R³ Report | Requirement, Rationale, Reference

A complimentary publication of The Joint Commission

Issue 25, December 20, 2019

Published for Joint Commission-accredited organizations and interested health care professionals, *R3 Report* provides the rationale and references that The Joint Commission employs in the development of new requirements. While the standards manuals also may provide a rationale, *R3 Report* goes into more depth, providing a rationale statement for each element of performance (EP). The references provide the evidence that supports the requirement. *R3 Report* may be reproduced if credited to The Joint Commission. Sign up for email delivery.

Enhanced substance use disorders standards for behavioral health organizations

Effective July 1, 2020, eight standards with 14 new and revised elements of performance (EPs) will be applicable to Joint Commission-accredited behavioral health care organizations that treat substance use disorders. These new and revised requirements are designed to improve the quality and safety of care for individuals seeking treatment for substance use disorders, and are in the Care, Treatment, and Services (CTS) and Leadership (LD) chapters at:

CTS.02.02.09, EPs 5 and 15
CTS.02.03.07 EPs 1, 2 and 7
CTS.02.03.13, EP 1
CTS.02.03.15 EPs 1, 2 and 3
CTS.03.01.03 EP 28
CTS.04.03.35 EPs 5 and 8
CTS.06.02.01 EP 4
LD.04.02.03 EP 10

The Joint Commission evaluated literature and national guidelines, and engaged stakeholders to determine how enhancing the standards would help improve the quality and safety of care at a time when millions of Americans are battling a substance use disorder. The Joint Commission concluded that enhancing standards applicable to addiction treatment providers was needed in the areas of treating individuals at the appropriate level of care, transitions of care and follow up, and proper use of urine drug testing to ensure the standards reflect best practices.

Engagement with stakeholders, customers, and experts

In addition to an extensive literature review and public field review, The Joint Commission obtained expert guidance from the following groups:

- Expert Panel comprised of stakeholders with expert knowledge of substance use disorder treatment.
- Standards Review Panel (SRP) comprised of clinicians and administrators who provided a "boots on the ground" point of view and insights into the practical application of the proposed standards.

The prepublication version of these standards will be available online until July 1, 2020. After July 1, please access the new requirements in the E-dition or standards manual.

Care, Treatment, and Services chapter

Standard CTS.02.02.09: The organization has a process to provide medical histories, physical examinations, and diagnostic and laboratory tests.

Requirement	EP 5: For organizations providing care, treatment, or services to individuals with additions: The program collects toxicological specimens in a manner that demonstrates trust and respect while taking reasonable steps to prevent falsification of samples. Note: Direct observation, although necessary for some individuals, is neither necessary nor appropriate for all individuals.
Rationale	Individuals diagnosed with a substance use disorder have historically been stigmatized and criminalized in healthcare organizations. It is important when performing tests, such as urine drug screens, that all individuals are treated with respect and dignity. The stigma surrounding substance use disorder treatment has been a barrier to pursuing care.
Reference	Buchman DZ, Leece P and Orkin A. (2017). "The Epidemic as Stigma: The Bioethics of Opioids." *The Journal of Law, Medicine & Ethics*, 45(4), 607-20. doi:10.1177/1073110517750600
Requirement	EP 15: For organizations providing care, treatment, or services to individuals with additions: When initiating medication-assisted treatment, medical assessments and testing are done according to current national guidelines established for the treatment being used.
Rationale	As with any medication safety protocol, organizations should follow evidence-based guidelines established for safe care when using medication-based treatment for addictions. Some medications used for treatment of addictions may have harmful side effects. For example, opioid treatment programs using methadone are required to comply with federal regulations to address its risks, which are greater than medication-based treatments that use buprenorphine or naltrexone. One example where evidence-based guidelines may differ between types of treatment is in the use of electrocardiograms (EKGs), which are required before initiating methadone treatment but not required before buprenorphine initiation. National guidelines and available medication-assisted treatment options are evolving. At this time, SAMHSA has published several treatment-specific resources that describe what to consider prior to initiation of medication-assisted treatment. In the case that there are no published guidelines, clinical judgement and knowledge of the medication should inform practice.
Reference	Farmer CM, Lindsay D, Williams J, Ayers A, Schuster J, Cilia A, et al. (2015) "Practice Guidance for Buprenorphine for the Treatment of Opioid Use Disorders: Results of an Expert Panel Process." *Substance Use*, 36, 209-16. doi:10.1080/08897077.2015.1012613 U.S. Department of Health and Human Services (HHS), Substance Abuse and Mental Health Services Administration (SAMHSA), "TIP 63: Medications for Opioid Use Disorder." SAMHSA Publications. June 2019. Retrieved from https://store.samhsa.gov/product/TIP-63-Medications-for-Opioid-Use-Disorder-Full-Document-Including-Executive-Summary-and-Parts-1-5-/SMA19-5063FULLDOC

Not a complete literature review.

Standard CTS.02.03.07: For organizations providing care, treatment, or services to individuals with additions: The assessment includes the individual's history of addictive behaviors.

Requirement	EP 1: For organizations providing care, treatment, or services to individuals with additions: The organization obtains the individual's history of alcohol use, drug use, nicotine use, and other addictive behaviors. The history includes the following information: - Age of onset - Method of acquiring substance - Duration - Patterns of use (for example, continuous, episodic, binge, frequency, amounts, and route that the substance is taken)

Rationale	A comprehensive understanding of an individual's substance use history is vital to accurate diagnosis, creating effective treatment plans, and placement in the appropriate level of care. The Joint Commission is not requiring specific information on how an individual acquires a substance, but in order to understand the individual's use, and best treatment options, knowing if he or she has acquired the substance from a prescription written for him or her by a medical provider versus acquiring the substance in other ways (through friends and family, bought elsewhere) is important.
Reference	U.S. Department of Health and Human Services (HHS), Substance Abuse and Mental Health Services Administration (SAMHSA), "TIP 31: Screening and Assessing Adolescents for Substance Use." SAMHSA Publications. June 2012. Retrieved from https://www.store.samhsa.gov/product/TIP-31-Screening-and-Assessing-Adolescents-for-Substance-Use-Disorders/SMA12-4079
Requirement	EP 2: For organizations providing care, treatment, or services to individuals with additions: The organization obtains the following information: - The individual's history of mental, emotional, behavioral, legal, and social consequences of dependence or addiction (for example, legal problems, divorce, loss of family members or friends, job-related incidents, financial difficulties, blackouts, memory impairment) - The individual's history of physical problems associated with substance abuse, dependence, and other addictive behaviors - History of the use of alcohol and other drugs, and other addictive behaviors by the individual's family - If applicable to the belief system of the individual served, the individual's perception of the role of spirituality or religion in his or her life and recovery - The individual's readiness to change - The individual's current living arrangements and environment and options for an alternative and supportive living environment
Rationale	Studies have shown that an individual's readiness to change can influence his or her treatment outcomes in a positive way and lead to treatment retention. It is important for the organization to gather information on readiness to change and factor this into the individual's treatment plan. Likewise, a treatment plan should also consider one's recovery/living environment, as a supportive, stable, and safe living environment has been shown to improve treatment outcomes.
Reference	Montgomery L, Burlew AK, and Korte JE. (2017). "Does Change in Readiness Influence Retention among African American Women and Men in Substance Abuse Treatment?" *Journal of Ethnicity in Substance Abuse,* 16(4), 420-31. doi:10.1080/15332640.2017.1300553 Morris DH, Davis AK, Lauritsen KJ, Rieth CM, Silvestri MM, Winters JJ, et al. (2018). "Substance Use Consequences, Mental Health Problems, and Readiness to Change among Veterans Seeking Substance Use Treatment." *Journal of Substance Abuse Treatment,* 94, 113-21. doi:10.1016/j.jsat.2018.08.005 Reif S, Preethy G, Braude L, Dougherty RH, Daniels AS, Ghose SS, et al. (2014). "Recovery Housing: Assessing the Evidence." *Psychiatric Services*, 65(3), 295-300. doi:10.1176/appi.ps.201300243
Requirement	EP 7: For organizations providing care, treatment, or services to individuals with additions: Assessments of the individual serve contain information about the following: - Previous care, treatment, or services - The individual's response to previous care, treatment, or services - The individual's relapse history - Acute intoxication and/or withdrawal potential
Rationale	Clinicians must fully assess the withdrawal potential of those they treat by looking at the individual's current and past experiences with substance use, including levels of intoxication and risk of severe withdrawal symptoms (such as seizures, for example). Properly assessing withdrawal potential decreases the likelihood that an individual will return for detoxification services in the future and is vital to keeping individuals safe and providing quality care.

	Validated tool can also be used to assess withdrawal. The Clinical Opiate Withdrawal Scale (COWS) for opiate withdrawal is one example.
Reference	Co-occurring Conditions. Carson City, NV: Change Companies, 2013. Tompkins DA, Bigelow GE, Harrison JA, Johnson RE, Fudala PJ, and Strain EC. (2009). "Concurrent Validation of the Clinical Opiate Withdrawal Scale (COWS) and Single-item Indices against the Clinical Institute Narcotic Assessment (CINA) Opioid Withdrawal Instrument." *Drug and Alcohol Dependence*,105(1-2), 154-59. doi:10.1016/j.drugalcdep.2009.07.001

Not a complete literature review.

Standard CTS.02.03.13: For organizations providing care, treatment, or services to individuals with addictions: The individual served is placed in the appropriate level of care.

Requirement	EP 1: For organizations providing care, treatment, or services to individuals with additions: The organization uses an evidence-based, multidimensional admission assessment that includes, at a minimum, mental health, medical, and substance-use history for placement of the individual at the appropriate level of care.
Rationale	Inadequate screening and assessment of individuals with substance use disorders have resulted in admitting individuals to treatment programs that are not a good match to patients' clinical needs, which also results in misallocation of organizational resources. Media reports have indicated that individuals have been admitted to programs far from their homes and when it was found they did not require that specific level of care, they were discharged without resources for follow-up and returning home. Using national practice guidelines have been shown to improve the quality of the assessment and ensure that individuals are admitted to an appropriate level of care. Examples of evidence-based, multidimensional admission assessment tools include the American Society for Addiction Medicine (ASAM) Criteria and the Level of Care Utilization System for Psychiatric and Addiction Services (LOCUS).
Reference	American Association of Community Psychiatrists. (2016). *LOCUS: Level of Care Utilization System for Psychiatric and Addiction Services* [Assessment instrument]. Retrieved from http://www.cpsp.pitt.edu/wp-content/uploads/2018/08/2-LOCUS-20-2016.pdf Mee-Lee D. *The ASAM Criteria: Treatment Criteria for Addictive, Substance-related, and Co-occurring Conditions*. Carson City, NV: Change Companies, 2013. Stallvik M, Gastfriend DR, and Nordahl HM. (2014). "Matching Patients with Substance Use Disorder to Optimal Level of Care with the ASAM Criteria Software." *Journal of Substance Use*, 20(6), 389-98. doi:10.3109/14659891.2014.934305

Not a complete literature review.

Standard CTS.02.03.15: For organizations providing care, treatment, or services to individuals with addictions: The organization uses drug testing to promote safety and quality of care.

Requirement	EP 1: For organizations providing care, treatment, or services to individuals with additions: The organization follows its written policy on performing drug testing. Note: When developing this policy, the organization considers when drug testing is appropriate based on the individual's diagnosis, progress in treatment, history of use, and the provider's clinical judgement.
Rationale	Due to the positive treatment outcomes that are associated with proper use of drug testing, it is an appropriate clinical tool to use in treatment of substance us disorders. Drug testing and its accompanying results are used to inform clinical decisions and used therapeutically to discuss an individual's use, not to reward or punish individuals. Although there are no evidence-based guidelines on when to drug test, clinical judgement should include practice guidelines accepted by the field and be based on patient acuity and level of care.
Reference	Jarvis M, Williams J, Hurford M, Lindsay D, Lincoln P, Giles L, Luongo P, and Safarian T. (2017). "Appropriate Use of Drug Testing in Clinical Addiction Medicine." *Journal of Addiction*

	Medicine, 11(3), 167-73. doi:10.1097/adm.0000000000000322 Rzetelny A, Zeller B, Miller N, City KE, Kirsh KL, and Passik SD. (2015). "Counselors' Clinical Use of Definitive Drug Testing Results in Their Work with Substance-Use Clients: A Qualitative Study." *International Journal of Mental Health and Addiction*, 14(1), 64-80.
Requirement	EP 2: For organizations providing care, treatment, or services to individuals with additions: The organization documents in the individual's clinical/case record the reason for drug testing, the results, and actions based on the results.
Rationale	Due to the positive treatment outcomes that are associated with proper use of drug testing, it is an appropriate clinical tool to use in treatment of substance use disorders. Drug testing and its accompanying results are used to inform clinical decisions and used therapeutically to discuss an individual's use, not to reward or punish individuals. Although there are no evidence-based guidelines on when to drug test, clinical judgement should include practice guidelines accepted by the field and be based on patient acuity and level of care.
Reference	Jarvis M, Williams J, Hurford M, Lindsay D, Lincoln P, Giles L, Luongo P, and Safarian T. (2017). "Appropriate Use of Drug Testing in Clinical Addiction Medicine." *Journal of Addiction Medicine*, 11(3), 167-73. doi:10.1097/adm.0000000000000322 Rzetelny A, Zeller B, Miller N, City KE, Kirsh KL, and Passik SD. (2015). "Counselors' Clinical Use of Definitive Drug Testing Results in Their Work with Substance-Use Clients: A Qualitative Study." *International Journal of Mental Health and Addiction*, 14(1), 64-80.
Requirement	EP 3: For organizations providing care, treatment, or services to individuals with additions: The organization provides education and training for staff who are involved in drug testing. At a minimum, the includes test administration and storage of the specimen.
Rationale	For drug testing to be a useful tool and benefit for an individual undergoing addiction treatment, staff must be educated on how to properly utilize drug testing. Proper education and training ensure that drug testing is used in a way to aid the recovery process and not cause additional harm to an individual.
Reference	Jarvis M, Williams J, Hurford M, Lindsay D, Lincoln P, Giles L, Luongo P, and Safarian T. (2017). "Appropriate Use of Drug Testing in Clinical Addiction Medicine." *Journal of Addiction Medicine*, 11(3), 167-73. doi:10.1097/adm.0000000000000322

Not a complete literature review.

Standard CTS.03.01.03: The organization has a plan of care, treatment, or services that reflects the assessed needs, strengths, preferences, and goals of the individual served.

Requirement	EP 28: For organizations providing care, treatment, or services to individuals with additions: The organization develops a plan for care, treatment, or services at the time of admission or entry into care that reflects the assessed needs, strengths, preferences, and goals of the individual served.
Rationale	Those being treated for a substance use disorder vary widely in their individual diagnoses, strengths, and needs, and, thus, in their preferred treatment plans. By creating and implementing an individualized care plan immediately upon start of a program, individuals will receive treatment that is tailored to their needs. When clinicians implement an individualized care plan early in treatment, it has been shown to lead to better outcomes for the individual served.
Reference	Weiner SJ, Schwartz A, Sharma G, Binns-Calvey A, Ashley N, Kelly B, Dayal A, Patel S, Weaver FM, and Harris I. (2013). "Patient-Centered Decision Making and Health Care Outcomes." *Annals of Internal Medicine*, 158(8), 573. doi:10.7326/0003-4819-158-8-201304160-00001

Not a complete literature review.

Standard CTS.04.03.35: The organization responds to medical emergencies according to organization policy and procedures.

Requirement	EP 5: For opioid treatment programs and medication-assisted treatment programs: The program has staff on duty who are trained and proficient in the following:

	- Cardiopulmonary resuscitation (CPR) through an evidence-based training program - Management of opiate overdose - Management of medical emergencies - Other relevant techniques
Rationale	This is a current standard and EP in the *Comprehensive Accreditation Manual for Behavioral Health Care* that only applies to the Opioid Treatment Program service. To improve quality and safety of care, treatment, and services, The Joint Commission has broadened the applicability as described in the lead-in.
Requirement	EP 8: For organizations providing care, treatment, or services to individuals with additions: The organization provides information on how to obtain life-saving medication in the case of opioid overdose. Note: One example would be providing information on how to obtain naloxone either from the organization or another source.
Rationale	In the United States, opioid overdose was responsible for 42,000 deaths in 2016. The SAMHSA opioid overdose prevention toolkit provides multiple strategies to help prevent opioid overdose, one specifically being "ensure ready access to naloxone." By making naloxone available or providing information on how to obtain it, and educating individuals on its indication and how to use it, organizations can prevent death from opioid overdose.
Reference	U.S. Department of Health and Human Services (HHS), Substance Abuse and Mental Health Services Administration (SAMHSA), "Opioid Overdose Prevention Toolkit." SAMHSA Publications. June 2016. Retrieved from https://store.samhsa.gov/product/Opioid-Overdose-Prevention-Toolkit/SMA18-4742

Not a complete literature review.

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

Requirement	EP 4: For opioid treatment programs and medication-assisted treatment programs: The discharge planning process addresses referrals for continuing outpatient care after the last dose of medication and the plan for re-entry to maintenance treatment if relapse occurs.
Rationale	This is a current standard and EP in the *Comprehensive Accreditation Manual for Behavioral Health Care* that only applies to the Opioid Treatment Program service. To improve quality and safety of care, treatment, and services, The Joint Commission has broadened the applicability as described in the lead-in.

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Leadership chapter

Standard LD.04.02.03: Ethical principles guide the organization's business practices.

Requirement	EP 10: For organizations providing care, treatment, or services to individuals with additions: Prior to admission, information regarding charges and financial responsibility for care, treatment, and services are provided to the individual served. This includes making the individual aware of any travel or other expenses they will be responsible for related to the care, treatment, or services that the organization provides.
Rationale	Completion of a program is essential for an individual with addiction's successful recovery. Therefore, to avoid a situation in which an individual must abruptly stop treatment, it is important for him or her to understand which services will be covered by insurance and which will be self-pay. The program must let individuals served know which costs they are responsible for, and if available, the estimated amounts for services including, but not limited to, transportation, therapy, testing, and room and board. Individuals are often denied important medical treatments or choose to forgo treatments due to inability to pay.
Reference	Saini V, Garcia-Armesto S, Klemperer D, Paris V, Elshaug AG, Brownlee S, Ioannidis JPA, and Fisher ES. (2017). "Drivers of Poor Medical Care." *The Lancet*, 390(10090), 178-90. doi:10.1016/s0140-6736(16)30947-3

Not a complete literature review.

The Joint Commission

Enhanced Substance Use Disorders Standards

Behavioral Health Care Accreditation Program

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