The Joint Commission recently incorporated several revisions within its Opioid Treatment Program (OTP) for behavioral health care organizations.

The Joint Commission added five new elements of performance (EPs) and two new Notes—and edited an existing EP—to maintain alignment with Center for Substance Abuse Treatment (CSAT) regulations and guidelines and thus retain its status as a Substance Abuse and Mental Health Services Administration (SAMHSA)—approved accrediting body.

These revisions, which became effective March 23, 2014, appear in the E-dition* as well as the 2014 Update 1 to the Comprehensive Accreditation Manual for Behavioral Health Care. The box below displays the revisions; new text is underlined, and deleted text is shown in strikethrough. Questions may be directed to Lynn Berry, project director, Department of Standards and Survey Methods,The Joint Commission, at lberry@jointcommission.org or 630-792-5894. [4]

Revised Opioid Treatment Program Requirements for Behavioral Health Care

The Joint Commission recently incorporated several revisions within its Opioid Treatment Program (OTP) for behavioral health care organizations.

The Joint Commission added five new elements of performance (EPs) and two new Notes—and edited an existing EP—to maintain alignment with Center for Substance Abuse Treatment (CSAT) regulations and guidelines and thus retain its status as a Substance Abuse and Mental Health Services Administration (SAMHSA)—approved accrediting body.

These revisions, which became effective March 23, 2014, appear in the E-dition* as well as the 2014 Update 1 to the Comprehensive Accreditation Manual for Behavioral Health Care. The box below displays the revisions; new text is underlined, and deleted text is shown in strikethrough. Questions may be directed to Lynn Berry, project director, Department of Standards and Survey Methods,The Joint Commission, at lberry@jointcommission.org or 630-792-5894.
Revisions to Opioid Treatment Program Requirements (continued)

**Standard CTS.06.02.01**  
When an individual served is transferred or discharged, the continuity of care, treatment, or services is maintained.

**Element of Performance for CTS.06.02.01**  
A 10. For opioid treatment programs: The program makes decisions about administrative withdrawal on a case-by-case basis.  
**Note:** Ongoing multidrug use is not necessarily a reason for discharge, unless the patient refuses recommended care.

**Information Management (IM)**

**Standard IM.02.01.01**  
The organization protects the privacy of health information.

**Element of Performance for IM.02.01.01**  
A 4. The organization discloses health information only as authorized by the individual served or as otherwise consistent with law and regulation. *(See also RI.01.01.01, EP 7)*  
**Note:** For opioid treatment programs: Patients in addiction treatment programs and opioid treatment programs have the right to confidentiality in accordance with federal regulations (42 CFR).

**Medication Management (MM)**

**Standard MM.06.01.03**  
Self-administered medications are administered safely and accurately.  
**Note:** The term self-administered medication(s) may refer to medications administered by a family member.

**Element of Performance for MM.06.01.03**  
A 21. For opioid treatment programs: The program establishes procedures to accommodate traveling patients.

**Rights and Responsibilities of the Individual (RI)**

**Standard RI.01.02.01**  
The organization respects the right of the individual served to collaborate in decisions about his or her care, treatment, or services.

**Elements of Performance for RI.01.02.01**  
C 34. For opioid treatment programs: The program provides the patient with information about providers in the community who are able to address any of the patient’s needs that the program cannot meet.  
C 35. For opioid treatment programs: The program provides the patient with information about providers in the community should the patient be dissatisfied with the services received from the program.