

# *Patient Orientation*

Policy and Procedures

Methadone Modality

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*Supersedes 8/04*

Morris County After Care Center, 1574 Sussex Turnpike, Randolph, New Jersey, 07869  
973.927.6641 Fax 973.927.6644

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# Morris County Aftercare Center

## *Program Overview*

Morris County Aftercare Center (MCAC) is committed to the restoration of individuals and families whose lives have been destroyed by opiate addiction. We utilize the Methadone detox and maintenance modality to stabilize individuals in order that they may maintain their livelihood and improve upon their relationship with themselves and significant others while they are stabilized on an appropriate dosage of methadone hydrochloride.

Methadone treatment at MCAC is NOT simply dispensing medication. It involves in-house counseling and case management, medical monitoring of dosage and addiction related illnesses, group involvement, regular therapeutic support outside the facility, and when appropriate, psychiatric screening with pharmacological intervention. When you choose to become a patient at MCAC you are entering a modality that is difficult to simply “quit.” There are therapeutic demands and retaining a slot at MCAC will be limited to those who exhibit significant motivation to comply with program recommendations, policies and guidelines and a commitment to a life of recovery.

Our highly trained, compassionate staff is dedicated to the work and art of serving addicted men, women and their families with the most advanced tools available, at an affordable fee. We offer daily contact with our therapeutic staff, weekly consults with staff physicians, a program designed to meet the needs of pregnant women, women with young children and any woman having gender specific concerns and needs. The staff at MCAC is trained in patient advocacy. We assist patients who are involved with DYFS, the criminal justice system, in need of medical or psychiatric referrals, and other psychosocial needs.

We are here to serve to the best of our ability and are prepared to combat not only the physical addiction, but the underlying causes and conditions. We are dedicated to the journey of recovery and healing for the whole person, mind, body and spirit, and welcome those who are ready to embark on the same journey and live a life free of substance abuse.

Elmer Romero  
*Executive Director*

## Programs Available

- *Detox: 30 day-* Patients stabilized on methadone; immediate detox within 30 day period.
- *Detox: 60 day-* Patients stabilized on methadone for 15 days. Detox over 45 days. Patient's compliance will determine eligibility to enter MM
- *Methadone Maintenance-* Patients stabilized on fixed dose of methadone. While on MM patient may choose to detox slowly and in consultation with staff.
- *Drug Free Counseling-* MCAC offers substance abuse counseling for family members and significant others.

### Hours of Operation:

Monday – Friday ~ 6:00 am to 3:00 pm.

### Medication Hours

Monday – Friday ~ 6:00 am to 12:30 pm.

Saturday ~ 8:00 am to 10:00 am.

Closed Sundays/most major holidays

No medication will be available to patients arriving late. Doors are shut and locked promptly at closing time. If a patient misses a day of medication he/she will be half-dosed the following day. Three consecutive days of no medication will result in automatic dismissal from the program. Readmission procedures are required; proper documentation must be present in the event of excused absences.

**Patients at MCAC are asked to thoroughly review this entire orientation document. Patients will sign verification that they have received this manual and are willing to comply with MCAC's policies and procedures.**

## Fee Schedule

**Intake Fee:** \$150. which includes bio-psychosocial assessment, medical intake, diagnostic interview, first two weeks of medication, initial urinalysis, staff interview, two weeks unlimited individual counseling, unlimited medical consultation, networking and referrals.

**Weekly Fee:** \$55. Initial weekly payment due by Monday of the second week of treatment. All MCAC participants are required to be paid up at least one week in advance. *Patients in arrears will not receive medication.*

**There is a minimum non-refundable \$75 fee**  
(payable prior to interview) for all prospective patients for initial evaluation.  
This \$75 is part of the initial intake fee of \$150.

**Medicaid:** All clinic fees are covered for patients on SSI and can provide an updated State Medicaid card. Patients on Medicaid programs that include an HMO may not be covered in full and will be responsible up front for the uncovered costs.

**SAI:** All clinic fees are covered for patients on SAI and can provide updated documentation, as well as adhere to requirements. Patients who are receiving public assistance (cash assistance, food stamps, GA) may be eligible for receiving SAI and should contact counselor for referrals.

**Monetary payments must be made in cash or money order only.**  
**Checks are not accepted as form of payment.**

**Eligibility Requirements:**

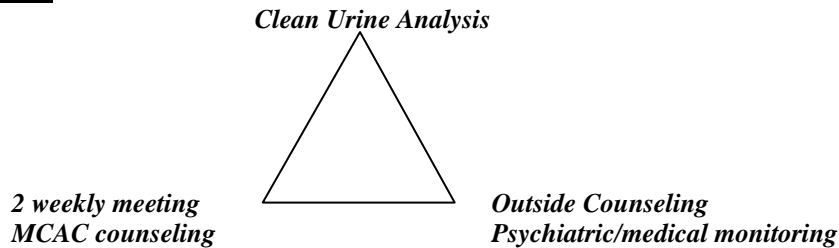
Federal Guidelines indicate that any patient above the age of 18 may be eligible for treatment using methadone hydrochloride provided:

- A full year of addiction to opiates can be confirmed by a parent, significant other or other professional (physician, social worker, previous treatment facility).
- A positive urine for opiates is obtained on the day of admission.
- The patient is at least 18 years of age.
- The patient submits to the intake process which includes
  1. Initial Intake (social and medical), orientation
  2. Payment in full
  3. Submission of a urine sample
  4. Patient has seen staff physician
- MCAC will not readmit any patient who has attempted treatment here twice within a twelve month period. In addition, any patient who has failed or dropped out of treatment (even once) may be required to participate in a higher level of care; (i.e. inpatient rehabilitation) and complete successfully. Medical director has the right to set requirements such as length of time before admission.
- Beginning January 2002 MCAC reserves the right to prohibit transfers if patient cannot illustrate three months of clean drug screens.

***Priority is given to:***

- Women who are addicted to opiates and can prove pregnancy.
- Women with small children.
- Persons who are infected with the HIV virus.
- Persons who transfer or are referred by another treatment or social work agency.
- Persons who are referred by a private physician.

**COMPLIANCE:**



**Discharges:** *See further discussion on discharge in “house rules” section*

- |                                |   |
|--------------------------------|---|
| Treatment completed            | Hospitalization (Medical)                 |
| Patient drops out of treatment | Hospitalization (Psychiatric)             |
| Incarceration                  | Death                                     |
| Transfer                       | Administrative Discharge                  |
| Nonpayment                     | Inappropriate Conduct/handling medication |

## Counseling Services:

- **On Site Counseling-** All MCAC patients must be involved with on-site counseling sessions with assigned counselor. Sessions frequency will be determined through compliance, phases, and requirements with outside agencies. The state upholds us responsible to see patients, missed appointments may result in noncompliance and administrative action may be taken.

Patient wishing to switch counselors must address the issue with current counselor; patient may then submit in writing reasons and reassignment will be considered if appropriate.

### **Phases:**

Phase I- 1 THB: weekly sessions

Phase II- 2 THB: bi-weekly

Phase III- 3, 4 THB: monthly sessions

Phase IV- 5, 6, 13 THB: quarterly sessions

- **On Site Groups Available-** MCAC offers group counseling for all patients. Groups may be mandated as part of compliance/requirements of funding source. Group times are subject to change; counselors will have updated information as requested.
- **Outside Counseling/Psychiatric and Medical Monitoring-** All MCAC patients must attend outside counseling in order to be in full compliance and eligible for MM. Patients receiving psychiatric medication or those with medical condition must attend regular outside monitoring and provide documentation.
- **Outside Groups-** MCAC patients must attend a minimum of two therapeutic groups per week; approved groups include narcotics anonymous, alcoholics anonymous, methadone anonymous, specialized addiction recovery groups, MICA groups, and women's groups. Additional groups may be discussed with counselors for approval.
- **Family Group-** MCAC offers group therapy for patient's family members or loved ones seeking guidance, comfort, and support. This is an opportunity to learn about the program, answer questions, and network.

## FUNDING SOURCE REQUIREMENTS:

- **Medicaid:** Patients who receive Medicaid must attend weekly sessions with counseling, unless receiving 13 THB in which clients will be seen bi-weekly.
- **SAI:** Patients receiving SAI must attend requested requirements. Patients will be seen a minimum of once per week and attend requested groups on site. Patients are also subject to minimum of weekly UA testing.

Failure to comply results in administrative action

## **Drug Screens**

A drug screen is taken upon admission to the clinic. A negative result for opiates will result in the patient not being admitted to the program. However, the following exceptions apply:

- A patient who has been discharged from a correctional facility and can provide proof of previous methadone treatment just prior to being incarcerated.
- A patient who is referred by a physician who will verify a minimum of one year's addiction to heroin.

Any patient admitted to MCAC are subject to the following:

### **Urine Testing:**

Positive urine includes all illicit substances(opiates, cocaine, benzodiazepines, barbiturates, amphetamine, alcohol, and marijuana) a requirement from the NJ State Department of Health and Senior Services.

All urinalysis is random, Patient may be asked to leave a urine at any time.

A Positive UA results will be addressed and administrative action may be taken. Two positive UA results within a 6 months period will result in administrative detox. Detox will only be held at discretion of treatment team and with full compliance.

- Beginning August 16, 2004 any patient who does not leave a urine sample upon request will be half-dosed. Be prepared to leave a random urine UPON DEMAND. Failure to do so will mean a positive urine and administrative action will be taken, including minimum of half-dose of medication, and at administrative discretion they may lose all THB and be subject to holding of medication until closing. A URINE MUST BE LEFT THE FOLLOWING DAY, failure to do so will result in further administrative action and patients will receive a half dose of previous day's medication until compliance.

Should a patient leave a cold urine, it will be considered "tampered with" and recorded as a dirty urine. The patient will be required to leave another urine immediately. The results of this second urine may be used in developing or altering a patient's treatment plan, administrative action will result.

## Methadone

Methadone Hydrochloride is a controlled substance monitored and prescribed by an appropriate physician. Methadone does not make you feel “high” or “drugged” like other opioids, helping to ensure maintenance of a normal lifestyle. The gradual, long lasting effects (24 hours or more) is achieved by finding a dose suitable for the patient.. Like any prescribed medication it is important for the patient to consult with physician if he/she is experiencing any concerns, or questions. **ANY outside medications** should be discussed with nursing/ physician as to the affects it may have on plasma levels and increase or decrease methadone effects. Using other drugs will defeat your recovery and the benefits of methadone for opioid addiction. (Addiction Treatment Forum, 2003).

## Prescriptions:

Staff physicians do not prescribe additional medication. Prescriptions other than methadone are monitored and may be determined to be inappropriate with methadone.

- **No opiate prescriptions will be accepted except one that is dispensed on a ONE TIME basis, i.e. after a dental or surgical procedure. MCAC does not recognize “as needed” opiate prescriptions. Upon admission, all clients are required to sign a record release allowing MCAC staff to either notify or consult with all prescribing physicians for any medication.**

**BENZODIAZEPINE** prescriptions, (i.e. Xanax, valium, clonopin) will only be accepted from a psychiatrist with an appropriate diagnosis and only if the psychiatrist is aware of a patient being on methadone. Any patient who is currently being prescribed a benzodiazepine by a physician other than a psychiatrist will be given a total of six weeks to acquire a psychiatrist and thorough evaluation as to the need of the prescription.

Any client with a high benzodiazepine level may be subject to immediate action by medical directors. This may include a decrease in methadone dose until the issues can be further assessed. Patients with high levels may be asked to meet with medical director and treatment team. These actions are to protect the patient’s physical well being.

- Records Release must be provided for open communication, failure to do so may result in administrative action. Clients who are receiving prescriptions that are not approved or provided by approved physician are subject to administrative action including loss of any THB privileges, dose adjustments, or detox. Patients awaiting psychiatric evaluation or transfer to approved physician may be subject to holding of privileges.

**You must notify** the nursing staff on two occasions. First, every time you receive a prescription you must bring the bottle, with the medication inside, as soon as you receive it. Second, before you leave a urine sample, **you must inform the nurses** of the prescription (Rx) medication recently ingested. This includes over the counter medication which may result in a positive drug screen. Should a patient not inform the nurses, or “forget” and the prescription has not been submitted to the nursing staff prior to the date the urine is taken and the result is positive, even a valid Rx may not be accepted.

## **Outside Involvement:**

### **Probation:**

Patients on probation are required to sign a record release upon intake allowing for open communication between the probation department and Morris County Aftercare.

### **DYFS:**

All patients with dependent children, including pregnancy women, will be reported to DYFS with any positive UA or at risk behavior. MCAC is a state licensed clinic and regulated by law to take immediate administrative action and report all positive urines or concerns immediately; notification to all parties involved may be attempted but is not necessary. Patients involved with DYFS are required to sign a records release for open communication between the department and Morris County Aftercare.

### **High Risk Prenatal:**

All patients who are pregnant while undergoing methadone treatment must attend all prenatal doctors' appointments at an appropriate high risk prenatal clinic. Patients are required to sign a records release for open communication between hospital; and Morris County Aftercare. Any concerns or questions should be addressed with MCAC counselor and physician.

### **Physicians:**

All patients with medical conditions who are under ongoing medical care, and or on regular prescribed medication must sign a records release. Certain medications may have an affect on patients dose and should be important for all parties to be aware.

### **Outside Counseling/ Psychiatrist:**

All patients are to be involved with outside counseling and allow for communication between counselor and Morris County Aftercare. Clients involved or requested to receive psychiatric evaluation must sign a records release for open communication. Referrals may be obtained from primary counselor.

**Records Release** offers communication between two participating parties; patients have the right to terminate any signed releases to end communication but may fall subject to being in noncompliance with MCAC therefore subject to administrative action. Patients are encouraged to discuss any concerns with counselor.

**Letters/Documentation:** Patients requesting letters of verification, attendance, compliance, documentation must provide at least one weeks notice to counselor and appropriate contact information and records release

## **CONFIDENTIALITY:**

Patient records are protected under the Federal regulations governing Confidentiality of Alcohol and Drug Abuse Records, 42 CFR Part 2, and cannot be disclosed without a patient's written consent unless otherwise provided for in the Federal regulations.

**House Rules**  
*Immediate Discharge*

The clinic has the right to discharge a client immediately for the following infractions:

- Violence towards and client or staff member
- Threats of violence against any client or staff member
- Verbal abuse
- Use of any racial slur toward clients or staff members
- Non Payment
- Missing THREE consecutive days, and being subsequently discharged three times
- Being arrested
- Refusal to leave a urine
- Incarceration

**Diversion of Methadone**

- Tampering with take home bottles
- Selling take home bottles
- Attempting to leave the clinic without swallowing one's dose
- Selling any drugs in or around the clinic.

**IMPORTANT. IMPORTANT. IMPORTANT.**

**Missed Medication:**

1<sup>st</sup> day = half dose of daily medication upon return to the clinic, UA  
3<sup>rd</sup> day = (consecutive miss) discharged from program.

To be readmitted after three or more days off the program, a patient must see a staff physician face to face to be considered for readmission. Your are not guaranteed readmission so do not miss!! Proper documentation of approved absences must be provided upon readmission.

## **Take Home Privileges:**

### **Lockable Metal Box:**

The clinic is closed on Sundays. All patients will receive a take home provided they have a container/box that has a lock. This is required for all patients receiving THB. Metal boxes must be opened, loaded, emptied, and closed, in front of the nurse. *A permanent label with the patient's name should appear on the inside cover of the box.*

No take homes will be given without a locked box. Bottles will not be dispensed to a client who uses a locked box that has been previously used by another client

Clean urines alone are not sufficient to acquire take home privileges. To be eligible for take home privileges Morris County After Care expects a patient to be in full compliance. Counselors and other medical staff may choose to with-hold or alter a take-home schedule should this be necessary to achieve therapeutic ends. Client's take home privileges can be suspended at any time if so MCAC can determine if methadone is being handled in compliance with Federal, State, and clinic guidelines.

Additional criteria include:

- absence of recent drug use (prescription or illicit) including alcohol.
- regular clinic attendance.
- absence of serious behavioral problems at the clinic.
- absence of known criminal activity, i.e., drug dealing, arrests for any reason.
- stability of patient's home environment and social relationships,
- assurance that medication can be stored safely within the client's home.
- whether the rehabilitative benefit to the patient derived from decreasing the frequency of clinic attendance outweighs the potential risk of diversion.

### **Schedule for Take Home Bottle (THB) Eligibility**

1 TH – automatic Sunday bottle.

2 TH – four months of clean urines.

3 TH - seven months of clean program time.

4 TH twelve- eighteen months on program

(\*from clean urine or start date) & clean UA.

THs may not be taken consecutively.

5 TH – eighteen- twenty-four months on program and clean UAs.

6 TH – thirty-six months and clean UAs.

13 TH - three years of clean urines and full program compliance.

THB pick-up days must be done M-F and remain constant to avoid confusion. No THB will be given until all empty bottles are returned so they can be counted.

ANY patient receiving THB may be subject to a call back; at which time they must return to the clinic with remaining THB within 24 hours. Failure will result in loss of privileges.

## Loss of Take Home Privileges

- a positive urine for an illicit or non-prescribed psychotropic substance abuse (opiate, benzodiazepine, barbiturate, amphetamine, cocaine, THC, alcohol).
- a “negative methadone” or “methadone trace” result.”
- refusal to leave a urine sample for any reason.
- leaving a “cold” urine, to be determined by monitor and corroborated by more than one staff member, including head nurse or treatment supervisor.
- failing to provide a prescription for an illicit or prescribed substance before submitting a urine sample.
- failing to keep a scheduled counseling appointment.
- Upon the determination of the multidisciplinary team that to pull any number of take homes would be of therapeutic value to the patient

Take Home privileges are reduced in the following manner:

2 THs reduced to Sunday only

3 THs reduced to 2 THs

4 THs reduced to 2 THs

5 THs reduced to 3 THs

6 THs reduced to 3 THs

13 THs reduced to 6 THs\*

A second positive UA prior to the return of lost take homes will result in ALL THB privileges being suspended.

**Lost or Stolen Medication:** For your protection immediately file a stolen property report with your local police and get a copy of the report. This should be brought in to your counselor the next business day and each case will be assessed individually by MCAC

Take home bottles are a privilege and responsibility; methadone hydrochloride is a controlled substance that should be taken seriously as it may cause injury if misused or taken by those not intended. Loss of medication for any reason while in clients care may result in immediate action of MCAC and may result in one year loss of any privileges.

## Reinstatement of Lost Take Homes

Take homes are normally reinstated after three months of clean urines over a ninety day period *unless the Staff and Medical Director determine that reinstatement is not in the interest of the client or the clinic.*

### ***\*Clients with 13 THB***

1 Positive in 6 month period results in 6 THB with ability to regain 13 THB in 3 months

2 Positive in 6 month period results in complete loss of THB, ability to regain is made on individual basis with eligibility of regaining only 6 THB after 3 months

3 Positive in 6 month period results in immediate administrative action, may include detox, until full compliance with no ability to regain THB and regular eligibility scheduled to be followed; 13 THB only after 3 years complete compliance and clean UA.

## **REQUESTS:**

Adjustments, THB are not immediate upon request. Counselor will submit the appropriate form and will be seen by treatment coordinator, director of nursing, and director of medical before a decision is made. All decisions must be made by physician.

### **Dosage Adjustment**

Request for any dosage adjustment is made through the patient's assigned counselor. The counselor will set an appointment to see the physician if necessary. The counselor may decide to submit a dosage adjustment request form (DARF) when appropriate. Physicians are the only staff legally capable of making dosage adjustments. Adjustments may take several days to be granted or denied. For your benefit please see counselor regularly and address any symptoms immediately so that they can be addressed appropriate manner. New admissions please see any counselor or nursing until assigned a primary counselor

### **THB requests**

Request for Take home bottles are made through the patients assigned counselor. The counselor will discuss client's eligibility and submit the appropriate form. Counselor will set an appointment to see the physician if necessary. Requests may take several days to be granted or denied. For your benefit please see counselor regularly to address any requests or eligibility.

### **Guest Medication/Special THB**

Requests for special THB (ie: vacation, medical, funeral, emergency, traveling) are made through patients assigned counselor. The counselor will discuss client's eligibility and submit the appropriate form. Counselor will set an appointment to see the physician if necessary. All requests should be made two weeks in advance as MCAC will not guarantee any decision for requests made without proper notice.

In situation where patient is not eligible to receive special THB privileges, or has been denied request, counselor may be set up to guest medicate patient at a clinic near their destination.

In the event of court appearance please submit documentation for special THB. In the event of emergency/funeral please see counselor immediately in order to accommodate patient.

### **Transfer requests**

Requests to transfer are made through the patients assigned counselor. A twenty-five (\$25) dollar transfer/copy fee will apply to all record related requests.

## **Emergencies After Hours**

If the clinic is closed and you are experiencing an emergency please go to your local emergency room or dial 9-1-1 for immediate attention. Some needs for immediate assistance may include, but are not limited to:  
Medical Emergency, Psychiatric Emergency, Homicidal or suicidal thoughts  
Severe Withdrawal, Drug interactions, allergic reactions, overdose  
Physical abuse and or threats

### **List of Referral Numbers/Local Hospitals**

Police and Ambulatory Care: 9-1-1

Poison Control Center: 1-800-222-1222 (will connect you with local)

### **St. Clares Medical Center**

Psychiatric Emergency	973-625-0280 (24 hour hotline) 973-625-6150
Behavioral Health:	1-888-626-2111 (referral/helpline) 973-316-1905
Boonton Campus	973-316-1800
Denville Campus	973-625-6000
Dover Campus	973-989-3000
Sussex Campus	973-702-2600
Katena for Mother/Child Pediatric Care	973-625-6387 973-625-6000

### **Atlantic Health System**

Behavioral Health	1-888-AHS-1400 (helpline)
Physicians Referrals	1-888-AHS-9580
Morristown Memorial	973-971-5000
Morristown High Risk Prenatal	973-971-5168
Overlook	908-522-2000
Mountainside	973-429-6000

If you experience a medical emergency and are treated or hospitalized show your Methadone Medication card to the admission personnel and instruct the attending physicians to contact MCAC immediately or the next business day. To ensure we are aware of your situation either you or a designated other should also contact MCAC (telephone contact or face to face) so that we can adjust treatment in accordance with the emergency issue. Clinic staff is available only during business hrs. It is the patient's responsibility to follow through with the above recommended referrals. Due to security issues NO medication is available after clinic hrs.

**MCAC Referrals for Outside Counseling**

<b>Referral</b>	<b>Location</b>	<b>Phone #</b>	<b>Contact</b>	<b>Comments</b>
St. Clare's Chemical Dependency Services	Boonton	1-973-316-1896	Kathy Norvis	If Kathy Norvis cannot be reached call 1-973-316-1970. Tell whomever you speak to that you wish to enroll in the IOP while still on methadone and they should direct your call.
Hope House	Dover	1-973-315-5565	Substance Abuse Intake Department	Group Counseling
Treatment Dynamics	Florham Park	1-973-593-0090	Nettie	Group Counseling
Hackettstown Community Hospital	Hackettstown	1-908-850-6810	Intake	Individual and Group Counseling
Step Ahead, Inc.	Succasunna/Randolph	1-877-927-7837	Jim Mell	Individual, Group & Family Counseling
Legal Aid	Morris County	(973)-285-6911	William F. Matrician 30 Schuyler Place, 2 <sup>nd</sup> P.O. Box 900 Morristown NJ 07963	1-888-LSNJ-LAW Main NJ Number
Christina Del Vacario	Morris County		MCAC counselor	Referrals provided by MCAC
Addictions Hotline	New Jersey	1-800-238-2333	Multiple Referrals	Addiction Counseling, Detox, Treatment Facilities, 12 Step
Division of Vocational Rehabilitation	Morris and Hackettstown	973-631-6304 Mor 908-852-4110 Hac	DVR Counselor	Educational/Vocational

**Transport**

It is not MCAC responsibility to provide transportation to and from the clinic; referrals can be made to help assist.

Medicaid Van Services

Excellence Invalid Coach Services                      (973) 927-3676                      (800) 955-3676

AVI Transportation    (973) 927-7454                      (800) 799-2232

North Jersey Medical Transportation                      (973) 328-6703                      (973) 579-0480

Sussex Transit    (973) 579-0480

## **Web Referrals**

Support Group Finder (NA, AA, MA)

[www.njja.org](http://www.njja.org)  
[www.naranonofnj.org](http://www.naranonofnj.org)  
1-800-245-1377

Facility Locator/Methadone Clinic Locator

<http://findtreatment.samhsa.gov/facilitylocator.doc.htm>

Opiate Detox Centers

<http://www.stopopiateabuse.com/narconon-worldwide.htm>

Methadone Advocacy Websites

[www.afirmfmc.org](http://www.afirmfmc.org)  
[www.asam.org](http://www.asam.org)  
[www.health.org](http://www.health.org)  
[www.arm-advocates.org](http://www.arm-advocates.org)  
[www.vamethadoneadvocates.org](http://www.vamethadoneadvocates.org)

## **Patient Educational Development**

Morris County Aftercare Center is dedicated to assist patients in their recovery by identifying and referring men and women to agencies whose function is to facilitate educational/academic/vocational advancement. MCAC maintains a relationship with the Division of Vocational Rehabilitation and can assist individuals seeking information on acquiring their G.E.D. or other services available.

Morris County Aftercare utilizes the Division of Vocational Rehabilitation (DVR) to make referrals for patients seeking direction, testing and counseling towards educational achievement. Both face-to-face and in the Patient Orientation Manual patients are made aware of this valuable referral option.

Upon intake patients' employment/vocational/educational status is assessed using the Addiction Severity Index (ASI). Once a patient is stabilized and he or she has been unable to find work or is in need of training a DVR referral may be made.

The counselor is required to make the referral. A record release is signed by the patient and the counselor then makes a telephone call to the appropriate DVR office (County) providing DVR with the patient's name, social security number, address, disability, telephone number, and the patient's academic level of achievement. The patient is then informed that they will receive a letter within two weeks from the DVR counselor assigned to the case. It is the patient's responsibility to follow-up on this contact. The MCAC counselor will follow-up on the patient's status with DVR in the face-to-face counseling session.

## **Registering a Complaint or Grievance/Filing and Appeal**

Complaints or grievances may be filed with a patient's Counselor, the Treatment Coordinator, Clinical Supervisor, Medical Supervisor, Medical Director, or Executive Director. It may be filed verbally or in writing, however, the nature of the complaint or grievance may require it to be put in writing prior to further action. All grievances are *first* taken to a patient's Counselor who is responsible to transmit that grievance to the Clinical Supervisor. The Clinical Supervisor is responsible for responding to the grievance and/or seeing to it that the appropriate staff-persons are informed and the issue is addressed.

A complaint against a counselor is taken directly to the Clinical Supervisor. A complaint against either the Medical or Clinical Supervisor, or the Medical Director, is to be *written and given to the Executive Director's administrative assistant* who will see to it that the Executive Director receives the complaint.

Complaints against the Administrative Assistant are to be directed to the Clinical Supervisor who will address the grievance with the Executive Director. Complaints against the Medicating Nursing Staff should be filed with the Nursing Supervisor. All complaints and grievances will be addressed in a timely fashion. Should a patient wish to make a complaint to the New Jersey State Department of Health (NJSDH) the telephone number is posted in the lobby and can be obtained from any MCAC staff-person.

Should a patient wish to appeal a clinical or medical decision he/she should consult her Counselor who will register the patient's desire for an appeal to the appropriate staff-persons. All appeals must be made within one week (7 days) from the decision which they are challenging.. If an appeal is not registered in a timely fashion the patient forfeits her right to appeal. All patients have the right to take their appeal to the NJSDH. The telephone number is posted in the lobby and can be obtained from any MCAC staff-person. State Complaint Number: 609-292-6587

### **Complaints: urine results**

Occasionally a patient will challenge the validity of a urine result. A telephone number to a NJSDH official is available to patients. They may make a complaint directly to this office and they will contact the lab and look into the result. The lab retests all positive urines and as a courtesy to patients, MCAC may request additional retesting. However, all results are accepted as valid and a patient's appeal to the State will be duly noted. No changes in urine results will be made unless the State reports that their investigate uncovered an error at the lab.

### Smoke-free facility

- Smoking is not permitted inside in the building and clients are encouraged to refrain from smoking outside the front and side doors leading into the building.

As you know, Morris County After Care Center is extremely proud of both the quality of chemical dependency treatment services it provides to our patients, and the dedication of our staff to promote our mission of providing quality addictions services in a healthy, drug-free environment.

We are in the process of making policy and programmatic changes that not only reflect a change in our thinking but recognize nicotine as a drug and tobacco use as causing serious health conditions among smokers and non-smokers alike.

The following scientific research and information supports our move to update our current policy on tobacco use. In the 1988, the findings indicate that smoking is the chief avoidable cause of death in our society and that nicotine is the substance in tobacco that causes addiction. Nicotine is a mood altering substance which is highly addictive. The Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) lists both nicotine withdrawal and nicotine dependence as diagnosable conditions. In addition, in 1993, the Environmental Protection Agency (EPA) classified environment tobacco smoke as a Class A (known human) carcinogen with no safe level of exposure. Most recently, the Agency for Health Care Policy and Research (AHCPR) released their Clinical Practice Guideline, *Smoking Cessation*. Their findings recommend that health care providers encourage all smokers, at every opportunity, to stop smoking, and that they provide help for doing so. Recent findings demonstrate that alcoholics and drug addicts have a greater than 50% mortality rate from tobacco-related diseases.

With this in mind, the staff at MCAC is reviewing the nicotine addiction issue and considering policy and programmatic changes. We recognize that some staff and patients will have concerns about this developing policy and we will do our best to keep everyone informed of the latest developments on a regular basis through memos and staff meetings. If you have any questions or concerns, please contact Howie Fritz, Treatment Coordinator of Morris County After Care Center.

## **Patients Rights 8: 43A-16.2**

Each patient receiving services in an ambulatory care facility shall have the following rights:

1. To be informed of these rights, as evidenced by the patient's written acknowledgement, or by documentation by staff in the medical record, that the patient was offered a written copy of these rights and given a written or verbal explanation of these rights, in terms the patient could understand. The facility shall have a means to notify patients of any rules and regulations it has adopted governing patient conduct in the facility (posted in the lobby)
2. To be informed of services available in the facility, of the names and professional status of personnel providing and/or responsible for the patient's care, and of fees and related charges, including the payment, fee, deposit and refund policy of the facility and any charges for services not covered by sources of third-party payment or not covered by the facilities basic rate.
3. To be informed if the facility has authorized other health care and educational institutions to participate in the patient's treatment. The patient shall also have the right to know the identity and function of these institutions, and to refuse to allow their participation in the patient's treatment;
4. To receive from the patient's physician(s) or clinical practitioner(s), in terms that the patient understands, an explanation of his or her complete medical health condition or diagnosis, recommended treatment, treatment options, including the option of no treatment, risk(s) of treatment, and expected result(s). If this information would be detrimental to the patient's health, or if the patient is not capable of understanding the information, the explanation shall be provided to the patient's next of kin or guardian. This release of information to the next of kin or guardian, along with the reason for not informing the patient directly, shall be documented in the patient's medical record;
5. To participate in the planning of the patient's care and treatment, and to refuse medication and treatment. Such refusal shall be documented in the patient's medical record;
6. To be included in experimental research only when the patient gives informed, written consent to such participation, or when a guardian gives such consent for an incompetent patient in accordance with law, rule and regulation. The patient may refuse to participate in experimental research, including the investigation of new drugs and medical devices;
7. To voice grievances or recommend changes in policies and services to facility personnel, the governing authority, and/or outside representatives of the patient's choice either individually or as a group, and free from restraint, interference, coercion, discrimination, or reprisal;

8. To be free from mental and physical abuse, free from exploitation, and free from use of restraints unless they are authorized by a physician for a limited period of time to protect the patient or others from injury. Drugs and other medications shall not be used for discipline of patients or for convenience of facility personnel;
  
9. To confidential treatment of information about the patient. Information about the patient medical record shall not be released to anyone outside the facility without the patient's approval, unless another health care facility to which the patient was transferred requires the information, or unless the release of the information is required and permitted by law, a third- party payment contract, or a peer review, or unless the information is needed by the New Jersey State Department of Health for statutorily authorized purposes. The facility may release data about the patient for studies containing aggregated statistics when the patient's identity is masked;
  
10. To be treated with courtesy, consideration, respect, and recognition of the patient's dignity, individuality, and the right to privacy, including, but not limited to, auditory and visual privacy. The patient's privacy shall also be respected when the facility personnel are discussing the patient;
  
11. To not be required to perform work for the facility unless the work is part of the patient's treatment and is performed voluntarily by the patient. Such work shall be in accordance with local, State, and Federal laws and rules;
  
12. To exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, or any attendance at religious services, shall be imposed upon any patient; and
  
13. To not be discriminated against because of age, race, religion, sex, nationality, or to pay, or deprived of any constitutional, civil, and/or legal rights solely because of receiving services from the facility.

Division of Health Facilities Evaluation and Licensing  
 New Jersey State Department of Health  
 PO Box 367  
 Trenton, New Jersey 08625-0367

*My signature verifies that I have received and read the above patient rights.*

\_\_\_\_\_  
 Patient Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Witness

\_\_\_\_\_  
 Date

## Consent for Treatment

1. I have been fully informed of my rights as a client of this agency, the extent and limits of confidentiality in therapy, and the goals associated with this therapy. With that knowledge, I request and consent to receive therapy from qualified personnel of this agency. Initials:

2. I understand that the staff of this agency may not disclose information about my therapy to anyone outside this agency without my *written consent*, except as required by law to comply with a court order, to prevent suicide/self-harm or harm to others, or to stop or prevent abuse of a child, senior, or disabled person. However, I also understand that my participation in treatment may require my written consent to allow staff of this agency to provide some information about my therapy to a referring agency and/or an insurance company or other payer, and that if this is the case, the form provided for my written consent for this disclosure will state what specific types of information will be disclosed. Initials:

*Also see the attached conditions for disclosure.*

3. I understand that clinic staff may work with me at this agency, in my home (medication delivery), or in other settings based on his/her professional judgment. I further understand that my therapy may involve my participation in individual, couple, family, and/or group counseling, and may involve homework assignments for me to do outside of therapy sessions. I agree to participate actively in my therapy, to cooperate with my therapist, and to complete required homework assignments or other activities included in my therapy. Initials:

4. I understand that my therapy includes my attendance at meetings (2 per week) of independent self-help support groups including Alcoholics Anonymous, Narcotics Anonymous, and/or other programs. I agree to participate in such programs if assigned and to abide by the practices of those programs regarding protecting the privacy and anonymity of other program participants. Initials:

5. I understand that I am required to be part of additional (outside counseling) treatment simultaneously while being treated at Aftercare. I am ultimately responsible for this piece, but understand that Aftercare will assist me in my efforts to find this additional treatment.

6. I understand that periodically sessions are video-taped for educational purposes and I give my full permission provided the presentation of this material (including case material) is limited to specified counselor supervision and educational sessions where all parties viewing this material are bound by law to maintain my confidentiality. Yes\_\_\_ No\_\_\_ Initials:\_\_\_\_\_

7. I understand that MCAC policy is that any patient on probation or parole, by signing this release, gives MCAC staff consent for open communication between probation and parole. Without this consent I understand that MCAC may elect to refer me to another facility.

Client Signature:

Date: \_\_\_\_\_

Agency Representative Name:

Signature:

Date: \_\_\_\_\_

**Disclosure of Information:**

MCAC is required to disclose confidential information if any of the following conditions exist

1. You are a danger to yourself or others.
2. You seek treatment to avoid detection or apprehension or enable anyone to commit a crime.
3. Your therapist was appointed by the courts to evaluate you.
4. Your contact with your therapist is for the purpose of determining sanity in a criminal proceeding.
5. Your contact is for the purpose of establishing your competence.
6. The contact is one in which your psychotherapist must file a report to a public employer or as to information required to be recorded in a public office, if such report or record is open to public inspection.
7. You are under the age of 16 years and are the victim of a crime.
8. You are a minor and your psychotherapist reasonably suspects you are the victim of child abuse.
9. You are a person over the age of 65 and your psychotherapist believes you are the victim of physical abuse. Your therapist may disclose information if you are the victim of emotional abuse.
10. You die and the communication is important to decide an issue concerning a deed or conveyance, will or other writing executed by you affecting an interest in property.
11. You file suit against your therapist for breach of duty or your therapist files suit against you.
12. You have filed suit against anyone and have claimed mental/emotional damages as part of the suit.
13. You waive your rights to privilege or give consent to limited disclosure by your therapist.
14. Your insurance company paying for services has the right to review all records.

I understand the conditions listed above that require disclosure.

Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**30 Day Detox: Protocol**

- Patient will agree to and be admitted to **30 day detox**.
- Patient may request additional increase to stabilize.
- Detox will commence the day after admission and be tailored to be complete within 30 days.
- To be considered for an admission modification patient will need to complete the following:
  - Secure a counselor of your choice outside this facility (we can provide referrals).
  - Attend two twelve step meetings per week and submit signed forms to me (they may be placed in my mailbox outside my door).
  - We will monitor your urines and expect them to remain clean.

Once these are complete the patient may request a modification in status and that request will be presented to the Medical Director for consideration. This will be done once ALL guidelines have been completed.

I understand and agree to the aforementioned terms.

\_\_\_\_\_  
*Patient signature*

\_\_\_\_\_  
*date*

\_\_\_\_\_  
*Intake Coordinator*

\_\_\_\_\_  
*date*

\_\_\_\_\_  
*Tx Coordinator*

\_\_\_\_\_  
*date*

## 60 Day Detox Policy

Morris County After Care (MCAC) recommends a 60 day detox. From the day of admission (first dose of methadone) the patient is given several days to adjust to the dose, request dosage adjustments and receive counsel and direction until he or she is “stabilized.” Stabilization occurs when the patient can sleep, work and essentially function “normally” for 24-48 hours on a single dosage of methadone.

Once stabilization has been achieved MCAC expects the patient to make a sincere effort at program compliance. This includes attendance at 2 self-help meetings per week, initiation of regular “outside counseling” (social worker, clergy, IOP, OP) with or without the assistance of the MCAC staff, and clean urines. Exactly 14 days after admission the patient will commence on a 45 day detox, commensurate with the dosage required to stabilize. (60mgs – 1mg per day. 25 mgs – approximately 1mg every other day).

Patients who choose to alter this detox may do so if, in the clinical judgment of the entire treatment team, the client has shown minimal compliance with intent on full compliance of socio-therapeutic guidelines. The Medical Director may alter (shorten or lengthen) any detox procedure if in his or her judgment the client shows minimal intent to comply. However, full compliance is the goal. Should a patient appear to be manipulating the process, or clearly missing deadlines and goals set by the clinic staff for verification of compliance, the medical director and clinical staff may be determine an administrative detox rate (1mgs or more/day) to be the most appropriate response.

Full compliance of program guidelines enables the physician to better judge a clients appropriateness for continued and extended services at MCAC. Patients on “Methadone Maintenance” may detox at his or her own pace.

Positive urine results or non-compliance with socio-rehabilitative guidelines or any other area of MCAC’s policies and procedures, will guide the MCAC staff as to what course of more intensive treatment to institute, including referring client to an inpatient detox and/or rehabilitation facility.

**Patients who drop off the program during his or her detox must undergo a minimum 30 day waiting period before applying for a second detox. Any patient seeking readmission may be required to a higher level of treatment care (inpatient rehabilitation of no less than thirty days) if re-admission to MCAC is determined to not be in the best interest of the patient.**

I understand fully the above policy and am willing to be admitted under these conditions.

\_\_\_\_\_  
*Patient signature*

\_\_\_\_\_  
*date*

\_\_\_\_\_  
*Intake Coordinator*

\_\_\_\_\_  
*date*

\_\_\_\_\_  
*Tx Coordinator*

\_\_\_\_\_  
*date*

## Methadone Maintenance Policy

The “60 day detox” indicate the requirements that need to be met in order for a patient to be qualified for methadone maintenance status. To be maintained on Methadone Maintenance requires mutual understanding and responsibility. Morris County After Care Center (MCACC) Assumes the responsibility for making methadone available every day 365 days per year. Medical supervision, Methadone Maintenance , is provided as well as the services of an additions counselor to help with adjustments in the community concerning employment and family relationships.

I agree to report daily for my medication at specified time (at least 15 minutes before closing time) will result in not receiving my methadone until the following day

I agree to give at least one random urine per month and understand that the clinic is within its rights to ask for more than one per month for any reason. The urine I submit will be collected under staff supervision.

I will keep regular appointments with counselor assigned related appointment. I understand that my daily dosage of methadone may be held on the day I have a scheduled appointment until I fulfill my responsibility to attend said appointment.

I agree to refrain form the use of any medication not prescribed by a doctor. I also agree to inform the physician I consult that I am on Methadone Maintenance clinic. I agree to notify the clinic of the fact. Also, staff physicians at MCAC may have a role in determining if a prescribed narcotic will negatively impact a clients methadone treatment and will inform the client of his/her decision in such matters.

I agree to refrain from alcohol use.

I understand that I am expected to either work, attend school to verify any other productive activity I am engaged in while in methadone maintenance.

I authorize staff physicians/nurses to initiate treatment and to share all information pertinent to my case to both medical and counseling staff.

I understand that a failure to carry the terms of this agreement program, i.e. placed in the detox modality or administratively detoxed.

\_\_\_\_\_  
*Patient signature*

\_\_\_\_\_  
*date*

\_\_\_\_\_  
*Intake Coordinator*

\_\_\_\_\_  
*date*

\_\_\_\_\_  
*Tx Coordinator*

\_\_\_\_\_  
*date*

# Morris County Aftercare Center

1574 Sussex Turnpike, Randolph, NJ 07869

Performance Contract- Phase \_\_\_\_\_

To: \_\_\_\_\_

Date: \_\_\_\_\_

Reason(s) for Contract:

A) Positive urines

B) Non Payment

C) Admission

D) Inappropriate behavior

E) Non Compliance

F) Readmission

G) Other \_\_\_\_\_

\_\_\_\_\_ dosage adjustment

\_\_\_\_\_ seek outside counseling

\_\_\_\_\_ NA/AA meetings per week

\_\_\_\_\_ all urines remain clean

\_\_\_\_\_ psychiatric evaluation within two weeks

\_\_\_\_\_ other:

\_\_\_\_\_ Should you choose not to adhere to the above treatment recommendations, your decision will result in the following:

a) referral to an inpatient facility (30 days or more)

b) transfer to another methadone facility

c) administrative Detox

**I, the undersigned, understand the conditions placed upon me for my continued/termination of treatment here at MCAC. I agree to abide by these conditions and understand and accept the consequences should I be unable to meet them.**

\_\_\_\_\_  
client date

\_\_\_\_\_  
tx supervisor date

\_\_\_\_\_  
counselor date



**Patient Treatment Expectations**

My Name: \_\_\_\_\_

My Admission Date: \_\_\_\_\_

My Counselor: \_\_\_\_\_

When I think I will be ready to leave Morris County Aftercare Center:

\_\_\_\_\_

What I need to work on in order to successfully be discharged:

❖ Addiction: \_\_\_\_\_

❖ Living Arrangements: \_\_\_\_\_

❖ Job: \_\_\_\_\_

❖ Educational: \_\_\_\_\_

❖ Family/relationships: \_\_\_\_\_

❖ Physical Health: \_\_\_\_\_

❖ Mental Health: \_\_\_\_\_

❖ Living skills: \_\_\_\_\_

❖ Recreation/Leisure/Social: \_\_\_\_\_

❖ Other: \_\_\_\_\_

Areas that I want the most assistance with from my counselor: \_\_\_\_\_

\_\_\_\_\_

What I plan to do on discharge: \_\_\_\_\_

\_\_\_\_\_  
*Patient Signature*

\_\_\_\_\_  
*Date*

## Family Treatment Input

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

Counselor: \_\_\_\_\_ Telephone: **973-927-6641** ext. \_\_\_\_\_

My hope/expectations about my loved one's treatment in the following areas:

- ❖ Addiction: \_\_\_\_\_
- ❖ Living Arrangements: \_\_\_\_\_
- ❖ Job: \_\_\_\_\_
- ❖ Educational: \_\_\_\_\_
- ❖ Family/relationships: \_\_\_\_\_
- ❖ Physical Health: \_\_\_\_\_
- ❖ Mental Health: \_\_\_\_\_
- ❖ Living skills: \_\_\_\_\_
- ❖ Recreation/Leisure/Social: \_\_\_\_\_
- ❖ Other: \_\_\_\_\_

Areas that I/we want the most assistance with from Morris County Aftercare: \_\_\_\_\_

\_\_\_\_\_

What I plan to do to contribute to the treatment process:

Record Release signed by family member in treatment? Yes No (circle one)