5122-40-15 Medication units.

(A) Opioid treatment programs may voluntarily establish medication units with the appropriate licensure from the Ohio department of mental health and addiction services, the United States drug enforcement agency, the substance abuse and mental health services agency, and the Ohio board of pharmacy. Medication units will be associated with a single primary opioid treatment program or hub that will oversee their operations. Non-mobile medication units are stationary brick-and-mortar facilities, and mobile medication units are vehicles that may provide health care services traditionally performed at brick-and-mortar opioid treatment programs. All medication units will be licensed and located in accordance with Ohio Revised Code 5119.37. All required services that are unable to be performed at the medication unit will be performed by the primary opioid treatment program.

(B) Non-mobile medication units may be located no further than ninety miles from the primary opioid treatment program in the following venues:

1. Homeless shelters, jails, prisons, or county or local boards of public health located no further than ninety miles from the primary opioid treatment program;

2. Federally qualified health centers located no further than ninety miles from the primary opioid treatment program;

3. Providers certified to provide ASAM level three residential substance use disorder services in accordance with rule 5122-29-09 of the Administrative Code located no further than ninety miles from the primary opioid treatment program;

4. Appalachian counties, as defined by https://www.arc.gov/appalachian_region/CountiesinAppalachia.asp. These medication units may be opened no closer than forty-five miles and no further than ninety miles to from the primary opioid treatment program; or,

5. Counties with under sixty thousand residents.

(C) Mobile medication units may be located in:

1. Appalachian counties, as defined by https://www.arc.gov/appalachian_region/CountiesinAppalachia.asp.

2. Counties with under sixty thousand residents; or,

3. Areas that are greater than five miles from the nearest opioid treatment program.

(D) Medication units will provide the following services:

1. Administering and dispensing medications for opioid use disorder treatment;

2. Collecting samples for drug testing or analysis; and

3. Dispensing of take-home medications.

(E) Medication units may provide the following services if they provide appropriate privacy and adequate space:
(1) Intake/initial psychosocial and appropriate medical assessments with a full physical examination to be completed or provided within fourteen days of admission; and,

(2) Initiation of methadone, buprenorphine, or naltrexone after an appropriate medical assessment has been performed. Initiation of methadone will be performed in-person by a qualified healthcare professional and monitored following appropriate medical practices.

(C) Medication units shall provide both medication administration and personally furnishing and may provide urine screen collection, and shall adhere to all state and federal regulations for those services. Any other services provided at the medication unit shall have prior approval by Ohio department of mental health and addiction services and the substance abuse and mental health services agency.

(F) Medication units may also provide telecounseling services if they provide appropriate privacy and adequate space with appropriately credentialed staff in accordance with all federal and state regulation, including approval from SAMHSA. Telecounseling services may include individual or group sessions. Medication units that choose to provide telecounseling will:

(1) Have the first counseling appointment in-person at the primary treatment program Provide telecounseling services with appropriate application of clinical judgment to best meet patient treatment needs;

(2) Be in compliance with paragraph (F)(3)(H)(3) and (H)(4) of rule 5122-40-09 of the Administrative Code; and,

(3) Have in-person counseling sessions that continue to occur at least once every three months as long as the person is in treatment.

(4) Ensure that every patient has a designated counselor who is the primary contact for behavioral health treatment and care coordination. While the patient may utilize other counselors for emergencies, all counseling, including telecounseling, will be handled by the primary counselor. All patients, whether seen in person or via telehealth, count equally toward the staffing ratio specified in paragraph (F)(1) of rule 5122-40-09 of the Administrative Code, and opioid treatment programs will maintain clear and accurate caseload records for auditing purposes.

(G) The primary opioid treatment program is responsible for keeping all of the documentation on each patient, which may be readily accessed through electronic means by the medication units. Original paper records generated by the medication unit shall be transferred to the hub primary treatment program after generation.

(F) The initial patient intake, behavioral health assessment, and medical examination along with all other behavioral health assessments shall be at the primary opioid treatment program.

(H) The medical director shall maintain authority over the medical aspects of treatment offered by the mobile and non-mobile medication units. The medical director shall not be expected to be present at the medication unit, they shall attend and document weekly calls with staff from the medication unit that cover the clinical care of patients at the medication unit.

(1) The medical director will not be expected to be present at either type of medication unit a specified number of hours, however, the medical director will attend and document weekly calls with staff from
each medication unit that reviews the clinical care of patients at each medication unit.

(2) The medical director will visit each non-mobile medication unit at least:

(a) Once per month; and

(b) After any patient death that is determined to be the result of an overdose.

The medical director shall visit the medication unit at least:

(1) Once per month; and

(2) After any patient death that is determined to be as a result of an overdose.

(H) The non-mobile medication unit units shall will obtain its their supply of approved controlled substance substances directly from the manufacturer or wholesalers and maintain its their inventory in accordance with applicable state and federal regulations.

(I) The All medication unit units shall will participate in the central registry system to prevent clients from dosing at the primary multiple opioid treatment program programs and the to ensure medication unit in compliance with rule 5122-40-08 of the Administrative Code. Central registry verification can be performed either at the primary opioid treatment program or the medication unit but need not be done more than once per patient enrollment.

(K) If an opioid treatment program voluntarily decides to close the operation of a medication unit, it shall will notify the Ohio department of mental health and addiction services, the United States drug enforcement agency, the substance abuse and mental health services agency, and the Ohio board of pharmacy at least ninety days before the planned closure of the program. The opioid treatment programs program shall will present a plan to transfer existing patients to similar opioid treatment programs or other suitable treatment programs at the time of the notification.
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