will complete an assessment using the Clinical Opiate Withdrawal Scale (COWS) and the I/I will be evaluated by a DOCCS provider as soon as possible.
2. For I/Is taking Methadone, the Consultation Form stating the issue will be faxed/scanned to the OTP provider. A telephone call will be completed between the DOCCS provider and the OTP provider to discuss the care plan.
3. For I/Is on Buprenorphine, the DOCCS provider will assess the I/I and determine the need for a dose adjustment.
4. The DOCCS provider will document any medication changes for Methadone or Buprenorphine in the AHR. The nurse will note the order and update the MAR.

J. Discontinuation of MAT:

1. Any I/I requesting to stop their prescribed Methadone or Buprenorphine will be seen and evaluated by the FHSD. If an I/I is prescribed Methadone, the FHSD will consult with the OTP provider.

K. Staff Education and Training:

1. Licensed medical professionals shall be appropriately trained in the administration of MAT medication. All Buprenorphine prescribers must have an X-waiver.

L. Discharge Planning:

1. An "Authorization for Release of Health Information" form DOH 5032 will be signed by the I/I and scanned/faxed by the NA or designee along with their date of release and their address, so that the OTP provider can share treatment records with the OTP closest to the I/I's home address and an appointment can be made to ensure continuity of care.

2. Discharge planning for I/Is returning to the community will be coordinated by the designated DOCCS OTP SURN for linkage to a MAT program in the community when an OTP cannot provide services.

3. Prior to release or transfer to another facility for release, the I/I will receive their dose of MAT medication.

M. Disposal:

1. If there are unused dosed of MAT medication, medical staff will dispose of the medication in the receptacle for the Drug Takeback Program located in the Medical Storage Room #39 in accordance with OASAS and DEA regulations. The destruction date, time, amount, reason, I/I name, and DIN number will be recorded on the appropriate DOCCS forms per Directive #4929.

N. Transfers:

1. Transfers to Another Facility:

   a. The NA or designee will notify the receiving facility medical staff of the transferring I/I by email or telephone call. The name of the person receiving report, along with the date and time will be documented in the AHR.
   b. The NA or designee will complete "MAT Program Transfer" form #3313. The form will be scanned/faxed to the receiving facility and documented in the AHR when completed. The original form will be placed in the front of the I/Is record and a copy will be given to the NA.

c. [redacted]

[redacted]

NEW YORK STATE Corrections and Community Supervision **Wende Correctional Facility**	FACILITY OPERATIONS MANUAL TITLE **Medication-Assisted Treatment**	FOM. NO. **3211** DATE **5/17/22**
SUPERSEDES	DISTRIBUTION A	PAGE Page 1 of 7
REFERENCES Directives: Corresponding Directive(s): 4929 Health Services Policy: 3.08,8.02 Relates ACA Standard(s)	APPROVING AUTHORITY	

I. **PURPOSE:** To establish a procedure for accepting, storage and administration of Medication Assisted Treatment with Methadone or Buprenorphine for identified incarcerated individuals at Wende Correctional Facility (WCF).

II. **POLICY:** Incarcerated individuals (I/I) drafting from a reception facility who are currently on active Medication Assisted Treatment (MAT) with Methadone or Buprenorphine will continue their therapy upon entry to Wende Correctional Facility. Sending facilities will continue the therapy until they arrive at WCF. MAT treatment will be provided at Wende to eligible participants.

III. **PROCEDURE:**

A. Methadone/ Buprenorphine Maintenance:

1. When medically indicated, I/Is on Methadone/ Buprenorphine treatment will be received at WCF and will continue to be enrolled in the MAT Program.

2. An eligibility list of qualifying I/Is will be generated by the Department of Class and Movement to determine admittance into WCF's MAT Program.

3. Once notified, the Health Class Analysists will forward the information to the Wende Correctional Facility I/I Records Coordinator (IRC), Nurse Administrator (NA) and Facility Health Service Director (FHSD). WCF will be given one week's notice so that medication can be obtained prior to the I/I's arrival at the facility.

4. The sending facility will ensure that all I/Is accepted for this program will receive their daily dose of Methadone or Buprenorphine on the day of their transfer of custody to WCF.

5. An intake medical screening will be completed by a Registered Nurse upon admittance to WCF.

6. Any observations of signs and symptoms of opiate withdrawal, using the Clinical Opiate Withdrawal (COW) scale will be communicated to the Opioid Treatment

Program (OTP) provider in a timely manner so that possible adjustments in the I/I's Methadone dosing can be considered. (See attached COW Scale) http://www.drugabuse.gov/sites/default/files/files/ClinicalOpiateWithdrawalScale.pdf

B. Logistics of Methadone Acquisition:



3. Upon arrival of the Methadone to WCF, there will be a two-nurse count of the contents of the locked box. In the event of only one Nurse on duty, the count will be performed with a member of the Security or Pharmacy staff. A Record of Controlled Substances Administered (Form #3182) and a Change of Shift-Control/Count (Form #3184) will be prepared in accordance with DOCCS Directive 4929 and HSPM 3.08.

4. Any discrepancy between the amount received and the amount ordered or damage to the medication, the FHSD, NA and the provider at the OTP must be notified immediately.

5. The DOCCS Nurses will sign the enclosed OTP Medication Administration Record form included in the lock box and return it to the OTP weekly. A copy must be kept on file.

6. The WCF provider will review the recommendations and write the specific Methadone orders to be administered for each I/I in the Ambulatory Health Care Record (AHR). A Medication Administration Record (MAR) (Form #3179) will be completed with the transcribed orders for each I/I.

7. A copy of the monthly MAR and a Record of Controlled Substances Administered will be faxed or scanned monthly to the OTP and the original MAR will be filed in the AHR MISC Section. Once scanned, a note should be added to the MAR that it has been scanned to the OTP with date and time along with signature of NA or designee.

C. Logistics of Buprenorphine Acquisition:

1. Providers need to have the X-waiver (an X number on their DEA License which signifies their ability to prescribe and administer Buprenorphine).

2. Providers also need to have e-prescribing capability so that they can electronically send the prescription to a pharmacy such as Omnicare or Cardinal.
3. Upon arrival of the Buprenorphine to WCF, the medication will be counted under dual control (two nurses). If there is just one nurse on duty, the count will be conducted with a member of the security or pharmacy staff. A Record of Controlled Substances Administered (Form #3182) and a Change of Shift-Control/Count (Form #3184) will be prepared in accordance with DOCCS Directive 4929 and HSPM 3.08.

4. Any discrepancy between the amount received and the amount ordered or damage to the medication, the FHSD, NA and the pharmacy (Omnicare or Cardinal) must be notified immediately.

5. The DOCCS Nurses will sign the enclosed OTP Medication Administration Record form included in the lock box and return it to the OTP weekly. A copy must be kept on file.

6. A WCF provider will review the recommendations and write the specific Methadone orders to be administered for each I/I in the AHR. A MAR (Form #3179) will be completed with the transcribed orders for each I/I.

7. A copy of the monthly MAR and a Record of Controlled Substances Administered will be faxed or scanned monthly to the OTP by the NA or designee. Once scanned, a date, time, and person scanning document will be place on the document. The original MAR will be filed in the AHR MISC Section.

D. Storage of MAT medications Methadone/ Buprenorphine:



E. Administration of Methadone and Buprenorphine:

1. Nursing is responsible for administering MAT in a secure site. Security will participate in the process to address the risk of diversion.

2. Administration of medication will be given per 1:1 medication administration protocol to avoid distraction and decrease the likelihood of spillage or diversion.

3. The I/I must show photo ID as well as state their name and DIN.

4. The nurse will observe the I/I prior to administering the medication. If the I/I appears to be sedated, drowsy, cognitively impaired, or weak, the I/I will be immediately assessed using the COW scale. **A score of 25 or above requires immediate notification of the FHSD, DOCCS provider and the OTP's provider. The medication must not be administered until they are assessed by the facility's provider.**

5. *Methadone:*
   a. The Methadone bottle will be labeled with the I/I's name, DIN # and dose and confirmed with the I/I prior to administration.
   b. They are then asked to drink a cup of water before and after taking the Methadone. The nurse will then perform a mouth check and ask the I/I to clearly enunciate their name and DIN to confirm consumption of the medication.
   c. The I/I will sit for 10-15 minutes so that they can be observed for any issues and to ensure digestion.
   d. The bottle in which the Methadone was contained will be returned to the RN so that the label can be removed and shredded, and the bottle properly discarded.

6. *Buprenorphine:*
   a. The I/I will be given a cup of water to drink before the nurse does a mouth check with a flashlight.
   b. The Subutex (crushed pill) or Suboxone (film) is then placed under the tongue of the I/I by the I/I under direct supervision.
   c. The I/I must have their arms to their side on or a table during this time and be observed closely to prevent diversion.
   d. The nurse must perform mouth checks with the flashlight to confirm that the medication is dissolving.
   e. Once the medication is dissolved, the I/I is asked to drink a cup of water and enunciate their name and DIN.
   f. The I/I must be observed for 10-15 minutes after administration to ensure the absence of ill effects and reduce the chances of diversion.
   g. Post ingestion, the I/I will be escorted back to their housing unit/assignment.
   h. As the number of I/Is increases, the medication can be administered to several I/I simultaneously, to shorten the medication administration time.
   i. They are to be evenly and appropriately spaced on a bench or standing against a wall with their hands to their sides. Security must be diligent in observing the group for diversion.

7. The RN will document the MAT medication administration in the MAR.

F. Diversion

1. If an I/I is observed to be diverting the medication, the nurse will:

   a. Document exact actions of the I/I in the I/I's medical record in the AHR section.
   b. Notify the FHSD and NA.

G. Discrepancies:

1. The NA and provider must be notified immediately, and the error resolved before the end of the tour.

2. A Medication Error report will be completed per HSPM 8.02, Medication Error Reporting.

3. The Medication Error report detailing the problem and corrective actions must be given to the provider to review.

4. A nurse may be asked to return to work before their scheduled tour to resolve Medication errors.

5. If there is Loss of Controlled Substances, the nurse must immediately notify the Nurse Administrator, provider, and Watch-Commander. On off-tours and weekends, the Officer of the Day and Watch Commander will be notified in accordance with Directives 2945, 4092, 4929, HSPM 3.01, NYCRR Title 10 Part 80.100, as well as the on-call provider.

H. Spillage/Vomit of Methadone

1. If there is spillage or vomiting of the Methadone solution, the nurse will inform the FHSD and OTP provider immediately.

2. A Consultation Form #3194 documenting the specific circumstances of the medication loss will be faxed or scanned to the OTP.

3. Once returned by the OTP, the DOCCS provider will review recommendations on the consultation form and write the new orders in the AHR. The nurse will note the orders and update the MAR.

I. I/Is Requiring Dose Adjustment:

1. When a I/I on MAT expresses any symptom of opiate withdrawal at the medication window, sick-call, or during emergency sick call, the I/I will be assessed using the COW scale by a nurse and will be evaluated by a DOCCS provider as soon as possible.

2. For I/Is on Methadone, the Consultation Form stating the issue will be faxed/scanned to the OTP and a call should be made between the DOCCS provider and the OPT's provider to discuss the plan.

3. For I/Is on Buprenorphine, the DOCCS provider will assess the I/I and determine the need for a dose adjustment.

4. The DOCCS provider will document any medication changes for Methadone or Buprenorphine in the AHR. The nurse will note the order and update the MAR.

J. Discontinuation of MAT:

1. (I/I) who elect to terminate voluntarily and prematurely from the program will be reviewed by the FHSD. In cases of I/Is on Methadone, the FHSD will consult with the OTP provider.

K. Staff Education and Training:

1. Licensed medical professionals shall be appropriately trained in the administration of MAT medication and the Policy. All Buprenorphine prescribers must have an X-waiver.

L. Discharge Planning:

1. A consent form will be signed by the I/I and faxed by the NA or designee to the OTP, along with their date of release and address, so that the OTP can share information with the OTP closest to the I/I's address and an appointment can be made to ensure continuity of care.

2. Discharge planning for I/I's return to the community will be coordinated by the designated DOCCS OTP SURN for linkage to a MAT program in the community when there is no OTP to do so.

3. (I/I) will receive their dose of MAT medication, on the day of transfer prior to leaving the facility.

M. Disposal:

1. If there are remaining doses, WCF will record that the medication was disposed of (date, time, amount, reason, and for which I/I) and dispose in the drop box provided in accordance with OASAS and DEA regulations.

N. Transfer to an Infirmary or Specialized Confinement Housing Units

1. Transfer to another facility:

a. The NA or designee will alert the OTP and the medical staff of the receiving infirmary or Specialized Confinement Housing Units prior to placement.
b. NA or designee will complete form 3313, MAT Program Transfer. The form will then be emailed to the facility that the I/I is being transferred to.
c. [redacted]
d. Upon arrival to the receiving facility, the MAT medication will be immediately reconciled with a two-nurse count. If two nurses are not available, the narcotic count can be done with a nurse and a security member in accordance with Directive 4929.
e. The receiving facility nurses will use the MAR and Accountability sheets that are provided in the lock box. [redacted]
f. The receiving facility medical staff will follow all MAT policies and procedures per their Facility Operating Manuals (FOM). WCF's medical staff will be alerted with regards to any medication issues.
g. At the time the I/I is medically cleared to return to WCF, the medical staff must be informed with a nurse-to-nurse discharge report.
h. [redacted]
i. The MAT medication will be immediately reconciled with a two-nurse count. If two nurses are not available, the count can be done with a nurse and a security staff member. Any discrepancy noted, the NA, FHSD and Watch Commander must be notified immediately.
j. [redacted]
k.

NEW YORK STATE Corrections and Community Supervision **Woodbourne Correctional Facility**	FACILITY OPERATIONS MANUAL TITLE **Medication-Assisted Treatment**	FOM. NO. **4042** DATE 5/12/2022
SUPERSEDES WCF FOM 4042 Dated 03-07-2022	DISTRIBUTION A	PAGE Page 1 of 7
REFERENCES Directives: Corresponding Directive(s): 4929 Health Services Policy: 3.08,8.02 Relates ACA Standard(s)	APPROVING AUTHORITY 5.12.2022	

I. **PURPOSE:** To establish a procedure for accepting, storage and administration of Medication Assisted Treatment with Methadone or Buprenorphine for identified incarcerated individuals at Woodbourne Correctional Facility (WCF).

II. **POLICY:** Incarcerated individuals (I/I) drafting from a reception facility who are currently on active Medication Assisted Treatment (MAT) with Methadone or Buprenorphine will continue their therapy upon entry to Woodbourne Correctional Facility. Sending facilities will continue the therapy until they arrive at WCF. MAT treatment will be provided at Woodbourne to eligible participants.

III. **PROCEDURE:**

A. Methadone/ Buprenorphine Maintenance:

1. When medically indicated, I/Is on Methadone/ Buprenorphine treatment will be received at WCF and will continue to be enrolled in the MAT Program.

2. An eligibility list of qualifying I/Is will be generated by the Department of Classification and Movement to determine admittance into WCF's MAT Program.

3. Once notified, the Health Class Analysists will forward the information to the Woodbourne Correctional Facility I/I Records Coordinator (IRC), Nurse Administrator (NA) and Facility Health Service Director (FHSD). WCF will be given one week's notice so that medication can be obtained prior to the I/I's arrival at the facility.

4. The sending facility will ensure that all I/Is accepted for this program will receive their daily dose of Methadone or Buprenorphine on the day of their transfer of custody to WCF.

5. An intake medical screening will be completed by a Registered Nurse upon admittance to WCF.

6. Any observations of signs and symptoms of opiate withdrawal, using the Clinical Opiate Withdrawal (COW) scale will be communicated to the Opioid Treatment Program (OTP) provider in a timely manner so that possible adjustments in the

I/I's Methadone dosing can be considered. (See attached COW Scale)
http://www.drugabuse.gov/sites/default/files/files/ClinicalOpiateWithdrawalScale.pdf

B. Logistics of Methadone Acquisition:



3. Upon arrival of the Methadone to WCF, the medication will be counted under dual control (two nurses). If there is just one nurse on duty, the count will be conducted with a member of the security staff. A Record of Controlled Substances Administered (Form #3182) and a Change of Shift-Control/Count (Form #3184) will be prepared in accordance with DOCCS Directive 4929 and HSPM 3.08.

4. Any discrepancy between the amount received and the amount ordered or damage to the medication, the FHSD, NA and the provider at the OTP must be notified immediately.

5. The DOCCS Nurses will sign the enclosed OTP Medication Administration Record form included in the lock box and return it to the OTP weekly. A copy must be kept on file.

6. The WCF provider will review the recommendations and write the specific Methadone orders to be administered for each I/I in the Ambulatory Health Care Record (AHR). A Medication Administration Record (MAR) (Form #3179) will be completed with the transcribed orders for each I/I.

7. A copy of the monthly MAR and a Record of Controlled Substances Administered will be faxed or scanned monthly to the OTP and the original MAR will be filed in the AHR MISC Section. Once scanned, a note should be added to the MAR that it has been scanned to the OTP with date and time along with signature of NA or designee.

C. Logistics of Buprenorphine Acquisition:

1. Providers need to have the X-waiver (an X number on their DEA License which signifies their ability to prescribe and administer Buprenorphine).
2. Providers also need to have e-prescribing capability so that they can electronically send the prescription to a pharmacy such as Omnicare or Cardinal.

3. Upon arrival of the Buprenorphine to WCF, the medication will be counted under dual control (two nurses). If there is just one nurse on duty, the count will be conducted with a member of the security staff. A Record of Controlled Substances Administered (Form #3182) and a Change of Shift-Control/Count (Form #3184) will be prepared in accordance with DOCCS Directive 4929 and HSPM 3.08.

4. Any discrepancy between the amount received and the amount ordered or damage to the medication, the FHSD, NA and the pharmacy (Omnicare or Cardinal) must be notified immediately.

6. A WCF provider will write the specific Buprenorphine orders to be administered for each I/I in the AHR. A MAR (Form #3179) will be completed with the transcribed orders for each I/I.

7. The original MAR will be filed in the AHR MISC Section.

D. Storage of MAT medications Methadone/ Buprenorphine:

[redacted]

E. Administration of Methadone and Buprenorphine:

1. Nursing is responsible for administering MAT in a secure site. Security will participate in the process to address the risk of diversion.

2. Administration of medication will be given per 1:1 medication administration protocol to avoid distraction and decrease the likelihood of spillage or diversion.

3. The I/I must show photo ID as well as state their name and DIN.

4. The nurse will observe the I/I prior to administering the medication. If the I/I appears to be sedated, drowsy, cognitively impaired, or weak, the I/I will be immediately assessed using the COW scale. **A score of 25 or above requires immediate notification of the FHSD, DOCCS provider and the OTP's provider. The medication must not be administered until they are assessed by the facility's provider.**

5. *Methadone:*
   a. The Methadone bottle will be labeled with the I/I's name, DIN # and dose and confirmed with the I/I prior to administration.
   b. The liquid methadone will be handed to the incarcerated individual. The incarcerated individual will drink the liquid methadone and then return the cup to the Nurse.
   c. They are then asked to drink a cup of water before and after taking the Methadone. The nurse will then perform a mouth check and ask the I/I to clearly enunciate their name and DIN to confirm consumption of the medication.
   d. The I/I will sit for 10-15 minutes so that they can be observed for any issues and to ensure digestion.
   e. The bottle in which the Methadone was contained will be returned to the RN so that the label can be removed and shredded, and the bottle properly discarded.

6. *Buprenorphine:*
   a. The I/I will be given a cup of water to drink before the nurse does a mouth check with a flashlight.
   b. The Subutex (crushed pill) or Suboxone (film) is then placed in a medication cup. The Nurse will give the cup to the incarcerated individual who will in turn take the medication and then return the cup to the Nurse.
      1. Do not add water to the crushed pill.
   c. The I/I must have their arms to their side on or a table during this time and be observed closely to prevent diversion.
   d. The nurse must perform mouth checks with the flashlight to confirm that the medication is dissolving.
   e. Once the medication is dissolved, the I/I is asked to drink a cup of water and enunciate their name and DIN.
   f. The I/I must be observed for 10-15 minutes after administration to ensure the absence of ill effects and reduce the chances of diversion.
   g. As the number of I/Is increases, the medication can be administered to several I/I simultaneously, to shorten the medication administration time.
   h. They are to be evenly and appropriately spaced on a bench or standing against a wall with their hands to their sides. Security must be diligent in observing the group for diversion.

6. The RN will document the MAT medication administration in the MAR.

F. <u>Diversion</u>

1. If an I/I is observed to be diverting the medication, the nurse will:
   a. Document exact actions of the I/I in the I/I's medical record in the AHR section.
   b. Notify the FHSD and NA.

c. Providers should use their individual discretion in handling diversion on a case by case basis. Providers may consult Dr. Hammer or CMO if necessary.

G. Discrepancies:

1. The NA and provider must be notified immediately, and the error resolved before the end of the tour.
2. A Medication Error report will be completed per HSPM 8.02, Medication Error Reporting.

3. The Medication Error report detailing the problem and corrective actions must be given to the provider to review.

4. A nurse may be asked to return to work before their scheduled tour to resolve Medication errors.

5. If there is Loss of Controlled Substances, the nurse must immediately notify the NA, provider and Watch-Commander. On off-tours and weekends, the Officer of the Day and Watch Commander will be notified in accordance with Directives 2945, 4092, 4929, HSPM 3.01, NYCRR Title 10 Part 80.100, as well as the on-call provider.

H. Spillage/Vomit of Methadone

1. If there is spillage or vomiting of the Methadone solution, the nurse will inform the FHSD and OTP provider immediately.

2. A Consultation Form #3194 documenting the specific circumstances of the medication loss will be faxed or scanned to the OTP.

3. Once returned by the OTP, the DOCCS provider will review recommendations on the consultation form and write the new orders in the AHR. The nurse will note the orders and update the MAR.

I. I/Is Requiring Dose Adjustment:

1. When a I/I on MAT expresses any symptom of opiate withdrawal at the medication window, sick-call, or during emergency sick call, the I/I will be assessed using the COW scale by a nurse and will be evaluated by a DOCCS provider as soon as possible.

2. For I/Is on Methadone, the Consultation Form stating the issue will be faxed/scanned to the OTP and a call should be made between the DOCCS provider and the OPT's provider to discuss the plan.

3. For I/Is on Buprenorphine, the DOCCS provider will assess the I/I and determine the need for a dose adjustment.

4. The DOCCS provider will document any medication changes for Methadone or Buprenorphine in the AHR. The nurse will note the order and update the MAR.

J. Discontinuation of MAT:

1. I/Is who elect to terminate voluntarily and prematurely from the program will be reviewed by the FHSD. In cases of I/Is on Methadone, the FHSD will consult with the OTP provider.

K. Staff Education and Training:

1. Licensed medical professionals shall be appropriately trained in the administration of MAT medication and the Policy. All Buprenorphine prescribers must have an X-waiver.

L. Discharge Planning:

1. A consent form will be signed by the I/I and faxed by the NA or designee to the OTP, along with their date of release and address, so that the OTP can share information with the OTP closest to the I/I's address and an appointment can be made to ensure continuity of care.

2. Discharge planning for I/I's return to the community will be coordinated by the designated DOCCS OTP SURN for linkage to a MAT program in the community when there is no OTP to do so.

3. I/Is will receive their dose of MAT medication, on the day of transfer prior to leaving the facility.

M. Disposal:

1. If there are remaining doses, WCF will record that the medication was disposed of (date, time, amount, reason, and for which I/I) and dispose in the drop box provided in accordance with OASAS and DEA regulations.

N. Transfer to an Infirmary or Specialized Confinement Housing Units

1. Within the facility:

a. Incarcerated individuals transferred to Specialized Confinement Housing Units or the Infirmary will be escorted to [redacted] so that their MAT medication can be administered.

b. [redacted]

[redacted]

2. Transfer to another facility:

a. The NA or designee will alert the OTP and the medical staff of the receiving infirmary or Specialized Confinement Housing Units prior to placement.
b. NA or designee will complete form 3313, MAT Program Transfer. The form will then be emailed to the facility that the I/I is being transferred to.
c. [redacted]
d. Upon arrival to the receiving facility, the MAT medication will be immediately reconciled with a two-nurse count. If two nurses are not available, the narcotic count can be done with a nurse and a security member in accordance with Directive 4929.
e. The receiving facility nurses will use the MAR and Accountability sheets that are provided in the lock box. [redacted]
f. The receiving facility medical staff will follow all MAT policies and procedures per their Facility Operating Manuals (FOM). WCF's medical staff will be alerted with regards to any medication issues.
g. At the time the I/I is medically cleared to return to WCF, the medical staff must be informed with a nurse-to-nurse discharge report.
h. [redacted]
i. The MAT medication will be immediately reconciled with a two-nurse count. If two nurses are not available, the count can be done with a nurse and a security staff member. Any discrepancy noted, the NA, FHSD and Watch Commander must be notified immediately.
j. [redacted]
k.

NEW YORK STATE Corrections and Community Supervision **Wyoming Correctional Facility**	FACILITY OPERATIONS MANUAL TITLE **Medication-Assisted Treatment**	FOM. NO. II. E. 15 DATE 6/28/2022
SUPERSEDES	DISTRIBUTION A	PAGE Page 1 of 7
REFERENCES Directives: Corresponding Directive(s): 4929 Health Services Policy: 3.08,8.02 Relates ACA Standard(s)	APPROVING AUTHORITY	

I. PURPOSE: To establish a procedure for accepting, storage and administration of Medication Assisted Treatment with Methadone or Buprenorphine for identified incarcerated individuals at Wyoming Correctional facility (WCF).

II. POLICY: Incarcerated individuals (I/I) drafting from a reception facility who are currently on active Medication Assisted Treatment (MAT) with Methadone or Buprenorphine will continue their therapy upon entry to Wyoming Correctional Facility. Sending facilities will continue the therapy until they arrive at WCF. MAT treatment will be provided at Wyoming CF to eligible participants.

III. PROCEDURE:

A. Methadone/ Buprenorphine Maintenance:

1. When medically indicated, I/Is on Methadone/ Buprenorphine treatment will be received at WCF and will continue to be enrolled in the MAT Program.

2. An eligibility list of qualifying I/Is will be generated by the Department of Classification and Movement to determine admittance into WCF's MAT Program.

3. Once notified, the Health Class Analysists will forward the information to the Wyoming Correctional Facility I/I Records Coordinator (IRC), Nurse Administrator (NA) and Facility Health Service Director (FHSD). WCF will be given one week's notice so that medication can be obtained prior to the I/I's arrival at the facility.

4. The sending facility will ensure that all I/Is accepted for this program will receive their daily dose of Methadone or Buprenorphine on the day of their transfer of custody to WCF.

5. An intake medical screening will be completed by a Registered Nurse upon admittance to WCF.

6. Any observations of signs and symptoms of opiate withdrawal, using the Clinical Opiate Withdrawal (COW) scale will be communicated to the Opioid Treatment Program (OTP) provider in a timely manner so that possible adjustments in the

I/I's Methadone dosing can be considered. (See attached COW Scale)
http://www.drugabuse.gov/sites/default/files/files/ClinicalOpiateWithdrawalScale.pdf

B. Logistics of Methadone Acquisition:

1. [redacted]

[redacted]

3. Upon arrival of the Methadone to WCF, there will be a two-nurse count of the contents of the locked box. In the event of only one Nurse on duty, the count will be performed with a member of the Security or Pharmacy staff. A Record of Controlled Substances Administered (Form #3182) and a Change of Shift-Control/Count (Form #3184) will be prepared in accordance with DOCCS Directive 4929 and HSPM 3.08.

4. Any discrepancy between the amount received and the amount ordered or damage to the medication, the FHSD, NA and the provider at the OTP must be notified immediately.

5. The DOCCS Nurses will sign the enclosed OTP Medication Administration Record form included in the lock box and return it to the OTP weekly. A copy must be kept on file.

6. The WCF provider will review the recommendations and write the specific Methadone orders to be administered for each I/I in the Ambulatory Health Care Record (AHR). A Medication Administration Record (MAR) (Form #3179) will be completed with the transcribed orders for each I/I.

7. A copy of the monthly MAR and a Record of Controlled Substances Administered will be faxed or scanned monthly to the OTP and the original MAR will be filed in the AHR MISC Section. Once scanned, a note should be added to the MAR that it has been scanned to the OTP with date and time along with signature of NA or designee.

C. Logistics of Buprenorphine Acquisition:

1. Providers need to have the X-waiver (an X number on their DEA License which signifies their ability to prescribe and administer Buprenorphine).

2. Providers also need to have e-prescribing capability so that they can electronically send the prescription to a pharmacy such as Omnicare or Cardinal.

3. Upon arrival of the Buprenorphine to WCF, the medication will be counted under dual control (two nurses). If there is just one nurse on duty, the count will be conducted with a member of the security or pharmacy staff. A Record of Controlled Substances Administered (Form #3182) and a Change of Shift-Control/Count (Form #3184) will be prepared in accordance with DOCCS Directive 4929 and HSPM 3.08.

4. Any discrepancy between the amount received and the amount ordered or damage to the medication, the FHSD, NA and the pharmacy (Omnicare or Cardinal) must be notified immediately.

5. A WCF provider will write the specific Buprenorphine orders to be administered for each I/I in the AHR. A MAR (Form #3179) will be completed with the transcribed orders for each I/I.

6. The original MAR will be filed in the AHR MISC Section.

D. Storage of MAT medications Methadone/ Buprenorphine:

[redacted]

E. Administration of Methadone and Buprenorphine:

1. Nursing is responsible for administering MAT in a secure site. Security will participate in the process to address the risk of diversion.

2. Administration of medication will be given per 1:1 medication administration protocol to avoid distraction and decrease the likelihood of spillage or diversion.

3. The I/I must show photo ID as well as state their name and DIN.

4. The nurse will observe the I/I prior to administering the medication. If the I/I appears to be sedated, drowsy, cognitively impaired, or weak, the I/I will be immediately assessed using the COW scale. **A score of 25 or above requires immediate notification of the FHSD, DOCCS provider and the OTP's provider. The medication must not be administered until they are assessed by the facility's provider.**

5. *Methadone:*
   a. The Methadone bottle will be labeled with the I/I's name, DIN # and dose and confirmed with the I/I prior to administration.
   b. They are then asked to drink a cup of water before and after taking the Methadone. The nurse will then perform a mouth check and ask the I/I to clearly enunciate their name and DIN to confirm consumption of the medication.
   c. The I/I will sit for 10-15 minutes so that they can be observed for any issues and to ensure digestion.
   d. The bottle in which the Methadone was contained will be returned to the RN so that the label can be removed and shredded, and the bottle properly discarded.

6. *Buprenorphine:*
   a. The I/I will be given a cup of water to drink before the nurse does a mouth check with a flashlight.
   b. The Subutex (crushed pill) or Suboxone (film) is then placed by the nurse under the tongue of the I/I.
   c. The I/I must have their arms to their side on or a table during this time and be observed closely to prevent diversion.
   d. The nurse must perform mouth checks with the flashlight to confirm that the medication is dissolving.
   e. Once the medication is dissolved, the I/I is asked to drink a cup of water and enunciate their name and DIN.
   f. The I/I must be observed for 10-15 minutes after administration to ensure the absence of ill effects and reduce the chances of diversion.
   g. Post ingestion, the I/I will be escorted back to their housing unit/assignment.
   h. As the number of I/Is increases, the medication can be administered to several I/I simultaneously, to shorten the medication administration time.
   i. They are to be evenly and appropriately spaced on a bench or standing against a wall with their hands to their sides. Security must be diligent in observing the group for diversion.

7. The RN will document the MAT medication administration in the MAR.

F. <u>Diversion</u>

1. If an I/I is observed to be diverting the medication, the nurse will:

   a. Document exact actions of the I/I in the I/I's medical record in the AHR section.
   b. Notify the FHSD and NA.

G. <u>Discrepancies:</u>

1. The NA and provider must be notified immediately, and the error resolved before the

end of the tour.

2. A Medication Error report will be completed per HSPM 8.02, Medication Error Reporting.

3. The Medication Error report detailing the problem and corrective actions must be given to the provider to review.

4. A nurse may be asked to return to work before their scheduled tour to resolve Medication errors.

5. If there is Loss of Controlled Substances, the nurse must immediately notify the Nurse Administrator, provider, and Watch-Commander. On off-tours and weekends, the Officer of the Day and Watch Commander will be notified in accordance with Directives 2945, 4092, 4929, HSPM 3.01, NYCRR Title 10 Part 80.100, as well as the on-call provider.

H. Spillage/Vomit of Methadone

1. If there is spillage or vomiting of the Methadone solution, the nurse will inform the FHSD and OTP provider immediately.

2. A Consultation Form #3194 documenting the specific circumstances of the medication loss will be faxed or scanned to the OTP.

3. Once returned by the OTP, the DOCCS provider will review recommendations on the consultation form and write the new orders in the AHR. The nurse will note the orders and update the MAR.

I. I/Is Requiring Dose Adjustment:

1. When a I/I on MAT expresses any symptom of opiate withdrawal at the medication window, sick-call, or during emergency sick call, the I/I will be assessed using the COW scale by a nurse and will be evaluated by a DOCCS provider as soon as possible.

2. For I/Is on Methadone, the Consultation Form stating the issue will be faxed/scanned to the OTP and a call should be made between the DOCCS provider and the OPT's provider to discuss the plan.

3. For I/Is on Buprenorphine, the DOCCS provider will assess the I/I and determine the need for a dose adjustment.

4. The DOCCS provider will document any medication changes for Methadone or

Buprenorphine in the AHR. The nurse will note the order and update the MAR.

J. Discontinuation of MAT:

1. I/I who elect to terminate voluntarily and prematurely from the program will be reviewed by the FHSD. In cases of I/Is on Methadone, the FHSD will consult with the OTP provider.

K. Staff Education and Training:

1. Licensed medical professionals shall be appropriately trained in the administration of MAT medication and the Policy. All Buprenorphine prescribers must have an X-waiver.

L. Discharge Planning:

1. A consent form will be signed by the I/I and faxed by the NA or designee to the OTP, along with their date of release and address, so that the OTP can share information with the OTP closest to the I/I's address and an appointment can be made to ensure continuity of care.

2. Discharge planning for I/I's return to the community will be coordinated by the designated DOCCS OTP SURN for linkage to a MAT program in the community when there is no OTP to do so.

3. I/I will receive their dose of MAT medication, on the day of transfer prior to leaving the facility.

M. Disposal:

1. If there are remaining doses, WCF will record that the medication was disposed of (date, time, amount, reason, and for which I/I) and dispose in the drop box provided in accordance with OASAS and DEA regulations.

N. Transfer to an Infirmary or Specialized Confinement Housing Units

1. Transfer to another facility:

   a. The NA or designee will alert the OTP and the medical staff of the receiving infirmary or Specialized Confinement Housing Units prior to placement.
   b. NA or designee will complete form 3313, MAT Program Transfer. The form will then be emailed to the facility that the I/I is being transferred to.

2. Transfer within the facility:

   a. Incarcerated Individuals transferred from General population to WCF SHU will be escorted to [redacted] in Medical to receive their medication. [redacted]

   b. [redacted].