ATTACHMENT B

RFI-21-66669

RESPONDENTS NAME: Community Health Network Foundation

Please complete the yellow shaded boxes below. The fields can expand as needed.

SUBMISSION REQUIREMENTS

DMHA asks that all Respondents provide information in the following areas:

Interest in Participation

1. Please confirm and describe the vendor's interest and commitment to establishing one or more Opioid Treatment Programs in the State of Indiana.

Community Health Network Foundation (CHNF) submits this RFI response on behalf of Community Howard Regional Health (CHRH). CHRH operates an Indiana Division of Mental Health and Addiction (DMHA)-certified community mental health center (CMHC) (see attachments). CHRH intends to pursue an opioid treatment program (OTP) license to partner with current Indiana OTP operator, Community Medical Services (CMS). CHRH's vision is to open an OTP in Howard County to enhance the OTP network across Indiana. Through a partnership, CHRH and CMS are committed to supporting the community and fulfilling the need for additional opioid treatment services.

Demonstration of need:
Howard County has elevated rates for overdose death, the majority of which are opioid-related, relative to other counties in Indiana. In Howard County, there were 236 emergency department visits per 100,000 population due to any drug use in 2019, and the county experienced a death rate of 37.6 deaths per 100,000 population due to any drug use in 2019[1]. These numbers have increased since 2016, which recorded 190 emergency department visits involving any opioid per 100,000 people, compared to 104.5 vists per 100,000 people on average for the State of Indiana[2]. In 2019, Howard County experienced 24.1 opioid deaths per 100,000 residents, a much higher rate than the overall state rate of 18.1[3].

1. https://www.in.gov/isdh/27393.htm
2. https://www.in.gov/isdh/27879.htm
3. https://www.in.gov/mph/930.htm

2. Please confirm the vendor's ability to meet or exceed requirements listed in "Vendor Requirements" outlined in the RFI.

CHRH is Joint Commission-accredited and is a certified DMHA addictions treatment provider (see attachments). It is CHRH's intent to obtain necessary licenses to develop and operate, through partnership with CMS, an OPT clinic withing Howard County. CHRH Behavioral Health Services has a medical director and staff already in place, meeting Drug Enforcement Agency (DEA) requirements, in order to receive its license, subsequently to subcontract with CMS.

CMS is accredited by the Commission on Accreditation of Rehabilitation Facilities and holds DEA and Substance Abuse and Mental Health Services Administration licensed OTP program operating over 45 clinics across nine states, including one OTP located in Grant County, Indiana.

Experience & Qualifications

1. Please provide an overview of the vendor's experience starting up and operating medication assisted treatment including OTPs.

CHRH has operated a state-certified CMHC since 1971. Since its inception, the CMHC has provided clinical treatment services to adults and youth suffering from substance use disorders (SUDs), including opioid-related SUDs. While CHRH currently offers Medication Assisted Treatment (MAT) services to those in need, it does not currently offer methadone to provide the full continuum of MAT services. Because safe and responsible distribution of methadone offers a beneficial clinical option for those not able to benefit adequately from other treatment options, it is CHRH's intent to establish an OTP through partnership with CMS.

CMS has provided MAT to clients for over 35 years. Since 2009, CMS has opened over 30 clinics and expanded into 8 new states. CMS is dedicated to providing quality services and working with the neighborhoods served to become an integrated member of the community.

CMS's vision is to eliminate the consequences caused by SUDs in the communities it serves by partnering with community stakeholders and system partners to increase access to treatment and to break down barriers that prevent those in need from seeking treatment. CMS is intent on reducing the stigma associated with addiction and on encouraging harm reduction principles by working to educate stakeholders on the nature of the disease of addiction and the efficacy of MAT.

Over the last five years, CMS has refined its clinic opening process to maximize efficiency, so as to increase access to care in underserved areas. CMS has an extensive market data evaluation process to identify potential OTP locations based on key indicators such as population, opioid use disorder (OUD) rates, hospital utilization, overdose rates, and number of existing treatment providers. Based on this information, CMS identifies top locations and begins outreach to local stakeholders and members of the community. Through these discussions, CMS can make informed decisions on whether the clinic should operate under extended intake hours or consider the location for 24/7 access to intakes. Additionally, this communication allows CMS to make vital contacts in the community it is looking to serve, including dialogue with criminal justice agencies, hospitals and emergency departments, police and fire departments, local providers, and the harm reduction community.

The daily operations of CMS clinics are managed by onsite staff, with oversight and support provided by a regional operations director as well as corporate support departments, including a centralized Quality Management department. CMS's Quality Management department ensures client safety and adherence to company policies and procedures through routine chart audits and monitoring of client complaint and grievances submitted.

Overview of CMS's on-demand OTP in Arizona:
The following link provides an overview of CMS's 24/7 OTP in Phoenix, Arizona and its dedication to patient care and community integration. Arizona Governor Doug Ducey, Arizona Health Care Cost Containment (Arizona's Medicaid agency) Director Jami Snyder, and State Senators Kate Brophy McGee and Paul Boyer participated in the video announcing the opening of this facility dedicating to increasing access to care and breaking down barriers to intakes.
https://www.youtube.com/watch?v=6YusnqCA1po

Business Relationships

1. Please describe your existing relationships with other OTPs in the State of Indiana.

CHRH currently maintains a memorandum of understanding (MOU) with Eskenazi Health to provide OTP services for its clients/patients. Its proposed partner in this RFI intiative, CMS, collaborates with all local OTPs to coordinate care including Bowen Center, Richmond Comprehensive Treatment Center, Center for Behavioral Health, East Indiana Comprehensive Treatment Center, and Muncie Comprehensive Treatment Center.

2. Please describe your existing relationships with Community Mental Health Centers.

CHRH is a DMHA-certified CMHC and is a certified addictions provider within Indiana. Its proposed partner, CMS, currently has an MOU in place with Grant Blackford Mental Health to provide referrals to treatment for appropriate clients served at their Marion, IN location. CMS's mission is to provide comprehensive clinical consultation and treatment for people with emotional, mental, behavioral, and substance use disorders as well as provide timely crisis intervention.

3. Please describe your existing relationships with hospitals licensed under IC 16-21.

CHRH is a licensed hospital operating in Indiana and maintains a 12-bed adult behavioral health unit that offers detox and psychiatric stabilization. Its proposed partner, CMS, is working to expand its presence and involvement with hospitals throughout Indiana to coordinate care and ensure that all individuals experiencing an opioid-related incident in emergency departments have a direct linkage to care.

Community Experience

1. Please describe your experience promoting community integration and acceptance of medication assisted treatment including OTPs.

CHRH and CMS's mutual goal is to be strong members of the provider network in all communities they serve. Both teams work to address policy around access, collective impact, and MAT advocacy, as well as to partner with a variety of criminal justice and child welfare agencies.

Locally, to break down barriers and support its clients, CHRH partners with several agencies that have historically worked in silos, including family court and local jails. CHRH continues to outreach and align with agencies and providers in the community to actively engage in the continuum of care and encourage whole-person treatment. More specifically, CHRH works with several problem-solving courts in Howard County to provide expedited referrals for individuals on probation in the community or coming directly from jail, in order to get access for MAT evaluation and services. CHRH uses the sequential intercept model to ensure an appropriate wrap support strategy to address social determinants of health barriers (i.e., housing, employment, transportation, technology, etc.), accountability, and to ensure timely and appropriate clinical service support.

Both CHRH and CMS are passionate about providing education on OUD and MAT to the communities they serve. CHRH and CMS both pride themselves on living their values every day and providing the most up-to-date, evidence-based content related to treatment, recovery, and strengthening community collaboration. Their respective staffs provide in-service training to provider organizations as well as educational sessions to members of the community on a variety of topics including:

- Criminal Justice;
- MAT and Pregnancy;
- Navigating Child and Family Services;
- Collaborative Project Development;
- Establishing Relationships with Referral Sources; and
- Client Advocacy.

2. What are the critical success factors in promoting community integration and acceptance of medication assisted treatment and OTPs?

The critical success factors are first to identify and fill gaps in referrals or supportive communication. Through problem-solving meetings with community agencies, CHRH and CMS work collaboratively to identify what resources or processes could assist in providing better coordination of services for the clients served. Both CHRH and CMS have extensive and consistent track records of supporting and aligning communities to help individuals struggling with OUD. Both entities work closely with child welfare agencies to ensure the responses of support to opioid-dependent mothers and we support several law officer diversion projects and EMS peer support response programs. Both organiations have extensive experience working with law enforcement and probation to assure access to and coordination of care.

CMS has achieved success as a result of their work developing Opioid Treatment on Demand (OTOD) Centers. Through such centers, individuals may access intake and treatment support 24/7. With the addition of the OTODs, the responsivity to communities and system partners means that communities are able to offer hope through a standard response that offers opportunity and resources for treatment to persons in crisis who would not otherwise receive them.

3. Response must include a minimum of one letter of support from each of the following: elected city official, elected county official and city or county law enforcement.

Please see attached letters of support from the Howard County Commissioiner President, the Mayor of the City of Kokomo, and the Howard County Sherriff. All of these individuals have collaborated with CHRH extensively on recovery-oriented projects in the past and are committed to extend the treatment resources in Howard County.

Medications / Protocols

1. Please describe current medication and treatment protocols utilized in your existing addiction services. If necessary, please include additional information as a separate attachment in your response to this RFI.

CHRH offers both buprenorphine and naltrexone medications through its MAT services. It currently does not offer methadone and seeks to partner with CMS to do so. Below are exerpts of CMS' policy related to current medication and tretament protocols. A full copy of CMS' Medical Administration Policies can be found in the Attachments (*Policy 4.5.10 Administering Opioid Treatment Medications*).

All intake or transfer paperwork must be completed prior to client being administered the first dose of opioid treatment medication. If the client is a transfer, the nurse (or medical provider if desired) must call the clinic to verify client dosage amount and date of last dose. A release of information must be completed and faxed by the intake counselor to the transferring clinic prior to the nurse obtaining verbal verification of the client's dosing history.

Medication is to be administered only to the client to whom it is prescribed. The nurse verifies client identification via the client's photo in Methasoft and is required to ask client to verbally confirm ID number, dose, and take-home medication privilege level prior to dispensing and administering dose. Clients are prohibited from wearing sunglasses, having earbuds/headphones in, and/or being on the phone while at the dosing window. Additionally, children are prohibited from being at the dosing window.

It is recommended that medication is taken with water; water and dispensing cups provided at the dosing window are the only provisions allowed. All dispensing cups used must be disposed in trash

receptacles at the dosing window prior to the client exiting the area. The nurse is required to confirm that client swallowed or fully dissolved the dose, depending on the medication modality. Client must speak before leaving dosing window to verify that the medication was completely ingested.

If a client presents at the clinic and is suspected to be impaired, the client will not receive any dose of medication and an impairment assessment is conducted per OTP policy. Administration of observed and take-home doses is contingent upon the outcome of the impairment assessment and the medical provider's order. Medication dose changes are required to be prescribed and entered by the medical provider; only nurses may accept verbal orders.

When dispensing take-home medication, clients are asked to check bottle(s) for correct name and dosage amount printed on the bottle prior to leaving the dosing window. Clients allowed to take-home six or more bottles of medication are required to have a functioning lock box for storage.

When a client returns after hospitalization or an emergency room encounter the nurse must obtain written or oral verification of a client's last dose of opioid treatment medication with the facility and the OTP medical provider must be contacted to obtain dosing orders for the client. If the client left the hospital against medical advice (AMA), the nurse must direct the client to their counselor to obtain a signed release of information to contact the hospital, in addition to seeing a OTP medical provider prior to dosing to assess medical stability.

Prior to leaving the dosing room each day the nurses are to ensure that all opioid treatment medication is secured and locked in the clinic safe, thatthe pump is cleaned, and that the dosing room is locked and the alarm is armed.

Proposed Location(s) and Services

In an effort to meet Governor Holcomb's goal of having treatment for opioid use disorder within one hours drive for every Hoosier, FSSA/DMHA has identified the following counties as potential locations for a new Opioid Treatment Program: Dubois, Fountain, Fulton, Jackson, Jefferson, Kosciusko, LaGrange, Marion, Orange, Perry, Rush, Warren or a county that surrounds or borders one of the identified counties.

1. Select a county from the above list then provide the following details for the proposed location(s):
    a. Full address including ZIP Code(s) -Vendor may provide multiple addresses but must include pros and cons of each location including any potential zoning issues.
    b. Rationale for selection
    c. Existing relationships in the proposed location's community
    d. Driving time from nearest existing OTP
    e. Proposed hours of operation
    f. Proposed clinic features (e.g., number of group rooms, therapist offices, dosing windows, etc.)
    g. Proposed steady-state staffing levels, by position
    h. Proposed size (in square feet)
    i. Proposed expansion potential
    j. Proposed parking capacity
    k. Proposed solutions to manage client traffic during high demand hours of the day

a. 2902 S Reed Rd., Kokomo, IN 46902

b. Medically zoned C2 facility, plenty of parking, with multiple entrances and exits. Parking ratio is 5/1000 square feet and is above CMS company requirement ratio of 4/1000. This property meets all local zoning requirements and has a suitable traffic flow.
c. CHRH partners with several agencies to break down barriers and support its clients including family court and local jails that have previously worked in silos. CHRH works with several problem-solving courts in Howard County to provide expedited referrals for individuals on probation in the community or coming directly from jail to get access for MAT evaluation and services. CHRH uses the sequential intercept model to ensure an appropriate wrap support strategy to address social determinants of health barriers (i.e., housing, employment, transportation, technology, etc.), accountability, and to ensure timely and appropriate clinical service support.
d. 29.5 miles from nearest OTP, approximately 40 minutes.
e. Monday- Friday 5 am - 2 pm, Saturday and Sunday 6 am -10 am
f. The facility will have one group room, nine therapist offices, and two dosing windows
g. The facility will have one medical director, three nurses, nine counselors, security guard and a program director.
h. 11,000 square feet (sqft.) are available for buildout, with the anticipated usable size being 5,000-7,000 sqft.
i. Facility will continuously monitor for and identify any gaps in service and is open to expanding to accommodate to those.
j. 55 parking spots
k. CMS employs security guards and client navigators to circulate throughout clinic and parking lot to navigate traffic, reduce loitering, and ensure reasonable traffic flow.

2. Please describe co-located addiction treatment programs proposed.

CHRH, through a proposed partnership with CMS, will operate the OTP in Howard County and be responsible for providing medication-assisted treatment, including the administration of methadone, buprenorphine products, and naltrexone, as well as substance use disorder counseling and other supportive services such as case management, vocational and educational support.

CHRH will work with DMHA and relevant regulatory bodies to ensure all necessary federal licenses and permits related to operating an opioid treatment program, including accreditation, DEA licensure, etc., are in place in order to launch OTP operations.

Once established, the proposed OTP will refer all clients with behavioral health needs outside the scope of the OTP to the CMHC operated through CHRH. The OTP and CMHC will not be located within the same facility but the proposed OTP site is within a reasonable distance of the CMHC, so as to minimize the burden of traveling between sites.

3. Please describe your clinical approach to treating women who are pregnant with an opioid use disorder.

CHRH partners with Community Health Network's (CHNw) CHOICE program to provide person-centered care for women who are pregnant with an OUD. CHNw sees this as a critical priority to ensure optimal well-being of both the mother and her developing baby. CHRH's OTP partner, CMS, also focuses on health promotion of pregnant women so that their unborn and neonatal children have optimal health outcomes. Below exerpts describe CMS's policy in treating pregnant women. The full text of CMS' Pregnancy Policies can be found in the Attachments (*Policy 4.5.25 Treatment Guidelines for Pregnant Clients*).

CMS OTP Standards:

Pregnant clients will receive education on "prenatal care for the fetus while the patient is receiving opioid addiction treatment" and the OTP proivider will "have written, dated, and properly signed memoranda of understanding, qualified service organization agreements, or other types of formal agreements that assure the referral of patients to all services not provided by the OTP, including […] prenatal care or other gender-specific services for pregnant patients."

Pregnant women presenting for MAT are expedited into treatment. If clinically appropriate, the medical provider may waive the requirement of a one-year history of addiction for pregnant clients in accordance with 42 CFR §8.12(a)(3). Pregnant clients are requested to provide drug screens per OTP policy unless ordered at a greater frequency per the medical provider. Pregnant clients are not denied ordered opioid treatment medication if they are unable to leave a drug screen when requested. Withdrawal or tapering of MAT is relatively contraindicated during pregnancy. The standard of care is to continue MAT throughout pregnancy, with OTP medical provider ensuring coordination of care with the client's prenatal care provider. Pregnant clients requesting discharge from treatment are referred to the medical provider. All clients requesting tapering or discharge during pregnancy must be reviewed with the Medical Director. The counselor must document in the client record the name of the doctor the client is referred to for further care.

If the pregnancy induces changes in the elimination or metabolization of opioid treatment medication resulting in withdrawal symptoms sooner than 24 hours after the last dose, medication may necessitate adjustment, as determined and ordered by the medical provider.
Pregnant clients receive additional counseling and education regarding:
a. The standard of care for OUD during pregnancy to continue MAT throughout pregnancy;
b. The impact of discontinuing or tapering MAT on the health and welfare of unborn children; and
c. The possibility that the newborn could develop NOWS (neonatal opioid withdrawal syndrome) after delivery.

Pregnant clients will not be administratively discharged except under conditions making continued treatment at CMS dangerous or impossible - in all cases of administrative discharge every attempt will be made to refer the client to a different MAT provider. All administrative discharges for pregnant clients must be reviewed by the Medical Director and the Chief Medical Officer.

4. Please describe the coordination of medication assisted treatment with the continuum of care available in your proposed location.

CHRH is an active community partner to facilitate addictions recovery, including access to medication treatment. Monthly, its MAT prescribers attend the Howard County Mental Health Coalition meetings, which include judges, probation, jail and sheriff's department representativesand treatment providers from the area hospitals and CMHCs. CHRH partners with its emergency department and local law enforcement and peer recovery network to review high need cases and improve coordination of support. Additionally, CHRH has a quarterly best practice MAT committee that is composed of clinical director leadership, and physicians specialists in addictions and primary care as well as psychiatry. CHRH has a bi-weekly staff meeting for its multi-disciplinary clinical team to review MAT client treatment needs and coordinate care.

In Grant County, CMS works with the Goodwill of Central and Northern Indiana Nurse Family Partnership (NFP) program, to enhance the continuum of care for its clients, through a referral agreement. The NFP coordinates home visits to support pregnant women and new mothers of children from birth until age 2. In Howard County, CMS will pursue the same arrangement with Goodwill of Central and Southern Indiana's NFP Program.

Implementation

1. Please describe the vendor's proposed project timeline from approval to start of operations.

From approval, CHRH anticipates it will take 7-9 months to open the facility in partnership with CMS. This includes contracting between CHRH and CMS, identifying suitable location and signing a lease, completing construction and neccesary permits, obtaining all licensure and certifications, hiring and training staff, and purchasing all equiptment. Below is a tentative timeline outlining anticipated dates.

Month 1	Month 2	Month 3	Month 4	Month 5
Identify location Draft and execute contract between CHRH and CMS, under CHNw Legal.	Identify location Draft and execute contract between CHRH and CMS, under CHNw Legal.	Draft and execute contract between CHRH and CMS, under CHNw Legal.	Negotiate terms and sign lease for facility Apply for construction permits	Begin construction upon approval Apply for necessary licenses and permits
Month 6	**Month 7**	**Month 8**	**Month 9**	**Month 10**
Construction of facility Begin community outreach	Construction of facility Hire, train staff Credentialing staff and facility Ongoing community outreach	Final stages of construction Ongoing community outreach	Community open house Ongoing community outreach Facility opens	Fully operational clinic Ongoing community outreach

2. Please describe the vendor's critical success factors in the start-up of a new OTP location.

Critical success factors in opening an OTP revolve around a few key components: community acceptance, and availability of functional space, behavioral health services, and nursing staff.

Community acceptance, or lack of community resistance, plays an important role in how quickly an OTP can open. CHRH and CMS are intentional about becoming embedded members of the community by attending task force meetings, community forums, neighborhood events, and community health fairs. Even with the vast need for treatment and overwhelming literature on the benefits of increased treatment options, neighborhoods and communities often have misconceptions about potential negative impacts of having a local treatment provider. For this reason, both CHRH and CMS strive to educate community members and provide reassurance of the support they will provide.

Having appropriate space to operate an OTP is also an important aspect of the timely opening. CMS has identified that buildings should generally be 5,000 sqft, have ample parking and appropriate traffic flow, and be located away from any education or religious organizations.

Finally, the availability of staff to serve patients is vital to the success of the operation. Many OTPs nationally are experiencing provider shortages for both nursing and behavioral health. This is an added challenge when looking to open an OTP. That being said, CHRH and CMS have strong recruiting efforts that recognize these challenges and work to overcome them through creative outreach and recruiting strategies.

MEDICAL ADMINISTRATION
Treatment Guidelines for Pregnant Clients

PURPOSE

The purpose of this policy is to establish treatment guidelines for pregnant clients.

POLICY

It is the policy of Community Medical Services (CMS) to provide pregnant clients with opioid use disorder (OUD) emergency intake status due to the potential harm to the fetus caused by substance use and lack of prenatal care. Pregnant clients with OUD are treated according to industry standard best practices.

DEFINITIONS

Emergency intakes are situations where clients are in need of immediate care; emergency intakes include individuals who are pregnant.

Medication-assisted treatment (MAT) means the dispensing or prescribing of an FDA approved medication for the treatment of Opioid Use Disorder, moderate or severe (OUD).

Opioid treatment medication means methadone, buprenorphine, or naltrexone.

Opioid Use Disorder, moderate or severe (OUD) means that the client meets at least 4 of 11 DSM-5 criteria.

Neonatal Opioid Withdrawal Syndrome (NOWS) is a postnatal drug withdrawal syndrome that may occur among opioid-exposed infants shortly after birth.

PROCEDURES

I. General Procedures

1. If clinically appropriate, the medical provider may waive the requirement of a 1-year history of addiction for pregnant clients in accordance with 42 CFR §8.12(a)(3)
2. Intake into treatment is expedited as much as possible for pregnant clients.
3. When a current or potential client presents at CMS and states that she is pregnant, validation of pregnancy is obtained via point of care pregnancy testing.
4. Pregnant clients are requested to provide drug screens per Policy 4.5.27 Client Drug Screens, unless ordered at a greater frequency per the medical provider.
5. Pregnant clients cannot be denied ordered opioid treatment medication if they are unable to leave a drug screen when requested.
6. Withdrawal or tapering of MAT is relatively contraindicated during pregnancy. The standard of care is to continue MAT throughout pregnancy.
    a. Clients requesting withdrawal management during pregnancy should first be evaluated by a Maternal Fetal Medicine (MFM) specialist and/or an OB/Gyn with experience in treating clients with OUD. Withdrawal management should only be done with a team that includes regular monitoring of the fetus, regular evaluation for risk of relapse, and co-management with other specialists.
    b. Clients have the legal right to refuse treatment at any time with appropriate informed consent. Clients requesting tapering during pregnancy who refuse co-management with specialty care will be informed of the risks to the fetus and mother, and the fact that continuing MAT throughout pregnancy is the current standard of care. The informed consent conversation will be documented in the progress notes and the client made aware that they are tapering against medical advice.
7. If the pregnancy induces changes in the elimination or metabolization of opioid treatment medication resulting in withdrawal symptoms sooner than 24 hours after the last dose, medication may necessitate adjustment, as determined and ordered by the medical provider.

a. If it is determined that a split dose of methadone is necessary for the client, a CSAT exception may need to be filed per Policy 4.5.36 Exceptions to Take-Home Medication Policy.

b. If split dosing is initiated during pregnancy, the patient will be placed back on single dosing after delivery. The medical provider will determine the dose when converting back to single dosing.

8. Clients are asked to submit evidence of prenatal care. The prenatal care provider is provided regular updates on client dosage level and progress in treatment.

   a. Medical and counseling records will reflect the nature of prenatal support provided to the client including referrals for prenatal care, pregnancy/parenting education and postpartum follow-up.

   b. If appropriate prenatal care is not available by referral, or the client cannot afford care or refuses prenatal care services, general information regarding pregnancy will be provided. It is recommended that clients should be seen by an agency medical provider once a month for the first and second trimester and every two weeks for the duration of their pregnancy. This recommendation can be waived by a medical provider depending on individual client history and pregnancy needs.

   c. If client refuses prenatal care services offered or referred, the program will document these services were offered but refused.

9. Pregnant clients receive additional counseling and education regarding:

   a. The standard of care for OUD during pregnancy to continue MAT throughout pregnancy;

   b. The impact of discontinuing or tapering MAT on the health and welfare of unborn children; and

   c. The possibility that the newborn could develop NOWS (neonatal opioid withdrawal syndrome) after delivery.

10. If a pregnant client is absent, procedures in Policy 4.5.07 Clinic Absence Protocol are applicable.

11. Pregnant clients will not be administratively discharged except under conditions making continued treatment at CMS dangerous or impossible - in all cases of administrative discharge every attempt will be made to refer the client to a different MAT provider. All administrative discharges for pregnant clients must be reviewed by the Medical Director and the Chief Medical Officer.

12. Pregnant clients requesting discharge from treatment are referred to the medical provider. All clients requesting tapering or discharge during pregnancy must be reviewed with the Medical Director. The counselor must document in the client record the name of the doctor the client is referred to for further care.

II. Post-Delivery

1. Nurse is required to complete the Return After Hospital Admission form prior to dispensing opioid treatment medication to the client post-delivery.
2. Client is required to see the medical provider within 7 days of delivery.
3. If the patient was placed on split dosing of methadone during pregnancy, she should be converted back to single dosing after delivery. The medical provider will determine the dose when converting back to single dosing.

III. State-Specific Procedures

Arizona	• Pregnant clients in Maricopa County who miss dosing at their assigned home clinic are permitted to dose on a limited, case by case basis at CMS – 23rd Avenue. The client is to be treated as a transfer for the day of dosing and then subsequently discharged.
Alaska	• No additional procedures required
Indiana	• Pregnant clients are required to receive education on “prenatal care for

	the fetus while the patient is receiving opioid addiction treatment." • CMS will "have written, dated, and properly signed memoranda of understanding, qualified service organization agreements, or other types of formal agreements that assure the referral of patients to all services not provided by the OTP, including […] prenatal care or other gender-specific services for pregnant patients."
Michigan	• No additional procedures required
Montana	• No additional procedures required
North Dakota	• No additional procedures required
Ohio	• In accordance with state regulations, prior to initiating an administrative taper for a pregnant client, CMS will notify the state authority for case review
Texas	• No additional procedures required
Wisconsin	• In accordance with states regulations, CMS will directly arrange for assistance for pregnant women, including education and parent support groups.

REPORTING AND RECORD MAINTENANCE

All documentation regarding pregnancy and coordination of care is scanned and linked into the client's document manager in Methasoft.

ATTACHMENTS

Policy 4.5.07 Clinic Absence Protocol
Policy 4.5.27 Client Drug Screens
Policy 4.5.36 Exceptions to Take-Home Medication Policy
Return After Hospital Admission

APPLICABLE REGULATIONS

42 CFR 8.12
Alaska – no applicable regulation
Arizona R9-10-1020(B)(c)(i)
Indiana 440 IAC 10-4-7(2); 440 IAC 10-4-8(a)(6); 440 IAC 10-4-15(c)(2)
Michigan – no applicable regulation
Montana – no applicable regulation
North Dakota 75-09-.1-10-15.
Ohio 5122-40-06(T)
Texas - 25 TAC §229.148(e) (3)(A)
Wisconsin DHS 75.15(16) Pregnancy

UPDATED:
5/22/2019

MEDICAL ADMINISTRATION
Administering Opioid Treatment Medications

PURPOSE

The purpose of this policy is to establish guidelines regarding the preparation and administration of opioid treatment medications.

POLICY

It is the policy of Community Medical Services (CMS) to dispense opioid treatment medications in the best interest of the client, as prescribed by the medical provider in accordance with federal and state regulations and to implement measures to minimize the potential risk for opioid diversion in the community.

DEFINITIONS

Administering of opioid medication refers to the distributing of prescribed doses of approved medications for opioid use disorder. Approved medications include only federally approved pharmacological treatments for opioid use disorder that may be dispensed only by a licensed opioid treatment program. These include methadone, buprenorphine, buprenorphine/naloxone, naltrexone, or Vivitrol.

Medical provider means medical doctor, doctor of osteopathy, nurse practitioner, or physician assistant.

Observed dosing means a client's dose of medication taken under direct observation of a nurse.

PROCEDURES

1. Nurses are responsible for the administration of opioid treatment medication to clients as prescribed by the medical provider.
    a. *Montana*: State-specific regulations require the preparation of opioid treatment medication be completed by a licensed pharmacist; see Policy 4.5.22 Pharmacy Administration (Montana Only).
2. Procedures for medication dispensing should be followed per Methasoft; instructions specific to Methasoft are in the help section of the software program.
3. Clinics using an electronic pump to dispense methadone must calibrate the pump at least once per day, prior to the shift and additionally, as needed.
4. Nurses dispensing, administering, or preparing medication are prohibited from sharing Methasoft login information and required to use their login only.
5. Nurses electronically document each client's individual medication dose history, including the time and amount of medication dispensed. Nurses are responsible for electronically signing all notes within Methasoft at the end of each shift.
    a. If nurses are manual, or hand dosing, paper records will be maintained with the same documentation as outlined above. Paper records will be transferred to each client's Methasoft record as soon as feasibly possible.
6. All intake or transfer paperwork must be completed prior to client being administered the first dose of opioid treatment medication.
    a. If the client is a transfer, the nurse (or medical provider if desired) must call the clinic to verify client dosage amount and date of last dose. A release of information must be completed and faxed by the intake counselor to the transferring clinic prior to the nurse obtaining verbal verification of the client's dosing history.
7. Children are prohibited from being at the dosing window.

8. Medication is to be administered only to the client to whom it is prescribed. The nurse verifies client identification via the client's photo in Methasoft and is required to ask client to verbally confirm ID number, dose, and take-home medication privilege level prior to dispensing and administering dose. Clients are prohibited from wearing sunglasses, having earbuds/headphones in, and/or being on the phone while at the dosing window.
9. It is recommended that medication is taken with water; water and dispensing cups provided at the dosing window are the only provisions allowed. All dispensing cups used must be disposed in trash receptacles at the dosing window prior to the client exiting the area.
10. Nurse is required to confirm that client swallowed or fully dissolved the dose, depending on the medication modality. Client must speak before leaving dosing window to verify that the medication was completely ingested.
11. If a client presents at the clinic and is suspected to be impaired, the client will not receive any dose of medication and an impairment assessment is conducted per Policy 4.5.32 Assessing for Impairment; administration of observed and take-home doses is contingent upon the outcome of the impairment assessment and the medical provider's order.
12. Dose changes are required to be prescribed and entered by the medical provider; only nurses may accept verbal orders.
13. Standing orders are in place for instances of administrative withdrawal due to fees and for clients who are AWOL up to seven consecutive dosing days per Policy 4.5.34 Standing Orders.
    a. Pregnant clients are excluded from standing orders.
14. When dispensing take-home medication, clients are asked to check bottle(s) for correct name and dosage amount printed on the bottle prior to leaving the dosing window. Clients allowed to take-home six or more bottles of medication are required to have a functioning lock box for storage per Policy 4.5.15 Take-Home Medication.
15. Counselors may request a stop-dose be placed on a client's record requesting that doses be held until client contacts them; this should only be used as a last resort when all other measures have failed. A dose cannot be withheld completely, outside of Policy 4.5.32 Assessing for Impairment, without approval of the medical provider.
16. Clients are not to be medicated after the clinic closes unless approved by the regional operations director.
17. When a client returns after hospitalization or an emergency room encounter:
    a. Nurse must obtain written or oral verification of a client's last dose of opioid treatment medication with the facility.
    b. The medical provider must be contacted to obtain dosing orders.
    c. If the client left the hospital against medical advice (AMA), the nurse must direct the client to their counselor to obtain a signed release of information to contact the hospital, in addition to seeing a CMS medical provider prior to dosing to assess medical stability.
18. Prior to leaving the dosing room each day:
    a. All opioid treatment medication is secured and locked in the clinic safe.
    b. The pump is cleaned, if used
    c. The dosing room is locked, and the alarm is set.
19. For administration of opioid treatment medications at external facilities, see Policy 4.5.11 Delivering Opioid Treatment Medications to External Facilities.

Reporting and Record Maintenance

1. Administration of opioid treatment medications are electronically documented in client Methasoft records.
2. All paper forms related to dosing are scanned and linked into client's Methasoft document manager.
3. End of shift reports related to dosing are processed and stored on site at the end of each shift.

State of Indiana
Family and Social Services Administration

Division of Mental Health and Addiction

COMMUNITY MENTAL HEALTH CENTER CERTIFICATION

THIS IS TO CERTIFY: That a Certification is hereby granted to

Community Howard Regional Health, Inc.

3500 S. Lafountain St., Kokomo, IN 46902

THIS CERTIFICATION is subject to the provisions of IC 12-21 and rules of the Division of Mental Health and Addiction. This Certificate is not assignable or transferable and is subject to revocation at any time by the Director of the Division of Mental Health and Addiction for failure to comply with the laws of the State of Indiana or the rules issued thereunder.

IN WITNESS WHEREOF, this Certificate is issued by:

Jay Chaudhary, JD
Director
Division of Mental Health and Addiction

Effective: 12/01/2019
Expires: 10/31/2022
Reference: 407-0-CMHC

State of Indiana

Family and Social Services Administration

Division of Mental Health and Addiction

ADDICTION SERVICES PROVIDER REGULAR CERTIFICATION

THIS IS TO CERTIFY: That a Certification is hereby granted to

Community Howard Regional Health, Inc.

3500 S. Lafountain St., Kokomo, IN 46902

THIS CERTIFICATION is subject to the provisions of IC 12-23 and rules of the Division of Mental Health and Addiction. This Certification is not assignable or transferable and is subject to revocation at any time by the Director of the Division of Mental Health and Addiction for failure to comply with the laws of the State of Indiana or the rules issued thereunder.

IN WITNESS WHEREOF, this Certificate is issued by:

Jay Chaudhary, JD
Director
Division of Mental Health and Addiction

Effective: 12/01/2019
Expires: 10/31/2022
Reference: 407-0-ASR

CITY of KOKOMO
www.cityofkokomo.org

TYLER MOORE, MAYOR
City Hall - 100 South Union Street
Kokomo, Indiana 46901
mayor@cityofkokomo.org
(765) 456-7444

January 29, 2021

Teresa Deaton-Reese, Senior Account Manager
Indiana Department of Administration
Procurement Division
402 W. Washington St., Room W468
Indianapolis, Indiana 46204

RE: Indiana OTP Expansion: RFI 21-66669

Dear Teresa,

Please accept this letter as support from the City of Kokomo for the State of Indiana's efforts to assist Howard County residents by providing new potential opioid treatment programs. We understand that Community Howard Regional Health is working with Community Medical Services (CMS) to provide an opioid treatment program in Howard County under Indiana Department of Administration Request for Information 21-66669. Community Howard has been a great community partner with the City, and we understand that this new partnership with CMS would not only expand treatment options for individuals struggling with substance use disorders, but also provide other recovery community activities to eliminate related overdose deaths.

The City of Kokomo acknowledges the importance and effectiveness of community partnerships to address the opioid problem facing our community. We welcome this collaborative expansion of treatment services as we continue to focus on a system of recovery and support for those battling opioid addiction here in Howard County.

We look forward to collaborating in this fight. Thank you in advance for your efforts.

Sincerely,

Tyler Moore,
Mayor, City of Kokomo

Howard County Board of Commissioners

Howard County Administration Center
220 N. Main Street • Kokomo, IN 46901
Phone 765-456-2234 • Fax 765-456-2803
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January 29, 2021

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Indiana Department of Administration
Procurement Division
402 W. Washington St., Room W468
Indianapolis, Indiana 46204

RE: Indiana OTP Expansion: RFI 21-66669

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Howard County acknowledges the importance and effectiveness of community partnerships to address the opioid problem facing our community. We welcome the collaborative expansion of treatment services as we continue to focus on a system of recovery and support for our residents who are battling opioid addiction.

Thank you for your efforts and we look forward to collaborating in this fight.

Sincerely,

Paul G. Wyman, President
Howard County Board of Commissioners

Sherriff Jerry Asher

Howard County Sherriff's Department

1800 West Markland Avenue

Kokomo, IN 46901

January 29, 2021

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Indiana Department of Administration
Procurement Division
402 W. Washington St., Room W468
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Howard County acknowledges the importance and effectiveness of community partnerships to address the opioid problem facing our community. We welcome the collaborative expansion of treatment services as we continue to focus on a system of recovery and support for our residents who are battling opioid addiction.

Thank you for your efforts and we look forward to collaborating in this fight.

Sincerely,

Jerry L Asher

Jerry Asher

Howard County Sherriff