

MEMORANDUM OF UNDERSTANDING
[NAME OF PARTY], Vermont Department of Corrections,
Centurion of Vermont, LLC, and ADAP

This is a Memorandum of Understanding (“MOU”) between [Acadia Health Care] (“Home Regional Hub” or “designated community-based treatment provider”), the Vermont Department of Corrections (“DOC”), Centurion of Vermont, LLC (“Centurion”), DOC’s provider of comprehensive health care services for inmates, and the Vermont Department of Health, Office of Alcohol and Drug Abuse Programs (“ADAP”) regarding “Medication Assisted Treatment” (MAT) for the pharmacological use of methadone, buprenorphine, extended-release naltrexone, or other medications for the treatment of patients with opioid use disorders. This MOU shall address how information sharing and quality assurance activities will occur between all signed parties for the purposes of verifying that the provision of MAT to justice-involved individuals in Vermont is safe, effective, and generally providing a benefit to the patient population. The MOU shall also consider the feasibility of the DOC, in collaboration with ADAP, becoming an accredited Outpatient Treatment Program (OTP).

This MOU will address procedures for:

Continuation of Methadone. Patients who were actively maintained on methadone through a Home Regional Hub immediately prior to incarceration shall continue to receive methadone prescribed by their Home Regional Hub. The Home Regional Hub will maintain prescriptive authority and provide methadone maintenance to its patients that are incarcerated in proximate DOC facilities.

Guest Dosing. Patients who were actively maintained on methadone through a Home Regional Hub immediately prior to incarceration may have their care transferred to a “Guest Hub.” All “Home Regional Hubs” shall provide guest dosing services in the region of each DOC facility, by agreement of both parties via a process approved by the Federal and State Governments.

Continuation of Suboxone, Naltrexone, and Other Non-Methadone MAT Medications. Patients who were actively maintained on Suboxone, naltrexone, or other MAT medication immediately prior to incarceration shall continue to receive those medications as prescribed by Centurion, in collaboration with the patients designated community-based treatment provider.

Discontinuation of MAT. Patients who were actively maintained on MAT immediately prior to incarceration and who are discontinued from MAT while in DOC custody shall, prior to discharge, be considered for re-initiation of MAT and/or shall be referred to a designated community-based treatment provider.

Screening, Brief Intervention, and Referral to Treatment. Patients who were not actively engaged in community-based MAT immediately prior to incarceration shall receive a brief screening upon admission to DOC. Patients that “screen” positive shall be seen within 7 days by a qualified healthcare professional for administration of the DOC’s

and Centurion's SBIRT protocol. Patients that screen as moderate-high risk opioid users shall receive a substance abuse assessment, as clinically indicated, to determine if it is appropriate to initiate the patient on MAT prior to discharge from DOC custody. All patients that consent to share their protected health information shall be referred to a designated-community-based treatment provider upon discharge for the consideration of initiation or continuation of treatment.

DOC Outpatient Treatment Program. The DOC and ADAP shall release a report regarding the feasibility of the DOC becoming a certified Outpatient Treatment Program (OTP).

Procedures

Continuation of Methadone

- The Hubs will inform all patients on methadone who are or may be justice-involved that if incarcerated, DOC/Centurion staff will attempt to continue their maintenance treatment but are not required to do so. Continuation will be determined on a case-by-case basis in accordance with the DOC's policy on MAT, which generally states that patients will be continued on methadone for as long as possible, up to 120 days.
- When a patient actively involved in a methadone program is brought to DOC, a designated Centurion staff member will complete the patient's "Initial Healthcare Receiving Screening."
 - The patient will be asked if they had been participating in a methadone program in the community. If the patient responds affirmatively, Centurion will present the patient with all necessary Releases of Information (ROIs) and patient agreements to coordinate care with the Home Hub.
 - The patient will sign the ROI if they wish to be considered for interim maintenance. Patients who refuse to sign the ROI may not be eligible for interim maintenance.
 - Centurion shall conduct an initial urinalysis screening and other urinalysis tests as needed.
 - As soon as possible, and in no case greater than twenty-four (24) hours of admission, Centurion will notify the patient's Home Hub that the patient is in DOC custody. Notification will include the following: (24) hours following admission. Notification will include the following:
 - Release of Information (ROI) form signed by the patient granting the Home Hub permission to receive and transmit all relevant information.
 - Results of the initial urinalysis test, if known.
 - The anticipated duration of incarceration, if known.
- The Hubs (acting as either "Home" or "Guest") agree to provide access to its services in a timely fashion and in a manner that that will decrease the chances of a registered patient's methadone treatment being interrupted or delayed (e.g., during a weekend or holiday) .
- When the Hub is not accessible, Centurion may provide patient^s with uninterrupted methadone, even if the DOC facility does not have a separate registration as a narcotics treatment program (NTP). In accordance with 21 CFR 1306.07(b):

- Centurion may administer narcotic drugs to a person for the purpose of relieving acute withdrawal symptoms, when necessary, while arrangements are being made to have methadone supplied by the patient's Home or Guest Hub.
- A separate registration is not required, provided that no more than one day's medication be administered to the patient or for the patient's use at one time.
- Such treatment is limited to three days and may not be renewed or extended.
- Centurion and the Hubs shall notify Centurion's Statewide Medical Director and ADAP if coordination is not occurring in a timely manner.
- Within twenty-four (24) hours or sooner of the receipt of notification from Centurion, the Home Hub Medical Director or designee will discuss the patient's status, medical condition, and methadone needs with Centurion's Statewide Medical Director or designee. From this discussion, the Centurion physician will direct the patient's methadone maintenance treatment plan on an individualized and case-by-case basis, in accordance with state and federal laws, the safe and secure operation of the facility where the patient is housed, and SAMHSA's guidelines for providing methadone continuation.
- All individuals receiving methadone while incarcerated will be required to sign and adhere to an "MAT Patient Agreement" (see below) which sets forth their responsibilities as recipients of methadone and the consequences for violation of the agreement.
- Methadone will be transported before the new dosing start date.
- Correctional Officers (COs) will travel to the Central Regional Hub using a schedule that is mutually agreed upon by DOC and the Home Hub. The schedule will be altered as needed to address any safety or security concerns which are identified.
- Methadone can be dispensed without the patient present in accordance with the Drug Enforcement Agency (DEA) regulations using a standardized "Chain of Custody" form (see below). In cases where the patient is transported to the Home Hub, the DOC has an obligation to protect the public by using appropriate security practices. Inmates at a custody level of medium or above, or at the discretion of the DOC, will be transported and participate in Hub clinic visits with restraints in place.
- The "Chain of Custody" form will include a medication administration record (MAR).
- Home Hubs will provide the "Chain of Custody" forms at the time methadone is to be transported to a DOC facility. At the same time, DOC Correctional Officers will provide a lock box for the transport of methadone and the "Chain of Custody" forms to and from (in cases where methadone is returned) the Home Hub and DOC facilities. Home Hub staff will provide individual dosing bottles labeled with the patient's name, dosage, schedule of administration, and date of distribution.
- Home Hub staff shall sign the "Chain of Custody" forms indicating that the methadone has been transferred to the Correctional Officer. The Correctional Officer transporting the methadone shall indicate on the "Chain of Custody" the date the medication was received, the number of doses received, and the date range of the doses. The Correctional Officer transporting the methadone shall sign the "Chain of Custody" form. The bottles and the signed "Chain of Custody" forms will be placed in the lock box. The lock box shall be locked in the presence of the Correctional Officer, Home Hub staff, and the patient, if present. The Correctional Officer shall transport the lock box to the correctional facility.
- Upon returning to the correctional facility, Correctional Officers will provide the lock box to medical staff. Medical staff shall unlock the box, sign the "Chain of Custody"

forms upon verifying that the contents of the lockbox match what is recorded in the “Chain of Custody” form, and take control of the doses.

- Medical staff shall inform the Statewide Medical Director and the DOC Health Services Administrator when the information on the “Chain of Custody” form does not match the doses that are provided. The Statewide Medical Director shall inform ADAP’s Clinical Manager of the discrepancy, who shall notify the DEA, Vermont State Police, and all other parties as required by all applicable laws and regulations.
- Centurion will inspect the bottles to verify that all seals and caps are intact. Centurion shall notify the Home Hub or Guest Hub if the bottles are not intact.
- Centurion will provide health services staff involved in the administration of MAT with in-service training prior to administering methadone. Staff shall receive periodic training as needed.
- Methadone shall be administered by a Centurion nurse and consumed by the patient in the presence of a Correctional Officer, consistent with DOC/Centurion policies. Medical personnel and the patient shall sign and date the MAR each time that the methadone is administered. The Chain of Custody” form shall be kept in the patient’s chart.
- Empty bottles of methadone will be discarded according to current Federal rules.
- When an individual is released at an earlier date than expected, the remaining doses will be disposed of in correctional facilities, in accordance with current DEA regulations. Disposal of any remaining methadone will be indicated on the MAR section of the patient’s “Chain of Custody” form and include the signatures of two medical staff to verify disposal of the doses.
- If a patient is transferred between DOC facilities, it is agreed that the individual’s methadone doses and “Chain of Custody” form will also transfer.
- From time to time, patients may require further dosing evaluations (e.g., for pregnant patients), as deemed necessary by Centurion or Home Hub staff. Whenever possible, Centurion and the Home Hub may utilize tele-health at a mutually agreeable time for the dosing evaluation. If transport of the inmate is required for a face-to-face appointment at the Home Hub, the Home Hub physician and DOC facility will determine a mutually agreeable time. Such appointments will not be made at regular intervals and, and at no time will patients be made aware of upcoming appointments.
- Pregnant patients require monthly face-to-face (inclusive of tele-health) evaluations, at a minimum. Centurion has a working relationship with the University of Vermont Medical Center Obstetrical Clinic and will seek its consultation regarding care of pregnant patients. Centurion will consider UVM’s recommendations for methadone for these patients.
- Centurion and the Home Hub will maintain communication regarding any clinical issues that may affect the individual’s treatment, ability to participate in treatment, or that may create a risk to the safety and security of a DOC facility.
- The Home Hub Medical Director or designee will provide consultation regarding methadone and dosing safety as requested by Centurion and DOC.
- The final decision to treat with methadone lies solely with a Centurion physician.

Procedure for Guest Dosing

- Individuals who become incarcerated in one region and are dosed at a “Home Hub” and require transfer to a DOC facility in another region may require dosing at a “Guest Hub”

in another region. The Guest Hub Medical Director or designee agrees to coordinate an initial acceptance or rejection of the individual being hosted, including obtaining any necessary exemptions. As part of that coordination, the Guest Hub's Medical Director agrees to participate in a clinical discussion of the patient's methadone needs with Centurion's Statewide Medical Director or designee. This discussion must take place as soon as possible. The Guest Hub will inform the patient's Home Hub of the transfer of care.

- The Medical Director of the Guest Hub will determine the dose of methadone for each eligible patient.
- Once the patient's care has been transferred to a Guest Hub, the procedures for "Continuation of Methadone" will be followed, as appropriate.
- The final decision to treat with methadone lies solely with the Centurion physician.

Continuation of Suboxone, Naltrexone, and Other Non-Methadone MAT Medications

- With some exceptions, the continuation of buprenorphine, naltrexone, and other non-methadone medications for the treatment of opioid use disorders shall generally be provided in the same manner as for "Continuation of Methadone" (above).
- Medications will be ordered through Centurion's sub-contracted pharmacy vendor and delivered to the DOC facilities -- no "Chain of Custody" forms are necessary.
- Patients who were actively maintained on buprenorphine, naltrexone, or other non-methadone medication immediately prior to incarceration shall continue to receive those medications for as long as possible, as prescribed by a buprenorphine-waivered Centurion physician.
- Treatment decisions and re-entry planning shall be coordinated between Centurion, DOC caseworkers (as appropriate), and the patient's designated community-based treatment provider.
- Treatment shall be provided in accordance with DOC Policy E-02 "MAT Continuation Program."

Discontinuation of MAT

- For patients who were actively maintained on any form of MAT immediately prior to incarceration and who are discontinued from MAT while in DOC custody, Centurion and the patient's designated community-based treatment provider shall consider re-initiating the patient on MAT prior to discharge.
- Centurion will request that the patient complete all necessary ROIs to coordinate the patient's aftercare.
- Prior to re-initiation, a designated community-based treatment provider shall indicate its willingness and capacity to continue the patient's MAT upon discharge.
- Centurion and the patient's designated community-based treatment provider shall determine if a substance abuse assessment is necessary prior to re-initiation.
- Whenever possible, Centurion will inform the hub when the patient will be released from custody.
- Home Hub shall accept prescriptive authority for the re-initiation on methadone.

- The administration of naltrexone and other non-methadone forms of MAT shall be provided in accordance with DOC Policy E-02d “Naltrexone Administration” and FDA guidelines.

Screening, Brief Intervention, and Referral to Treatment

- Upon admission to DOC custody, all patients shall be asked if they are active participants in a community-based MAT program. All patients shall receive a brief screening for substance use disorders, utilizing an evidence-based tool approved by the DOC Health Services Administrator or designee (currently, the CAGE-AID is used).
- Patients that screen “positive” shall be seen as soon as possible, but in no case greater than 7 days of admission, by a qualified healthcare professional for administration of the SBIRT protocol.
- An evidence-based SBIRT protocol shall be utilized, as approved by the DOC Health Services Administrator or designee (currently the NIDA-ASSIST is used).
- Patients shall consent to having the NIDA-ASSIST administered. Centurion shall enter the results of the NIDA-ASSIST into the patient’s electronic health record.
- Patients that screen as moderate-high risk opioid users shall sign all necessary ROIs and the “MAT Patient Agreement” for the purposes of coordinating treatment.
- Consenting patients shall be referred to Centurion’s Statewide Medical Director or designee, Centurion’s Director of Care Coordination or designee, and a designated community-based treatment provider to determine the feasibility and appropriateness of initiating the patient on MAT.
- As requested, the patient shall participate in a telephone or tele-health interview with the designated community-based treatment provider - refer to Attachment 2 “MAT Provider Directory.” The interview shall be coordinated with Centurion and DOC staff.
 - The purpose of the interview shall be to determine an acuity for level of care, status for meeting Federal rules for priority care, assess the patient’s willingness to continue treatment upon discharge from DOC custody, and to discuss the establishment of an appointment for a complete intake.
 - The designated community-based treatment provider shall document the encounter and send all relevant documentation to Centurion. Centurion shall enter all information into the patient’s electronic health record.
- Centurion and the designated community-based treatment provider shall determine if a substance abuse assessment is necessary prior to initiation. If an assessment is necessary, and as resources permit, Centurion and the designated community-based treatment provider shall determine who shall conduct the assessment.
- Patients shall be initiated on MAT as determined to be clinically appropriate by Centurion, the designated community-based treatment provider, and other members of the patient’s multi-disciplinary treatment team.
- When the patient discharge from DOC custody, Centurion will provide the patient with a “Discharge Summary” which includes the designated community-based treatment provider’s contact information and information regarding the day, time, and location of the patient’s initial appointment. Patients may be referred to Attachment 2 “MAT Provider Director” for information on MAT providers in the community.

DOC Outpatient Treatment Program

- On or before 12/31/2018, or as otherwise required, the DOC and ADAP shall release a report regarding the feasibility of the DOC becoming a certified Outpatient Treatment Program (OTP). The report shall include the following components, which shall not be considered exhaustive:
 - Security-related implications of becoming an OTP.
 - Policy-related implications of becoming an OTP.
 - Programmatic requirements, such as the structure and delivery of psych-social interventions (individual and group).
 - Staffing requirements to provide evidence-based interventions, care coordination, and clinical and administrative oversight as required by Federal and State Law. ADAP shall provide its expertise in this area.
 - Feasibility of installing methadone dispensing systems in each DOC facility. For DOC facilities with no space for a methadone dispensing system:
 - ADAP shall provide guidance regarding the feasibility (including an estimate of cost) of transporting methadone (using “Chain of Custody” forms) from a Home or Guest Hub for the purposes of initiating patients on methadone prior to discharge.
 - ADAP shall provide guidance regarding who shall retain prescriptive authority when patients in DOC custody are initiated on methadone.
 - Estimate of costs

Quality Assurance

Refer to attachment 1 “MAT Data Collection.” Designated community-based treatment providers (including Home Hubs, Guest Hubs, and other providers of MAT) DOC, Centurion, ADAP, the Chief Medical Examiner, and other signors of the MOU shall participate in the compilation of all of the information that is necessary to verify that the DOC is providing safe and effective MAT. To alleviate data sharing issues regarding HIPAA, patients will sign an “MAT Patient Agreement” in which they explicitly agree for all necessary parties to send and receive all healthcare information, including information protected by 42 CFR Part 2, necessary for the DOC to verify that its MAT program is safe, effective, and providing a benefit to the patient population. All signors of the MOU agree to participate in the DOC Health Services Division’s continuous quality improvement and corrective action planning whenever deficiencies within the DOC’s MAT program are identified.

Financial

Centurion agrees to compensate the Home and Guest Hubs twelve dollars (\$12) for each methadone dose. The Home and Guest Hubs will send quarterly invoices to Centurion indicating all such charges. In a quarter during which no services have been rendered, there will be no expectation of an invoice. Centurion agrees to pay any outstanding balance within thirty (30) days of the receipt of an accurate invoice. The standardized invoice (see below) will contain the date(s) of service, the facility where the eligible individual was incarcerated, and an identifier of the individual to whom the services were rendered.

Additional Information

- It is the understanding of all parties to this MOU that the above protocol has been approved by the State Opioid Treatment Authority and ADAP and has been determined to be consistent with existing laws and regulations.
- Home Hub represents that it has a federal license and is authorized by the State Opioid Treatment Authority to administer methadone to individuals dependent on opiates.
- This MOU shall be effective upon execution by all parties and shall remain so until terminated by any of the parties. Any party to this MOU can terminate its participation with or without cause upon thirty (30) days prior written notice to all other parties. Any amendment to this MOU must be in writing and signed by all parties.

Thomas Hopkins, CTC Division Chief Financial Officer, Acadia Health Care

_____ Date _____

Keith Lueking, Chief Operating Officer, Centurion of Vermont, LLC

_____ Date _____

Lisa M. Menard, Commissioner, Department of Corrections

_____ Date _____

Mark Levine, M.D., Commissioner, Department of Health

_____ Date _____



**DEPARTMENT OF CORRECTIONS
MAT CHAIN OF CUSTODY FORM**

(Approved for medication in locked container to be stored in a secure medication area)

Date: _____ **Patient Name:** _____ **Date of Birth:** _____

DOC Facility: _____
Name of Treatment Program: _____
Name of Dispensing Nurse: _____
Medication to be Delivered: METHADONE **Number of Doses to be Delivered:** _____

Medication Provided From: _____ **to** _____

Signature of Hub Staff Dispensing Medication **Signature of CO Transporting Medication**

 (TO BE COMPLETED BY FACILITY STAFF – PRINT LEGIBLY)
Name of CO Transporting/Delivering Medication: _____

Date Medication Received: _____ **Number of Doses Received:** _____

Medication Received Covering From: _____ **to** _____

COMMENTS:

Signature of Medical Staff Receiving Medication **Signature of CO Delivering Medication**

MEDICATION ADMINISTRATION RECORD (MAR): Indicate date medication is administered, initials of staff administering, and initials of patient receiving medication.

<u>Date</u>	<u>Staff Initials</u>	<u>Patient Initials</u>	<u>Date</u>	<u>Staff Initials</u>	<u>Pt. Initials</u>



Medication Assisted Treatment (MAT) Patient Agreement

Understanding Medication Assisted Treatment (MAT) in DOC

- By signing this form, you allow the DOC, Vermont Department of Health, your designated community-based treatment provider(s), the Chief Medical Examiner, and others to send and receive limited portions of your protected health information, including but not limited to information protected by 42 CFR Part 2, for the purposes of verifying that the DOC's MAT program is safe, effective, and provides a benefit to you and other patients.
- Medication Assisted Treatment (MAT) is the use of medications to treat opioid use disorders.
- Three medications are currently used in DOC for MAT: Methadone, buprenorphine and naltrexone. Other medications may be added.
- Methadone or buprenorphine will likely be continued for you if you had been participating in an MAT program in the community immediately prior to coming into DOC custody.
- Depending on your case, it may be an option for you to receive naltrexone or other MAT option prior to leaving DOC custody.

DOC's Policy and Procedure for MAT

The DOC is committed to continuing as many inmates as possible on MAT in accordance with DOC's policies and procedures. All cases are different, but here is how MAT will generally be provided:

- You may be continued on your full dose of MAT for as long as possible, up to 120 days.
- Your full dose may be decreased if you are approaching the 120 day limit.
- All discontinuations of MAT will be done using medically compassionate tapers and withdrawal protocols.
- If you are discontinued from MAT while in DOC custody, you may be considered for naltrexone administration prior to release.
- **ANY** inmate may submit a "Healthcare Request Form" to be considered for initiation on MAT and/or a referral for MAT services upon release.
- The DOC must verify that MAT services are safe and effective, and you will allow the DOC, Vermont Department of Health, your designated community-based treatment provider(s), and others to send and receive any information which is needed for quality assurance purposes.

Your Responsibilities

- You agree to sign a release of information so that health services may speak with your designated community-based treatment provider(s).
- You will not divert or misuse your medications because doing so will likely result in a taper/discontinuation of your MAT.
- You agree to provide urine drug screens as requested.
- You will comply with the DOC's policies and procedures for MAT, including but not limited to the terms of this "Medication Assisted Treatment Patient Agreement." Non-compliance may result in a taper and discontinuation of your MAT.
- You will take an active role in your treatment and recovery while in DOC custody.

Patient's Acknowledgement of Understanding

My signature below indicates that I understand that a limited portion of my protected health information, including information protected by 42 CFR Part 2, may be disclosed by and received from the Vermont Department of Corrections, Vermont Department of Health and other

entities as described above. I agree that I am committed to my MAT program, and I understand that failing to comply with this Agreement may result in a taper/discontinuation of MAT.

Inmate Signature and Date

Healthcare Staff Signature and Date

Inmate Name	ID#	DOB	Facility
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