

Prepublication Requirements

The Joint Commission has approved the following revisions for prepublication. While revised requirements are published in the semiannual updates to the print manuals (as well as in the online E-dition®), accredited organizations and paid subscribers can also view them in the monthly periodical *The Joint Commission Perspectives*®. To begin your subscription, call 877-223-6866 or visit <http://www.jcrinc.com>.



Revised Requirements for Opioid Treatment Programs

APPLICABLE TO BEHAVIORAL HEALTH CARE


Effective March 23, 2014

Care, Treatment, and Services (CTS)

Standard CTS.02.01.09

The organization screens all individuals served for physical pain.

Element of Performance for CTS.02.01.09

C 4. For opioid treatment programs: Patients with pain management needs receive their regular opioid medication at adequate doses to treat addiction. 

Standard CTS.03.01.07

When individuals served need additional care, treatment, or services not offered by the organization, referrals are made and documented in the clinical/case record. (For more information, refer to Standard CTS.04.01.01.)

Elements of Performance for CTS.03.01.07

A 4. For opioid treatment programs: The program completes referrals and follow-up for other health care needs within three months of admission.

A -4-5. **For opioid treatment programs:** The program helps female patients with infants that may be susceptible to neonatal abstinence syndrome to obtain a comprehensive evaluation and treatment for the infant.






A -5-6. **For opioid treatment programs:** The program offers referrals to parenting support groups or other services to patients in medication-assisted treatment who have children.


Note: *Children of patients in medication-assisted treatment may also need a referral for services because they may have special mental health and cognitive needs, especially if abuse or neglect has occurred.*

A -6-7. **For opioid treatment programs:** The program offers or provides referrals for child care services to patients in medication-assisted treatment who have children.

A -7-8. **For opioid treatment programs:** If the program refers the patient elsewhere for prenatal care, it seeks reciprocity in the exchange of pertinent clinical information about compliance with the recommended course of medical care, in accordance with federal privacy regulations.

C -8-9. **For opioid treatment programs:** If a pregnant woman refuses direct prenatal services or appropriate referral for such care, the program's treating physician or designee has the patient formally acknowledge in writing that the program offered these services but the patient refused them.

Key: **A** indicates scoring category A; **C** indicates scoring category C;  indicates that documentation is required;  indicates Measure of Success is needed;  indicates an Immediate Threat to Health or Safety;  indicates situational decision rules apply;  indicates direct impact requirements apply; **R** indicates an identified risk area

C 9-10. For opioid treatment programs: The program refers the patient for appropriate treatment if the assessment identifies mental health needs. 

Standard CTS.04.01.01

The organization coordinates the care, treatment, or services provided to an individual served as part of the plan for care, treatment, or services and in a manner consistent with the organization's scope of care, treatment, or services. (For more information, refer to Standard CTS.03.01.07.)

Element of Performance for CTS.04.01.01

A 10. For opioid treatment programs: When possible, the program manages co-morbidities on site. When co-morbidities cannot be managed on site, the program develops referral and consultative relationships with other agencies and providers that can provide services to treat patients for any psychiatric co-morbid conditions, medical complications, and communicable diseases.

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. 