



# **PRESCRIPTION MONITORING PROGRAM STATE PROFILES – WASHINGTON**

**Research current through July 2014.**

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# WASHINGTON

<http://www.doh.wa.gov/hsqa/PMP/default.htm>

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- Status of Program – operational
- Housing Entity – Department of Health
- Advisory Commission – no
- Funding – funds from the Medicaid fraud penalty account, grants, and donations
- Drugs Monitored – Schedules II – V and non-controlled, non-scheduled substances
- Who’s Required to Report Dispensing Information – practitioners or pharmacies that deliver scheduled substances to ultimate users
- Exemptions from Reporting – practitioners who administer controlled substances to patient; wholesale distributors; hospital inpatients; medications administered in single doses to patients in clinics, day surgery areas, or other hospital settings; pharmacies operated by the department of corrections, except that the department must submit data related to an offender’s current prescriptions upon his or her release
- Nonresident Pharmacies Required to Report – yes
- Veterinarians Required to Report – yes
- Data Collection Interval – weekly/7 days
- Notice to Consumers – no
- Interstate Sharing – with other PMPs and authorized users in other states
- Persons Authorized to Receive Information – coroners; medical examiners; law enforcement and judicial/prosecutorial officials; licensing/regulatory boards; authorized practitioners of the department of social and health services and the health care authority regarding Medicaid participants; patient or parent of minor child; health care agent; prescribers; dispensers; Department of Corrections; worker’s compensation specialists
- Delegates Allowed – yes
- De-identified Data Provided – yes
- Unsolicited Reports – to prescribers, pharmacists, and licensing boards
- Training Required – no
- Mandatory Enrollment – no
- Mandatory Access – yes; in workers’ compensation cases, providers must check the PMP prior to prescribing opioids and repeat during chronic opioid therapy; opioid treatment programs must check at admission, annually thereafter, and subsequent to any incidents of concern

West's Revised Code of Washington Annotated (2014)  
Title 70. Public Health and Safety (Refs & Annos)  
Chapter 70.225. Prescription Monitoring Program

§ 70.225.020. Prescription monitoring program--Subject to funding--Duties of dispensers

(1) The department shall establish and maintain a prescription monitoring program to monitor the prescribing and dispensing of all Schedules II, III, IV, and V controlled substances and any additional drugs identified by the pharmacy quality assurance commission as demonstrating a potential for abuse by all professionals licensed to prescribe or dispense such substances in this state. The program shall be designed to improve health care quality and effectiveness by reducing abuse of controlled substances, reducing duplicative prescribing and overprescribing of controlled substances, and improving controlled substance prescribing practices with the intent of eventually establishing an electronic database available in real time to dispensers and prescribers of controlled substances. As much as possible, the department should establish a common database with other states. This program's management and operations shall be funded entirely from the funds in the account established under RCW 74.09.215. Nothing in this chapter prohibits voluntary contributions from private individuals and business entities as defined under Title 23, 23B, 24, or 25 RCW to assist in funding the prescription monitoring program.

(2) Except as provided in subsection (4) of this section, each dispenser shall submit to the department by electronic means information regarding each prescription dispensed for a drug included under subsection (1) of this section. Drug prescriptions for more than one day use should be reported. The information submitted for each prescription shall include, but not be limited to:

- (a) Patient identifier;
- (b) Drug dispensed;
- (c) Date of dispensing;
- (d) Quantity dispensed;
- (e) Prescriber; and
- (f) Dispenser.

(3) Each dispenser shall submit the information in accordance with transmission methods established by the department.

(4) The data submission requirements of subsections (1) through (3) of this section do not apply to:

(a) Medications provided to patients receiving inpatient services provided at hospitals licensed under chapter 70.41 RCW; or patients of such hospitals receiving services at the clinics, day surgery areas, or other settings within the hospital's license where the medications are administered in single doses;

(b) Pharmacies operated by the department of corrections for the purpose of providing medications to offenders in department of corrections institutions who are receiving pharmaceutical services from a department of corrections pharmacy, except that the department of corrections must submit data related to each offender's current prescriptions for controlled substances upon the offender's release from a department of corrections institution; or

(c) Veterinarians licensed under chapter 18.92 RCW. The department, in collaboration with the veterinary board of governors, shall establish alternative data reporting requirements for veterinarians that allow veterinarians to report:

(i) By either electronic or nonelectronic methods;

(ii) Only those data elements that are relevant to veterinary practices and necessary to accomplish the public protection goals of this chapter; and

(iii) No more frequently than once every three months and no less frequently than once every six months.

(5) The department shall continue to seek federal grants to support the activities described in chapter 259, Laws of 2007. The department may not require a practitioner or a pharmacist to pay a fee or tax specifically dedicated to the operation and management of the system.

West's Revised Code of Washington Annotated (2014)  
Title 70. Public Health and Safety  
Chapter 70.225. Prescription Monitoring Program

§ 70.225.040. Confidentiality of prescription information--Procedures--Immunity when acting in good faith

(1) Prescription information submitted to the department shall be confidential, in compliance with chapter 70.02 RCW and federal health care information privacy requirements and not subject to disclosure, except as provided in subsections (3) and (4) of this section.

(2) The department shall maintain procedures to ensure that the privacy and confidentiality of patients and patient information collected, recorded, transmitted, and maintained is not disclosed to persons except as in subsections (3) and (4) of this section.

(3) The department may provide data in the prescription monitoring program to the following persons:

(a) Persons authorized to prescribe or dispense controlled substances, for the purpose of providing medical or pharmaceutical care for their patients;

(b) An individual who requests the individual's own prescription monitoring information;

(c) Health professional licensing, certification, or regulatory agency or entity;

(d) Appropriate local, state, and federal law enforcement or prosecutorial officials who are engaged in a bona fide specific investigation involving a designated person;

(e) Authorized practitioners of the department of social and health services and the health care authority regarding medicaid program recipients;

(f) The director or director's designee within the department of labor and industries regarding workers' compensation claimants;

(g) The director or the director's designee within the department of corrections regarding offenders committed to the department of corrections;

(h) Other entities under grand jury subpoena or court order; and

(i) Personnel of the department for purposes of administration and enforcement of this chapter or chapter 69.50 RCW.

(4) The department may provide data to public or private entities for statistical, research, or educational purposes after removing information that could be used to identify individual patients, dispensers, prescribers, and persons who received prescriptions from dispensers.

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(5) A dispenser or practitioner acting in good faith is immune from any civil, criminal, or administrative liability that might otherwise be incurred or imposed for requesting, receiving, or using information from the program.

West's Revised Code of Washington Annotated (2014)  
Title 74. Public Assistance  
Chapter 74.09. Medical Care

§ 74.09.215. Medicaid fraud penalty account

The medicaid fraud penalty account is created in the state treasury. All receipts from civil penalties collected under RCW 74.09.210, all receipts received under judgments or settlements that originated under a filing under the federal false claims act, and all receipts received under judgments or settlements that originated under the state medicaid fraud false claims act, chapter 74.66 RCW, must be deposited into the account. Moneys in the account may be spent only after appropriation and must be used only for medicaid services, fraud detection and prevention activities, recovery of improper payments, for other medicaid fraud enforcement activities, and the prescription monitoring program established in chapter 70.225 RCW. For the 2013-2015 fiscal biennium, moneys in the account may be spent on inpatient and outpatient rebasing conversion to the tenth version of the international classification of diseases. For the 2011-2013 fiscal biennium, moneys in the account may be spent on inpatient and outpatient rebasing.

Washington Administrative Code (2014)  
Title 246. Health, Department of  
Chapter 246-470. Prescription Monitoring Program

246-470-020. Adding additional drugs to the program.

Pursuant to RCW 70.225.020, the pharmacy quality assurance commission may add additional drugs to the list of drugs being monitored by the program by requesting the department amend these rules.



Washington Administrative Code (2014)  
Title 246. Health, Department of  
Chapter 246-470. Prescription Monitoring Program

246-470-030. Data submission requirements for dispensers.

(1) A dispenser shall provide to the department the dispensing information required by RCW 70.225.020 and this section for all scheduled II, III, IV, and V controlled substances and for drugs identified by the pharmacy quality assurance commission under WAC 246-470-020. Only drugs dispensed for more than one day use must be reported.

(2) Dispenser identification number. A dispenser shall acquire and maintain an identification number issued to dispensing pharmacies by the National Council for Prescription Drug Programs or a prescriber identifier issued to authorized prescribers of controlled substances by the Drug Enforcement Administration, United States Department of Justice.

(3) Submitting data. A dispenser shall submit data to the department electronically, not later than one week from the date of dispensing, and in the format required by the department.

(a) A dispenser shall submit for each dispensing the following information and any additional information required by the department:

(i) Patient identifier. A patient identifier is the unique identifier assigned to a particular patient by the dispenser;

(ii) Name of the patient for whom the prescription is ordered including first name, middle initial, last name, and generational suffixes, if any;

(iii) Patient date of birth;

(iv) Patient address;

(v) Patient gender;

(vi) Drug dispensed;

(vii) Date of dispensing;

(viii) Quantity and days supply dispensed;

(ix) Refill information;

(x) Prescriber identifier;

(xi) Prescription issued date;

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- (xii) Dispenser identifier;
  - (xiii) Prescription fill date and number;
  - (xiv) Source of payment indicated by one of the following:
    - (A) Private pay (cash, change, credit card, check);
    - (B) Medicaid;
    - (C) Medicare;
    - (D) Commercial insurance;
    - (E) Military installations and veterans affairs;
    - (F) Workers compensation;
    - (G) Indian nations;
    - (H) Other; and
  - (xv) When practicable, the name of person picking up or dropping off the prescription, as verified by valid photographic identification.
- (b) A nonresident, licensed pharmacy that delivers controlled substances, as defined in RCW 18.64.360, is required to submit only the transactions for patients with a Washington state zip code.
- (c) Data submission requirements do not apply to:
- (i) The department of corrections or pharmacies operated by a county for the purpose of providing medications to offenders in state or county correctional institutions who are receiving pharmaceutical services from a state or county correctional institution's pharmacy. A state or county correctional institution's pharmacy must submit data to the program related to each offender's current prescriptions for controlled substances upon the offender's release from a state or county correctional institution.
  - (ii) Medications provided to patients receiving inpatient services provided at hospitals licensed under chapter 70.41 RCW or patients of such hospitals receiving services at the clinics, day surgery areas, or other settings within the hospital's license where the medications are administered in single doses; or medications provided to patients receiving outpatient services provided at ambulatory surgical facilities licensed under chapter 70.230 RCW.

Washington Administrative Code (2014)  
Title 246. Health, Department of  
Chapter 246-470. Prescription Monitoring Program

246-470-035. Dispensing and data submission requirements for veterinarians.

A veterinarian licensed under chapter 18.92 RCW shall provide to the department the dispensing information required by RCW 70.225.020 and as provided in this section for all schedule II, III, IV and V controlled substances and for drugs identified by the pharmacy quality assurance commission under WAC 246-470-020.

(1) Dispenser identification number. A veterinarian shall acquire and maintain a prescriber identifier issued to authorized prescribers of controlled substances by the Drug Enforcement Administration, United States Department of Justice.

(2) Submitting data. A veterinarian shall:

(a) Report data for schedule II, III, IV, and V controlled substances, and other required drugs identified by the pharmacy quality assurance commission under WAC 246-470-020, dispensed for more than a fourteen-day supply;

(b) Report data using either electronic or nonelectronic methods provided by the department;

(c) Submit data quarterly. Data must be reported on the following schedule:

Reporting Period	Report Due Date
January - March	April 10
April - June	July 10
July - September	October 10
October - December	January 10

(d) Report the following data elements to the department for each schedule II, III, IV, and V controlled substance and other required drugs dispensed for more than a fourteen-day supply:

(i) Name of the animal for whom the drug is dispensed including name of the animal or the animal's species (example: Feline) and the owner's last name;

(ii) Animal's date of birth, or if date of birth is unknown, enter January 1st of the estimated birth year;

(iii) Owner's name including first name, middle initial, last name, and generational suffixes, if any;

(iv) Owner's address;

- (v) Drug dispensed;
- (vi) Date the drug was dispensed;
- (vii) Quantity and days supply dispensed;
- (viii) Prescriber identifier;
- (ix) Dispenser identifier; and
- (x) When practicable, the identification number from a valid photo identification card of the owner.

Washington Administrative Code (2014)  
Title 246. Health, Department of  
Chapter 246-470. Prescription Monitoring Program

246-470-040. Patient access to information from the program.

A patient, or a patient's personal representative authorized under Title 11 RCW (Probate and trust law) and Title 7 RCW (Special proceedings and actions), may obtain a report listing all prescription monitoring information that pertains to the patient.

(1) Procedure for obtaining information. A patient or a patient's personal representative requesting information pursuant to this section shall submit a written request in person at the department, or at any other place specified by the department. The written request must be in a format established by the department.

(2) Identification required. The patient or the patient's personal representative must provide valid photographic identification prior to obtaining access to the information requested in this section.

(3) Proof of personal representation. Before obtaining access to the information pursuant to this section, a personal representative shall provide either:

(a) An official attested copy of the judicial order granting them authority to gain access to the health care records of the patient;

(b) In the case of parents of a minor child, a certified copy of the birth certificate of the minor child or other certified legal documents establishing parentage or guardianship; or

(c) In the case of persons holding power of attorney, the original document establishing the power of attorney.

The department may verify the patient authorization by any reasonable means prior to providing the information to the patient's personal representative.

Washington Administrative Code (2014)  
Title 246. Health, Department of  
Chapter 246-470. Prescription Monitoring Program

246-470-050. Pharmacist, prescriber or other health care practitioner access to information from the program.

A pharmacist, prescriber, or licensed health care practitioner authorized by a prescriber may obtain prescription monitoring information relating to their patients, for the purpose of providing medical or pharmaceutical care.

(1) Registration for access. A pharmacist, prescriber, or licensed health care practitioner authorized by a prescriber shall register with the department in order to receive an authentication to access the electronic system. The registration process shall be established by the department.

(2) Verification by the department. The department shall verify the authentication and identity of the pharmacist, prescriber, or licensed health care practitioner authorized by a prescriber before allowing access to any prescription monitoring information.

(3) Procedure for accessing prescription information. A pharmacist, prescriber, or licensed health care practitioner authorized by a prescriber may access information from the program electronically, using the authentication issued by the department.

(4) A pharmacist, prescriber, or licensed health care practitioner authorized by a prescriber may alternately submit a written request via mail or facsimile transmission in a manner and format established by the department.

(5) Reporting lost or stolen authentication. If the authentication issued by the department is lost, missing, or the security of the authentication is compromised, the pharmacist, prescriber, or licensed health care practitioner authorized by a prescriber shall notify the department by telephone and in writing as soon as reasonably possible.

(6) All requests for, uses of, and disclosures of prescription monitoring information by authorized persons must be consistent with the program's mandate as outlined in RCW 70.225.040 and this chapter.

Washington Administrative Code (2014)  
Title 246. Health, Department of  
Chapter 246-470. Prescription Monitoring Program

246-470-060. Law enforcement, prosecutorial officials, coroners, and medical examiners' access to information from the program.

Local, state, or federal law enforcement officers and prosecutorial officials may obtain prescription monitoring information for a bona fide specific investigation involving a designated person. A local, state, or federal coroner or medical examiner may obtain prescription monitoring information for a bona fide specific investigation to determine cause of death.

- (1) Registration for access. Local, state, or federal law enforcement officers, prosecutorial officials, coroners, and medical examiners shall register with the department in order to receive an authentication to access information from the program. The registration process shall be established by the department.
- (2) Verification by the department. The department shall verify the authentication and identity of local, state, or federal law enforcement officers, prosecutorial officials, coroners, and medical examiners before allowing access to any prescription monitoring information.
- (3) Procedure for accessing prescription information. Local, state, or federal law enforcement officers, prosecutorial officials, coroners and medical examiners may access information from the program electronically using the authentication issued by the department.
- (4) Local, state, or federal law enforcement officers and prosecutorial officials shall electronically attest that the requested information is required for a bona fide specific investigation involving a designated person prior to accessing prescription monitoring information.
- (5) Local, state, or federal coroner or medical examiners shall electronically attest that the requested information is required for a bona fide specific investigation to determine cause of death prior to accessing prescription monitoring information.
- (6) Local, state, or federal law enforcement officers, prosecutorial officials, coroners and medical examiners may alternately submit a written request via mail or facsimile transmission in a format established by the department. The written request must contain an attestation that the requested information is required for a bona fide specific investigation involving a designated person or for a bona fide specific investigation to determine cause of death.
- (7) Reporting lost or stolen authentication. If the authentication issued by the department is lost, missing, or the security of the authentication is compromised, the local, state, and federal law enforcement officers, prosecutorial officials, coroners or medical examiners shall notify the department by telephone and in writing as soon as reasonably possible.

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(8) All requests for, uses of, and disclosures of prescription monitoring information by authorized persons must be consistent with the program's mandate as outlined in RCW 70.225.040 and this chapter.



Washington Administrative Code (2014)  
Title 246. Health, Department of  
Chapter 246-470. Prescription Monitoring Program

246-470-070. Other prescription monitoring program's access to information from the program.

Established prescription monitoring programs may obtain prescription monitoring information for requests from within their jurisdiction that do not violate the provisions of this chapter or chapter 70.225 RCW.

- (1) The other prescription monitoring program must provide substantially similar protections for patient information as the protections provided in chapter 70.225 RCW.
- (2) The department may share information with other prescription monitoring programs qualified under this section through a clearinghouse or prescription monitoring program information exchange that meets federal health care information privacy requirements.
- (3) All requests for, uses of, and disclosures of prescription monitoring information by authorized persons must be consistent with the program's mandate as outlined in RCW 70.225.040 and this chapter.

Washington Administrative Code (2014)  
Title 246. Health, Department of  
Chapter 246-470. Prescription Monitoring Program

246-470-080. Access by public or private research entities to information from the program.

(1) The department may provide prescription monitoring information in a format established by the department to any public or private entity for statistical, research, or educational purposes.

(2) Before the department releases any requested information, the department shall remove information that could be used to identify individual patients, dispensers, prescribers, and persons who received prescriptions from dispensers.

(3) To obtain information from the program a public or private entity shall submit a request in a format established by the department.

(4) All requests for, uses of, and disclosures of prescription monitoring information by the requesting entity must be consistent with the program's mandate as outlined in RCW 70.225.040 and this chapter.

Washington Administrative Code (2014)  
Title 296A. (Ch. 1-59) Labor and Industries, Department of  
Chapter 296-20. Medical Aid Rules  
Opioids for Noncancer Pain

296-20-03035. Checking the prescription monitoring program data base.

Checking the prescription monitoring program is recommended before prescribing opioids for new injuries. Providers must check the prescription monitoring program data base, if available, and document before prescribing opioids in the subacute phase and repeat during chronic opioid therapy at intervals according to the worker's risk category as described in the agency medical directors' group's guideline.

Any provider performing a preoperative evaluation for elective surgery in workers on chronic opioid therapy should also check the prescription monitoring program data base and document as part of a treatment plan for post-surgical pain management.

Washington Administrative Code (2014)  
Title 296A. (Ch. 1-59) Labor and Industries, Department of  
Chapter 296-20. Medical Aid Rules  
Opioids for Noncancer Pain

296-20-03056. Opioid authorization requirement for the subacute phase (6-12 weeks).

Before the department or self-insurer authorizes payment for opioids beyond the acute phase, the provider must perform and document the following:

- Verify that the worker had clinically meaningful improvement in function and pain with the use of opioids in the acute phase.
- If indicated, use a validated instrument to screen the worker for comorbid psychiatric conditions (e.g., depression, anxiety, or post traumatic stress disorder) which may impact the response to opioid treatment.
- Verify that the worker has no contraindication to the use of opioids.
- Access the state's prescription monitoring program data base, if available, to ensure that the controlled substance history is consistent with the prescribing record and the worker's report.
- Use a validated screening instrument to verify the absence of a current substance use disorder (excluding nicotine) or a history of opioid use disorder.
- Administer a baseline urine drug test to verify the absence of cocaine, amphetamines, alcohol, and nonprescribed opioids.
- Verify that the worker has no evidence of or is not at high risk for serious adverse outcomes from opioid use.

Washington Administrative Code (2014)  
Title 388. Social and Health Services, Department of  
Chapter 388-877B. Chemical Dependency Services  
Section Four-Chemical Dependency-Opiate Substitution Treatment Services

388-877B-0440. Chemical dependency opiate substitution treatment services-Program physician responsibility.

An agency providing chemical dependency opiate substitution treatment services must ensure the program physician, or the medical practitioner under supervision of the program physician, performs and meets the following:

(1) The program physician or medical practitioner under supervision of the program physician:

(a) Is responsible to verify an individual is currently addicted to an opioid drug and that the person became addicted at least twelve months before admission to treatment.

(b) May waive the twelve month requirement in (a) of this subsection upon receiving documentation that the individual:

(i) Was released from a penal institution, if the release was within the previous six months;

(ii) Is pregnant; or

(iii) Was previously treated within the previous twenty-four months.

(2) A physical evaluation must be completed on the individual before admission that includes the determination of opiate physical addiction consistent with the Diagnostic and Statistical Manual (DSM-5) criteria, and an assessment for appropriateness for Sunday and holiday take-home medication. Information on the DSM-5 can be found on the American Psychiatric Association's public website at [www.DSM5.org](http://www.DSM5.org).

(3) A review must be completed by the department of health prescription drug monitoring program data on the individual:

(a) At admission;

(b) Annually after the date of admission; and

(c) Subsequent to any incidents of concern.

(4) All relevant facts concerning the use of the opioid drug must be clearly and adequately explained to each individual.

- (5) Current written and verbal information must be provided to pregnant individuals, before the initial prescribed dosage regarding:
- (a) The concerns of possible addiction, health risks, and benefits the opiate substitution medication may have on the individual and the fetus.
  - (b) The risk of not initiating opiate substitution medication on the individual and the fetus.
  - (c) Referral options to address neonatal abstinence syndrome for the baby.
- (6) Each individual voluntarily choosing to receive maintenance treatment must sign an informed consent to treatment.
- (7) Within fourteen days of admission, a medical examination must be completed that includes:
- (a) Documentation of the results of serology and other tests; and
  - (b) An assessment for the appropriateness of take-home medications as required by 42 C.F.R. part 8.12(i).
- (8) When exceptional circumstances exist for an individual to be enrolled with more than one opiate substitution treatment agency, justification granting permission must be documented in the individual's clinical record at each agency.
- (9) Each individual admitted to detoxification services must have an approved detoxification schedule that is medically appropriate.
- (10) Each individual administratively discharged from services must have an approved detoxification schedule that is medically appropriate.
- (11) An assessment for other forms of treatment must be completed for each individual who has two or more unsuccessful detoxification episodes within twelve consecutive months.
- (12) An annual medical examination must be completed on each individual that includes the individual's overall physical condition and response to medication.