



ROOT
center for advanced recovery

Patient Manual

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Recovery.

The Root Center for Advanced Recovery provides individualized services to our patients. We appreciate the uniqueness of every individual who we work with. We understand that there is no "one size fits all" treatment methodology. The patient manual continues to be a "work in progress". It is updated from time to time and is considered to be a road map for how we work with people. If there is anything you do not understand please speak to your counselor for clarification.

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Welcome!

Root Center for Advanced Recovery (a trade name of Hartford Dispensary) is a private, non-profit, health care agency providing treatment and prevention services to eligible persons. Originally established in 1871 as an outpatient medical/dental clinic, the Hartford Dispensary changed its focus in 1971 to substance use and mental health services in response to the economic and medical problems associated with opioid dependence in the greater Hartford community.

Root Center for Advanced Recovery (RCAR) seeks to provide you with prompt, effective, quality care that will assist you in your efforts to achieve your goals.

OUR MISSION STATEMENT

“Compassionate, Comprehensive care for sustained recovery”

OUR MISSION

Honor the power in everyone.
Renew ourselves to share our strengths.
Embrace new perspectives.
Progress is the destination.

The following services have evolved based on the needs of persons we serve; medical evaluation, medication management, and counseling for opioid use disorders, supportive group counseling, intensive outpatient program (IOP), adult day treatment (ADT), family counseling, mental health services, HIV/AIDS counseling, hepatitis screening and treatment, assessment and treatment of infectious diseases, education on wellness and health, and other services deemed necessary.

Specialized services and medication assisted treatment can be provided safely to women who are or who may become pregnant. RCAR provides each patient with a structure for wellness management and recovery planning.

Gambling problems have far-reaching and serious consequences that affect the gambler and his or her family, friends and loved ones. Root Center for Advanced Recovery is committed to making gambling problems and behaviors a relevant topic of conversation throughout treatment. Root Center for Advanced Recovery offers gambling specific treatment through individual and group therapy where you can begin to identify ways gambling may contribute to substance use, explore the impact of gambling on your financial, emotional, mental, and physical health, and build coping skills and a network of supports to support your recovery.

Your input regarding quality of care, achievement of personal and program outcomes, and overall satisfaction is very important. Thus, each clinic has a Patient Advocacy Council (PAC) that provides opinions and suggestions to aid the administrative staff in the development of agency policies and procedures. The council also strives to assist you with your recovery efforts and patients' access to services at each clinic. PAC meetings are open discussions among patients in which questions and concerns regarding treatment may be shared. PAC members are available to discuss the program with you. We encourage all patients to be involved with this council. Please feel free to share your recommendations by participating in the Patient Advocacy Council, or with your Counselor or the Clinic Supervisor.

Please be advised that in the event of any inclement weather situation the hours of operation may change including early closure, late opening, or full day closure. Announcements will be made on local TV stations. Clinic Delays & Closure Line (860)-643-3220.

Facts About Methadone

You are being given a medication called **Methadone**. Methadone is used as a block for the narcotic to which you are addicted. This medication will help prevent withdrawal symptoms. We will keep you on an appropriate dosage as prescribed by the program medical provider and you will be able to function normally. Patients on methadone should maintain a good diet and continue any exercise programs/activities they normally pursue.

It is important to take your methadone as prescribed. You will be given methadone to drink in a cup and you will take it daily. If you continue to take methadone a tolerance or blockade of receptors occurs which prevents the narcotic effects of heroin and other opiates.

Medication efficacy will be monitored by counseling and medical staff. There may be situations in which medical staff request an EKG prior to dose changes.

Methadone is an addictive drug, and it has all the dangers of most narcotics. Withdrawal will occur if you suddenly stop taking this medication. Methadone is a central nervous system depressant and can be fatal if taken in too large a quantity and/or in combination with other drugs (especially alcohol and benzodiazepines), which can cause difficulty in breathing and even cardiac arrest.

Methadone reduces the cravings for opiates and blocks the high associated with opiate use, but it does not provide a euphoric rush. Consequently, methadone patients do not experience highs and lows that result from the waxing and waning of opiates in blood levels.

Side Effects

Initially, you may find methadone may cause effects similar to heroin/opiates such as light-headedness, dizziness, sleepiness, or an upset stomach. These side effects often occur and are usually temporary. Other side effects that may last for a longer period include constipation and excessive perspiration. If any of these symptoms occur, lying down will frequently help. It is important to inform your counselor so that the dose can be adjusted to provide greater comfort.

You may also have some difficulty in urination and may retain some fluids. You may experience a loss of interest in sex or difficulty in becoming sexually excited. If this occurs, discuss it with your counselor.

Occasionally a reduction in dosage may be helpful. In some instances, a rash may occur when a patient is first starting methadone. If this happens, please report it to the nurse or medical provider.

Methadone is absorbed by the body within 20-30 minutes after consumption. If you vomit your medication before this time in the presence of clinical staff, you may be re-medicated with a full or partial dose. Any patient who vomits medication unobserved will not be re-medicated. Therefore, if you feel nauseated after taking your medication it is important that you remain at the clinic for a short period of time.

Medication Interactions

There are some medications that do not react well with methadone and if taken with opioids can cause withdrawal symptoms. For example, some HIV related medications and medications used to control seizures can also affect methadone.

You are responsible for informing any doctor who treats you that you are on methadone so that they will prescribe drugs that will work well with methadone. If you are prescribed any medication during your treatment at the Root Center for Advanced Recovery, you are responsible to inform your counselor and nursing staff.

Benzodiazepine & Methadone Interaction. During methadone maintenance treatment program (MMTP) for opioid disorder the risks of benzodiazepines use outweigh benefits. Benzodiazepines are to be avoided whenever possible during the treatment with methadone. Possible side effects include oversedation and death. Patients who are taking benzodiazepines while receiving methadone at RCAR can request to be seen by or be referred to a medical provider for medical/psychiatric evaluation and treatment. Treatment can include counseling, group therapy, and alternative medications.

Benzodiazepine Receptor Site Active Medication. During MMTP, the risks of benzodiazepines receptor site active medications (sedative hypnotics) such as Zolpidem (Ambien) or Barbiturates usually outweigh benefits. Sedative hypnotics are to be avoided whenever possible during MMTP for opioid use disorder. Possible side effects include sleepwalking, amnesia, and engaging in complicated behaviors (such as driving) and placing yourself at risk while not being consciously aware.

Adverse Reactions

If you feel you are experiencing an allergic reaction to methadone, call 911 or go to the hospital emergency room immediately and inform the hospital personnel that you are taking methadone.

Frequently Asked Questions

Q: Is methadone more addictive than heroin?

A: No, methadone is not more addictive than heroin. There are two parts to drug dependence, the physical and the psychological. Physically, if you stop heroin and stay off, the withdrawals will be more severe but shorter by several days than if you stop methadone. Psychologically, because methadone doesn't give a high like heroin, people tend not to crave methadone as much as they crave heroin.

Q: Will methadone make me high?

A: No. When you first start treatment, you may feel lightheaded or sleepy for a few days, but you will quickly develop a tolerance to these effects. Expect to feel 'normal' when you're on methadone

Q: What if I miss a dose? Will I feel withdrawal symptoms?

A: Methadone is stored in body tissues which allows for a slow release keeping blood levels of medication steady between doses. After your initial week of daily dosing, your body should be in a steady state, which means that a relatively constant blood level of methadone remains present in the body. This means you should not feel withdrawal symptoms for missing on dose. If you miss a dose, **DO NOT** take the next day's dose or supplement with heroin or other opiates.

Q: How long should I stay on methadone?

A: Treatment for addiction is individualized, making the decisions of when and if to come off methadone unique to you. Most individuals experience uncertainty or fear at the thought of tapering off methadone. Many believe "if it isn't broken, then why fix it". Talk with your counselor and clinic medical personnel when you decide you would like to stop taking methadone. A medically supervised taper will help lessen withdrawal symptoms.

Q: Should I tell my doctor or dentist I'm on methadone?

A: Yes! Certain medications react in a negative way with methadone and make you very sick. If your doctor or dentist is informed, they can make sure that any medications prescribed will not harm you.

Q: Does methadone rot my teeth?

A: Methadone does not harm your teeth directly, however methadone, like any other opiate does slow down the saliva process which naturally cleans your teeth throughout the day. Drinking extra water throughout the day will help counteract this.

Q: Does methadone get into my bones and weaken them?

A: Methadone does not "get into the bones" or in any other way cause harm to the skeletal system.

Q: Will methadone cause me to gain weight?

A: Not everyone gains weight when they get on methadone, but some do. This is usually because methadone improves your health and appetite. Methadone may also slow your metabolism and cause water retention. You can control weight gain by choosing healthy foods that are high in fiber and exercising regularly.

Q: Is it harder to stop methadone than heroin?

A: Stopping methadone is different than stopping heroin/opiate use. Some people find it harder because the withdrawal lasts longer. Others say that although it may last longer, it is milder in symptoms.

Q: Does methadone damage your body?

A: There is no evidence that methadone use causes any long-term physical damage. Methadone does not harm the liver or the immune system. There are some side effects such as constipation, increased sweating, and dry mouth that usually go away over time or with dose adjustments.

Q: Is methadone worse for your body than heroin/opiates?

A: Methadone is not worse for your body and is safer than street heroin. Unregulated street drugs contain many harmful additives, and IV drug use can increase the risk of HIV and hepatitis C.

Q: Is a lower dose of methadone better?

A: Most patients will need between 60-120mgs of methadone to stop using heroin/opiates. Clinic counseling and medical staff will assist you in determining the best individualized dosage.

Q: Why do I have to attend counseling/group sessions?

A: Taking medication such as methadone for treatment of addiction will stop the physical cravings and withdrawal symptoms, however, is only a small part of recovery. For you to maintain sobriety and move into recovery you need to learn new ways of coping, address issues that caused you to use in the first place and learn new ways of living without drug use.

Prescription Policy

You are expected to provide written prescriptions or the prescription printout you received from the pharmacy instead of the actual prescription bottle **at your next clinic visit**. Please bring the paper prescription or pharmacy printout each time you have a new or refilled prescription and for all over the counter medications to the nurse at the medication window the next time you come in to medicate. The medications will then be reviewed with a clinic medical provider who will work with your doctor to plan your care.

If you have a benzodiazepine prescription, you will be required to obtain a letter from your prescriber stating they are aware you are on methadone at RCAR, what your current dose is, and what they are prescribing. This letter will be reviewed with RCAR provider for approval and will be reviewed annually.

Connecticut Prescription Monitoring Program (PMP). It is the policy of RCAR to ensure accurate medication management and medication reconciliation from intake through discharge. A PMP will be reviewed by agency physicians on applicants, during annual physicals, with take home requests, and with necessary clinical need. Clinical staff will review these results. You may also choose to consent to have your methadone medication information shared with CT PMP.

Pregnancy & Methadone

If you are pregnant or become pregnant while in treatment it is important that you notify the medical staff and your counselor, as well as your OBGYN doctor that you are on methadone so that care coordination may occur. The physiology of a woman is different during pregnancy and affects how medication works in the body. Continuing to use illicit substances while pregnant can have severe consequences for you and your unborn baby.

Methadone maintenance is that standard of care for pregnant women with opioid use disorder. There have been many women that have successfully delivered their baby while on methadone. Tapering or quitting methadone is not recommended during the first trimester because of the risk of miscarriage, as well as the third trimester due to the risk of preterm birth.

The National Institute on Drug Abuse (NIDA) describes the effects of heroin or opiate abuse and methadone maintenance treatment on pregnant women:

"Heroin or other opiate abuse during pregnancy and its many associated environmental factors (e.g., lack of prenatal care) have been associated with adverse consequences including low birth weight, an important risk factor for later developmental delay. Methadone maintenance combined with prenatal care and a comprehensive drug treatment program, can improve many of the detrimental maternal and neonatal outcomes associated with untreated heroin abuse."

Benefits of Methadone Treatment during Pregnancy.

1. Assists mother in staying drug free resulting in a healthier lifestyle
2. Improved fetal care
3. Decrease in miscarriages
4. Improved fetal growth

Neonatal Abstinence Syndrome.

Neonatal Abstinence Syndrome (NAS) is the term used to describe a group of problems that occur to the newborn that was exposed to addictive medication, or illicit substances, while the woman was pregnant.

Methadone, like other medications, pass through the placenta (the organ that connects the baby to its mother in the womb) and reaches the baby. The baby becomes addicted along with the mother. At birth the baby is still dependent on methadone. Because the baby is no longer getting methadone, withdrawal symptoms may occur.

NAS symptoms can begin within 1-3 days after birth or 5-10 days. They may include:

Blotchy skin coloring	Increased muscle tone	Excessive or high pitch cry
Increased	Vomiting	Seizures
Muscle tone	Sleep problems	Sweating
Irritability	Excessive sucking	Tremors
Diarrhea	Slow weight gain	Hyperactive
Poor feeding	Stuff nose	reflexes
Rapid	Sneezing	
Breathing	Fever	

Neonatal Treatment.

Treatment depends on the infant's overall health and whether the baby was born full term or premature.

The healthcare team at the hospital will watch the newborn carefully for withdrawal symptoms, feeding problems, and weigh gain. Babies who vomit or are dehydrated may get fluids through an IV. Some babies need medication to treat withdrawal symptoms.

Infants with NAS are often fussy and hard to calm, tips include:

- Gently rocking the child
- Reducing noise and lights
- Swaddling the baby in a blanket

It is essential that you seek the support and guidance of staff at the methadone clinic and the hospital where you deliver your baby.

Monitoring for QT Prolongation/EKG

Methadone may increase the risk of certain very serious heart rhythm problems. Your doctor will ask for EKG's periodically to check your heart rhythm. It's very important that you tell us if you have any history of heart problems or palpitations or if anyone in your family has experienced heart rhythm problems or sudden unexplained deaths. The overall risk is low; however, the risk is higher with higher methadone doses. Therefore, your doctor may ask you to have an EKG and/or peak and trough, prior to dose changes.

Accessibility to Services

Root Center for Advanced Recovery seeks to have accessible facilities and an accessible clinic for all patients in need of treatment services. Patients sometimes request to be transferred to another clinic that may be closer to their home, to access public transportation, be closer to their place of employment, or a clinic that is newer with better ADA accessibility, such as having an elevator. A patient may request such Reasonable Accommodation at any time by speaking with their counselor. If you are using MTM (previously known as Veyo) for transportation or receiving reimbursement you will be required to attend the clinic closest to your home address.

If you request a transfer to another clinic, you can communicate this with your primary counselor who will review with clinical supervisor and then initiate the transfer process if approved.

Advance Directives

Advance directives are specific instructions given by a person served to a care provider regarding the level and extent of medical care the person wishes to receive in end-of-life situations. Please contact your counselor for additional information on Advance Directives.

After Hours Services

24/7 emergency contact is available for all patients. Our answering service will respond to calls received after hours. Routine messages will be recorded and disseminated the next business day. Emergency calls will be screened and the clinic supervisor and/or Chief medical officer will be contacted by answering service. You may be directed to a local hospital in case of medical emergency.

CCB Code of Ethics for Substance Abuse Counselors

Root Center for Advanced Recovery has adopted the “Counselor Certification Board’s Code of Ethics”. If you feel a counselor has committed a violation of the code of ethics, please inform the clinic supervisor or an administrator immediately so the issue can be reviewed.

Ethical principles include:

Non-discrimination	Responsibility	Competence
Professional Standards	Financial Arrangements	Confidentiality
Publications	Patient Welfare	Professional Promotion
Patient Relationships	Professional Integrity	Professional Obligations

The Root Center for Advanced Recovery employee Code of Ethics is posted in the lobby of each clinic.

Patient Rights

All patients requesting services have a right to receive such services without regard to race, ethnicity, age, color, religion, creed, gender, national origin, sexual orientation, veteran status, financial condition, handicap or disability, HIV infection (whether asymptomatic or symptomatic), AIDS – related complex or AIDS. No distinction will be formulated in determining eligibility for participation in services provided by RCAR based on any of these identifiers, conditions, or circumstances.

Your rights as a person and as a patient of the Root Center for Advanced Recovery are protected by state and federal law, funders standards, and CARF accreditation standards.

You have the right to:

- To be treated with dignity and respect
- Receive considerate, courteous, professional, respectful, human, and adequate care from all staff at all times under all circumstances.
- To have a current, written, individualized recovery plan that addresses one's mental health, physical health, social and economic needs, and that specifies the provision of appropriate and adequate services, as available, either directly or by referral.
- To have clinic staff assist you in the completion of your recovery plan goals.
- To have informed participation and be active in the establishment, periodic review, and reassessment of your recovery plan.
- To get services that meet your needs with a focus on helping you to achieve the things that are important to you.
- To have members of your family to actively participate in your treatment
- To know the cost of services
- To be made aware of your rights regarding the confidentiality of protected health information
- To have the procedures necessary to treat your condition explained to you
- To withdraw from the treatment program and detoxify from methadone at any time
- To be offered detoxification under medical supervision
- To have the full support of the program during treatment, recovery, and detoxification
- To be free from financial or other exploitation, retaliation, humiliation, and/or neglect.
- To be free from unnecessary or excessive, medication, restraint, or seclusion
- To be informed of and refuse of any unusual or hazardous treatment procedures
- To be informed of one's own condition, of proposed or current services, treatment, or therapies, and of the alternatives
- To consent to or refuse any service, treatment, or therapy with a full explanation of the expected consequences of such consent or refusal.
- To request a review of an involuntary discharge in accordance with the agency policy
- To be notified of your rights in a language you can understand
- To access information pertinent to you, provided in sufficient time for you to make decisions.
- To access one's own medical or other treatment records unless access to identified items of information is restricted for clear treatment reasons
- To freedom from financial or other exploitation; the right to freedom from retaliation; and the right to freedom from humiliation, neglect, or abuse.
- To refuse or to express choice regarding:
- To release information
- To receive concurrent services, including services provided by another agency.

As a patient you also have a right to:

- Have access to self-help and advocacy support services
- Participate in research and to have the agency follow all research guidelines and related ethical practices
- The investigation and resolution of alleged infringement of rights, and other legal rights.
- Receive a copy of these rights and have someone review them with you upon admission and annually thereafter.

If you feel that any of your rights have been violated, please bring it to the attention of your counselor or clinic supervisor immediately. The Patients' Rights Officer is also available to review such issues.

Language & Non-Discrimination Notice

The Root Center for Advanced Recovery complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The RCAR does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

ATENCIÓN: Si Habla Espanol, tiene a su disposicion servicios gratuitos de asistencia linguistica

Llame al 1-860-525-2181

ATENCION: Se fala portugues, encontram-se disponiveis servis linguistico, gratis.

Ligue para 1-860-525-2181

Notice of Confidentiality of Substance Use Disorder Patient Records

The confidentiality of substance use disorder patient records maintained by the Root Center of Advanced Recovery is protected by federal law and regulations (42 U.S.C. § 290dd-2; 42 CFR Part 2).

The Root Center for Advanced Recovery must not disclose any of your information to anyone outside the organization without your written consent. You will be asked to sign a Release of Information for any person/organization other than the Root Center for Advanced Recovery. The staff of RCAR may discuss information related to your treatment amongst each other and only to the extent necessary for them to provide you with proper services.

The staff will disclose your information and information related to your treatment without your written consent under the following circumstances:

- The disclosure is made to medical personnel during a medical emergency
- The disclosure is made as a response to immediate risk of harm to self or others
- When there is a suspicion of child or elder abuse or neglect.
- When there is a valid court order that mandates disclosure
- Federal law and regulations do not protect any information about a crime committed by a patient either on the premises of RCAR or against any person who works for RCAR. Federal law does not protect any information about the threat to commit such a crime.

If you feel your confidentiality was violated, you are urged to immediately report such a violation to the Clinic Supervisor, Patient Rights Officer, or the Director of Quality and Compliance.

Violation of the federal law and regulations by the agency is a crime. Suspected violations may be reported to the U.S. Attorney's Office for the District of Connecticut at 860-760-7979 (Hartford office) or the Connecticut Department of Mental Health and Addiction Services at 860-418-8650.

Recovery Program Services: Orientation and Evaluation Process

An orientation will be provided to all patients. Patients will be required to attend these 2 groups within their first 60 days of treatment. Orientation topics include, but are not limited to:

- The nature of addictive disorders and the recovery process
- Accurate information about methadone treatment and other medication assisted treatments
- Individual and group counseling
- Intensive Outpatient Program and Mental Health Groups
- Medication management for co-occurring disorders
- Program rules and expectations
- Patient rights and confidentiality regulations, to include 42 CFR part 2
- Ethical Code of Conduct
- Grievance and complaints procedure
- Signs and symptoms of overdose and when and how to seek emergency assistance
- HIV, Hepatitis, STDs, and other infectious diseases
- Medication safety issues & home safety for take-home medications
- Treatment outcomes and discharge procedures
- Service fees
- Patient Advocacy Council
- After hours contact process
- Training in fire prevention, warning, and suppression as related to the clinic.

The Patient Orientation Checklist located at the end of this patient manual will document the training provided:

1. An assessment will be done at the time of your admission, if you meet the criteria for a higher level of care, such as the intensive outpatient program (IOP), partial hospitalization program (PHP) or adult day treatment (ADT), your counselor will discuss the start date with you. Your clinic pick-up time for dosing, appointments, groups, and other levels of care will be assigned to you, which are subject to change throughout your treatment.
2. Part of the assessment will be done to determine a patient's risk of contracting HIV and/or Hepatitis.
3. On your day of admission, you will be seen by the program medical staff at the Primary Care Unit (PCU), 12-14 Weston St, Hartford, 2nd floor, for a medical examination including blood and urine toxicology tests. Laboratory testing will be provided at the time of admission, including HIV and Hepatitis C testing. The medical provider will then prescribe your methadone.
4. The program requires each patient to complete an annual physical examination with a primary care medical provider of their choice.
5. In case the patient does not provide documentation of an annual examination, their case will be reviewed by the medical team and based on the level of clinical concern and consideration of the patient's history and current medical problems, necessary clinical decisions will be made at that time.
6. Daily methadone consumption is an integral part of success in the recovery process. Patients who miss Seven (7) consecutive days of medication on the MMT Program without communicating with and being excused by their counselor are discharged from the program.
 - a. Patients' absence (s) may be excused at the discretion of their counselor and the multidisciplinary treatment team. Some reasons for excused absence include but are not limited to; inpatient hospital stays or other incidents in which they are receiving methadone medication elsewhere. Discharges will only occur Monday-Thursday, there will be no discharges on Fridays.
7. You will be required to pay your weekly admission fee or have valid state medical insurance on your first day at your clinic. Patients in a managed care system must present their insurance card. Some plans require pre-authorization before service can begin.
8. It is your responsibility to keep all your appointments as previously scheduled including your assessment appointment, recovery plan sessions, and monthly counseling sessions.
9. During your treatment, you will undergo further orientation, evaluation, and assessment. This will include an initial and periodic review of the state operated Prescription Monitoring Program (PMP), which will show prescriptions you have received in Connecticut.
10. You and your counselor will mutually develop an individualized recovery plan based on current problems you identified during the evaluation process. The recovery plan will be revised and modified throughout your treatment experience.

Recovery & Treatment Goals

The goal of the Root Center for Advanced Recovery is to assist you in your recovery and in your efforts to achieve your goals as identified in your recovery plan. It is our hope that the program will help you make positive changes in your life and continue to grow in your recovery. It is important that you stay sober from illicit substances and do not use medications that are not prescribed by a medical provider. If you are participating in external medical and/or mental health/psychiatric treatments, please make sure we are notified in order to coordinate services through consultation with your external providers.

We will expect that you conduct yourself in a law-abiding fashion and to use your time in a constructive manner through activities such as employment, attendance at school, involvement in a training program, or responsible homemaking. Your counselor can help you get connected with proper education and employment services.

Your success in treatment depends on your own effort to engage in counseling/groups and follow through with clinic program structure. It is your responsibility to keep all appointments including dosing daily, counseling, medical appointments, and treatment meetings. Missing appointments will result in re-evaluation of clinic privileges and your ability to remain treatment. **Continued failure to adhere to any of the program guidelines may result in discharge from the clinic including attendance at appointment and progress in treatment.**

LGBTQIA+ Support

If you are part of the LGBTQIA+ community and would like assistance in finding community resources, please let us know. RCAR supports and is part of a diverse and welcoming community. Just ask!

Patient Fee Policy

Root Center for Advanced Recovery treatment programs are operate on a weekly fee-for-service basis. There are a variety of ways to pay for services based on your ability to pay as follows:

- The agency will help you to determine if you are eligible for Medicaid and will refer you to the Department of Social Services to complete the necessary forms. The agency will bill Medicaid directly.
- If you are not eligible for medical assistance and can offer documentation of annual income (i.e., recent federal tax return, pay stubs, letter from your employer including your salary) then we will complete a financial assessment to determine the weekly fee. The weekly fee is based on your income and your family size. You will be asked to complete a Sliding Fee Scale Application. The fee is based on completion and approval of the application. If your financial circumstances change you should notify the clinic as soon as possible. If you are employed and fail to provide a pay stub a changed pick-up time and flat rate will occur.
- If you are not eligible for financial assistance and unable to document your income, you will be assigned a weekly fee until documentation can be provided.

- Certain commercial insurance companies may approve payment for medication assisted treatment. We currently participate in Aetna, Anthem, Cigna, and United Healthcare. All commercial plans are different. Please see the patient service representative at your clinic for more details.

Process to Assess and Collect Fees

- If you receive Medicaid, Managed Medicaid, and certain commercial insurances, we will bill for you. Routinely we will verify your eligibility. In the event you change carriers or your eligibility changes, you must notify the clinic immediately. If you lose your coverage, you will be required to pay your fee for the period you were not covered.
- We do participate in some commercial insurance plans. We participate with select Medicare plans. All insurances cards are needed to determine eligibility. If you decline billing to your commercial insurance, you will be charged the insurance rate.
- Self-pay patients pay weekly by Friday. Your weekly fee will cover a full week (Monday-Sunday) or any part of a week.
- Fees will be waived if you are temporarily transferred to another program or hospitalized for at least on full clinic week (Monday-Sunday).
- Staff will be available to collect fee payments Monday through Friday
- Staff will accept cash, money orders, or a credit card. No change will be provided.

Failure to Pay Fees

It is your responsibility to pay your fees according to policy. If you have any questions regarding your account or balance due, please see the patient service representative.

If for any reason you are unable to pay the weekly fee, it is recommended that you meet with your counselor to discuss the reason and circumstances as to why you cannot pay the fee. The clinic staff will communicate to the billing department and if escalation is needed, the Director of Operations and/or Chief Operations Officer will be included in the discussion.

The clinic supervisor or designee may approve an alternative payment schedule. If an alternative payment schedule is approved, you will be required to strictly adhere to this schedule.

Readmission and Outstanding Balances

Upon readmission a patient with an outstanding balance is responsible for paying the fees owed. If the patient is unable to pay the outstanding balance in full, a payment plan will be developed. You will be expected to strictly follow a payment plan.

Infectious Disease Program

This enhanced service program is designed to assist patients with infection diseases to remain in treatment. During this time, the patient will learn to effectively cope with HIV and other diseases

and learn how to improve their health. Root Center for Advanced Recovery developed a component, which offers the following services (varies by site):

- HIV testing
- HIV education and orientation
- Referral services
- Case Management
- Advocacy
- Hepatitis Screening
- Hepatitis C Treatment
- STD screening and treatment
- Supportive counseling

Unsupervised Medications (Take Home Bottles)

Definitions and Recommendations

The purpose of the Unsupervised Medication (take home bottle) eligibility and revocation guideline is to comply with federal and state regulations, create more flexibility with access to care, ensure patient safety, and offer more individualized treatment for Root Center for Advanced Recovery (RCAR) patients. The regulations outline eligibility, while the medical provider and multidisciplinary team caring for the patient should make decisions that will best treat the individual. More information can be found in policy M.S. 5.3 Medication Pick Up and Take-Home Bottle Policy.

Regulatory Standards

SAMHSA (federal regulation) states that Opioid Treatment Programs (OTPs) can provide unsupervised medication (take-home doses) of methadone in accordance with the following treatment standards:

[eCFR :: 42 CFR Part 8 -- Medications for the Treatment of Opioid Use Disorder](#)

“Any patient in comprehensive treatment may receive their individualized take-home doses as ordered for days that the clinic is closed for business, including one weekend day (e.g., Sunday) and State and Federal holidays, no matter their length of time in treatment. OTP decisions on dispensing MOUD to patients for unsupervised use beyond that set forth in paragraph (i)(1) of this section shall be determined by an appropriately licensed OTP medical practitioner or the medical director. In determining which patients may receive unsupervised medication doses, the medical director or program medical practitioner shall consider, among other pertinent factors that indicate that the therapeutic benefits of unsupervised doses outweigh the risks, the following criteria:

1. Absence of active substance use disorders, other physical or behavioral health conditions that increase the risk of patient harm as it relates to the potential for overdose, or the ability to function safely
2. Regularity of attendance for supervised medication administration
3. Absence of serious behavioral problems that endanger the patient, the public, or others

- 4. Absence of known recent diversion activity
- 5. Whether take-home medication can be safely transported and stored; and
- 6. Any other criteria that the medical director or medical practitioner considers relevant to the patient's safety and the public's health
- **During the first 14 days of treatment, the take-home supply is limited to 7 days.** It remains within the OTP practitioner's discretion to determine the number of take-home doses up to 7 days, but decisions must be based on the criteria listed in this section. The rationale underlying the decision to provide unsupervised doses of methadone must be documented in the patient's clinical record, consistent in this section.
- **From 15 days of treatment, the take-home supply is limited to 14 days.** It remains within the OTP practitioner's discretion to determine the number of take-home doses, up to 14 days, but this determination must be based on criteria listed in this section. The rationale underlying the decisions to provide unsupervised doses of methadone must be documented in the patient's clinical record, consistent with this section.
- **From 31 days of treatment, the take-home supply provided to a patient is not to exceed 28 days.** It remains within the OTP practitioner's discretion to determine the number of take-home doses up to 28 days, but the determination must be based on the criteria listed in this section. The rationale underlying the decision to provide unsupervised doses of methadone must be documented in the patient's clinical record, consistent with this section.

Furthermore, SAMHSA clarifies absence of active substance use as follows:

SAMHSA recognizes that individuals in treatment with methadone may intermittently use substances that do not necessarily impact the efficacy or safety of methadone or increase the risk of overdose above that which may occur in the absence of methadone. In other cases, individuals in treatment with methadone may misuse central nervous system depressants or other substances, including alcohol, that, in combination with methadone, potentially increase the risk of adverse effects.⁵ Practitioners should consider how a patient's use of additional substances might impact overdose risk, and make methadone take-home dosing decisions based on their knowledge of the patient, their patterns of risk-taking behavior, stage of change, and need for engagement with OTP team members. Such consideration includes an honest dialogue with the patient about the risks associated with the other use of substances, assessment, and interventions for any other identified SUDs, and how this might impact methadone take-home dosing decisions. It is also important to consider ways to mitigate risk, including ensuring access to naloxone. A practitioner's determination of risk and safety, and decisions around access to take home doses of methadone, should be documented, along with the underlying rationale, in the clinical record.

[Methadone Take-Home Flexibilities Extension Guidance | SAMHSA](#)

Based on the clarification of “Absence of active substance use disorders, other physical or behavioral health conditions that increase the risk of patient harm as it relates to the potential for overdose, or the ability to function safely,” RCAR will not provide take-home bottles when a patient is actively using benzodiazepines, alcohol, or other anxiolytics, depressants, and/or hypnotics. Although, other substances such as cocaine might impact the efficacy of methadone (reduces the effect of methadone due to an

increased metabolism, etc.), this substance does not have a synergistic impact on the central nervous system. Therefore, cocaine, fentanyl, marijuana, and other non-GABA (glucose ammino-butyric-acid) producing substances are deemed less of a risk for patients to be eligible for unsupervised medications.

Unsupervised Medication (Take Home Bottle Eligibility)

Although a patient may be eligible for up to 28 take home bottles, they will not necessarily be given the maximum amount they are eligible for 31 days, depending on a variety of circumstances. As indicated above, the program is responsible for determining risk and ensuring patient/community safety, while trying to ensure appropriate access to care. The number of take-home bottles a patient receives should be made on an individual basis and determined by the medical provider in consultation with the multidisciplinary treatment team. Unsupervised doses will be provided based on level of stability.

Clinics are encouraged to review cases at their weekly interdisciplinary team meetings (ITM), as needed, to weigh potential benefits, risks, and decisions regarding unsupervised medication.

Unsupervised Medication (take-home bottle) eligibility guidelines should be utilized when a patient meets the above SAMHSA 6-point criteria.

Take-Home Bottle Code Definitions

- **Code 6:** No bottles aside from Sunday and/or federal holidays – daily attendance to clinic (6 days)
- **Code 5:** 1 Bottle – attendance to clinic 5 days per week + Sunday and/or federal holidays
- **Code 4:** 2 bottles – attendance at clinic 4 days per week + Sunday and/or federal holidays
- **Code 3:** 3 bottles – attendance at clinic 3 days per week + Sunday and/or federal holidays
- **Code 2:** 4 bottles-- attendance at clinic 2 days per week + Sunday and/or federal holidays.
- **Code 1:** 5 bottles -- attendance at clinic 1 days per week + Sunday bottle and/or federal holidays
- **Code T:** 13 bottles – attendance to clinic once every two weeks
- **Code M:** 27 bottles – attendance to clinic once per month

Unsupervised Medication Schedule: Codes 5 through 1 (no bottles up to 6 bottles)

- Recommended treatment duration: **0-14 days**
- Meets 6-point criteria and **0-14+ days in treatment** with negative toxicology profile for substances that pose less medical and/or overdose risk.
 - Patients who test positive for benzodiazepines or alcohol will not be eligible for take-home bottles until they provide a negative toxicology screen or their quantitative lab values are trending downwards
 - Patients who present with higher risk should be considered eligible for a Code that is less than 6 bottles until stability is demonstrated. Below are ways to manage these situations:
 - **Patients who are engaged in treatment (0-14 days)**
 - **Patients with Potential risk (scenario 1) Code 5** – Patient receives Saturday bottle, plus Sundays.

- If patient demonstrates responsibility and there are no safety concerns (examples include misuse of medication, contraindications of illicit/non-prescribed substances such as alcohol or benzodiazepines, significant behavioral issues, drug diversion, etc.), graduate to Code 3.
- **Patients with Potential risk (scenario 2) – Code 3**– Patient receives take-home bottles every other day
 - Pick up Schedule Options:**
 - Monday, Wednesday, Friday – (This schedule is preferred due to staffing and hours on Saturdays)
 - Tuesday, Thursday, Saturday
- **Patients with minimal risk – Code 1**—Patients can receive 6 take- home bottles, plus Sundays.
 - Pick up on Saturday s for Code 1 is not recommended. Case should be reviewed at ITM meeting prior to granting Code 1 Saturday pickups
 - *Note: Code 4 and 2 can be utilized as needed on an individualized basis*

Unsupervised Medication Schedule – Code T (12 bottles + Sunday Bottle)

- Recommended treatment duration: **15-30 days**
- Meets SAMHSA 6-point criteria and **15-30+** days in treatment with negative toxicology profile for substances that pose less medical and/or overdose risk.
 - Patients who test positive for benzodiazepines or alcohol will not be eligible for take-home bottles until they provide a negative toxicology screen or their quantitative lab values are trending downwards. They will not be eligible for Code T until their tests reflect negative toxicology screens.
 - Patients who present with higher risk should not be considered for Code T. Please review Code 5- Code 1 section above for details.
- **Pick-up days:** 2 times a month, every other week – Pick-up days should not be Saturdays.

Higher Level of Care (ADT/PHP/IOP) and Unsupervised Medication Schedules:

As outlined in the SAMHSA guidelines, patients are eligible for up to 6 take-home bottles within 0-14 days of admission, Patients who engage in higher levels of care may be eligible for take-home bottles within the 14-day timeframe as outlined below; if they engage in PHP and/or IOP:

- Patient signs up for ADT, PHP, or IOP, and attends 1 group = Code 3 (3 take-home bottles, plus Sunday) immediately as clinically appropriate.
- If the patient remains in good standing and has completed ADT/PHP/ or IOP they can be considered for Code M, Code T, or Code 1 status.

Unique Circumstances and Individualized Care

1-4 bottles: Patients might be placed on Code 5 (1 bottle per week), Code 4 (2 bottles per week), Code 3 (3 bottles per week), and/or Code 2 (4 bottles per week), depending on a variety of clinical and/or logistical circumstances (including transportation issues, vacation bottles, COVID, medical, residential program requirements, etc.) Patients must be within the 0-7 days of admission to qualify for these schedules.

14-28 Bottles: Patients might also qualify for more take-home bottles depending on their individualized needs as well. Some of these reasons could include the patient enrollment in an inpatient residential program, medical reasons, long-term sobriety, and engagement in treatment at the program with stability, and/or individualized needs of the patient. If a patient requires unsupervised medication bottles greater than 6 prior to achieving 15 days in treatment, a SAMHSA extranet request could be required. SAMHSA extranet requests are required for all patients who need chain of custody completed as well.

Unsupervised Medication Revocation and Diversion Guidelines

The Unsupervised Medication revocation plan outlines how a patient might retain or have their bottles suspended. It also outlines how a return to a previous unsupervised schedule should be implemented following a revocation. A patient's Unsupervised Medication (Take-Home Bottle Schedule) should be reviewed and could be impacted based on the following factors:

- Positive toxicology screen for illicit and/or non-prescribed substances
- Failed unsupervised medication recall
- Known drug diversions
- Significant behavioral concern

There are three schedules in which a patient may obtain their unsupervised medication back following a revocation, depending on the reason for the revocation and which substances were positive through toxicology testing.

**Substances that pose less serious medical and/or overdose risk are at the discretion of the medical provider and ITM and intends to focus on unprescribed benzodiazepine, barbiturate, and/or alcohol use.*

Schedule 1 – Patients who agree to HLOC (IOP/PHP)

Unsupervised Medication Retention Plan: Following a positive toxicology result for substances that pose less serious medical and/or overdose risk but that are positive for other substances may retain up to 6 THBs should they agree to enroll and engage in ADT/PHP or IOP. Subsequent urine screens must show no illicit substances and/or decrease trending lab values. If subsequent toxicology reports are positive for illicit substances, the clinical team and medical provider will reevaluate the patient's unsupervised medication status and order for safety. Patients could have their take-home bottle privileges further reduced or suspended in full depending on the circumstances. However, if they remain engaged In HLOC, but are still struggling with their recovery, the next step would be to decrease from Code 1 to a Code 3; prior to suspending all bottles and starting again at a Code 6.

Schedule 2 – Patients who refuse HLOC upon referral

Patients who refuse to enroll and engage in a HLOC following a positive toxicology result for substances that pose less serious medical and/or overdose risk but that are positive for other substances **could have their unsupervised medication reduced or revoked**. Unsupervised medications may be returned by following an individualized treatment plan. However, unsupervised medication reinstatement might occur over a longer interval of time than the 0-14 days but will not exceed 30-day suspension unless concerns for safety remain. Also, all unsupervised medication schedules might not be reinstated at once in some of these scenarios (Code T or Code 1, might have to have their privileges reinstated as a Code 5 or Code 3 at first).

Schedule 3 – All other THB Revocations

Patients who test positive for substances that pose more serious medical and/or overdose risk (benzodiazepines, alcohol, and/or other types of sedatives), patients found to be diverting medications, presenting as a significant risk to themselves or others, or those who fail a scheduled unsupervised medication recall shall have their bottles revoked. Unsupervised medications may be reinstated by following an individualized treatment plan. However, bottle reinstatement might occur over a longer interval of time than the 0-14 days but will not exceed 30-day suspension unless concerns for safety remain. Also, all unsupervised medication schedules might not be reinstated at once in these scenarios (Code T or Code 1, might have to have their schedules reinstated as a Code 5 or Code 3). Patients who demonstrate a serious violation of the program rules or initial misuse of take-home bottles could face an administrative discharge from the program. However, these cases would need to be reviewed by the ITM before such an action was taken.

Recall Procedures

1. We will be calling you on a random basis, several times a year asking you to come back to the clinic with your lock box and bottles the next day, before 12:00pm. If you do not answer the phone, we will leave a message with instructions. There is no need to call the clinic back unless you have a question.
2. You are responsible for making sure the clinic has a current phone number that is in service so we can reach you. You must have voicemail on that phone, or an answering machine, so we can leave you a message. The machine or voicemail should state your name and cannot be full.
3. Please let the nurses know if you plan to be away on vacation or for work, so we do not call you on those days.
4. When you get a call to come back to the clinic for a recall, please do not take your dose for the day until the nurse checks the bottle(s) and says it is ok to do so.
5. When a patient is presented at the window, and they forgot to take their dose for one of the days that was dispensed, they will be required to dose daily for a period of 7 days. If they appear to be tolerating their dosage their take-homes can be reinstated after that period.
6. Labels must be legible with correct number of doses remaining intact
7. If it is determined that bottles are tampered with, take-homes will be immediately suspended. Suspected bottles may be sent to the lab for quantitative testing.

Program Rules and Regulations

I hereby agree to abide by the following rules and regulations to keep patients and employees safe. I understand that failure to do so will result in the following consequences:

Failure to honor any of the following rules will result in interventions which may include incident review at a multidisciplinary team meeting, referral to a higher level of care, or immediate taper and/or discharge from the program.

1. There will be no weapons of any sort carried or exposed on or around clinic premises. Firearms on clinic property will result in immediate discharge regardless of permit status.
2. There will be no physical violence or verbal threats towards fellow patients or any staff member on or around clinic premises.
3. There will be no sale, exchange, use, or possession of drugs or drug paraphernalia on or around clinic premises.
4. There will be no diversion of methadone; I agree to take my methadone at the dispensing window and will provide evidence that I have swallowed the medication
5. I understand that damage or destruction to clinic property is prohibited

Failure to honor any of the following rules will result in the loss of program privileges and/or result in other interventions which may include self-care agreement, clinical team meeting, referral to a higher level of care, or involuntary detoxification.

I agree:

1. That there will be no attempt to alter a urine specimen
2. To the patient fee policy compliance, as stated on page 16 of this manual
3. To discontinue alcohol use
4. To discontinue all criminal activity
5. To accept specific supportive services (including support groups and IOP) if deemed appropriate by staff.
6. To complete the required Orientation Groups within 60 days from my admission date
7. To provide a urine specimen upon request of staff
8. To report to the clinic during the scheduled medication pick-up hours assigned to me by the clinical staff and keep all OTP appointments as scheduled. If I am unable to keep a scheduled appointment or do not follow my assigned medication pick up hours violations could result in no medication dispensed, self-care agreement, clinical conference, and may result in administrative discharge.
9. To medicate daily. Over a 12-month period missed medication will result in the following: after 3 unexcused misses in a calendar month a self-care agreement will be developed with the counselor. If continued absences occur, ongoing education will be provided regarding the importance of regular attendance in the recovery process.
10. That it is my responsibility to have a secure lock box prior to receiving any take-home bottle.
11. To inform all of my providers (medical, dental, psychiatry, and anyone from whom I am receiving a prescription) that I am actively involved in methadone treatment.

12. To allow Root Center for Advanced Recovery staff to consult with my providers for the purpose of coordinating treatment.
13. That my continued participation in the program depends on my good conduct and behavior, and my positive involvement in treatment. I understand that any prescribed medication that is not verified and/or coordinated by RCAR will be considered a rule violation. Patients receiving prescriptions need to present the prescription paperwork on or before their next scheduled medication day after receiving the medication. Any prescription for opioids/opiates is expected to be short term. If opioid use continues beyond three (3) months, it is considered long term use. Benzodiazepine prescriptions will be reviewed by a medical provider.
14. I understand that disruptive behavior, including verbal abuse and name calling towards staff and other patients, is not permitted inside any of the RCAR clinics or on its grounds.
15. I agree not to loiter inside or outside the clinic or its vicinity before or after a visit to the clinic for purposes including, but not limited to: completion of scheduled appointments, receiving medication and/or providing a urine specimen. This includes panhandling and soliciting money from others.
16. Children are not allowed in or near the dispensing area.
17. RCAR is a smoke free/nicotine free agency. Smoking in addition to other tobacco products (including e-cigarettes/vapors) are not allowed inside a clinic or outside on clinic property as it is a health risk.
18. Medication dispensing hours will be adhered to strictly. Each clinic's dispensing hours are explained to each patient at admission. Medication pick-up times are assigned to decrease patient wait time. If a patient does not arrive during the scheduled pick-up time they may not be medicated.
19. Any change of personal address/telephone number, or change of emergency contact information, must be reported to the clinic within 24 hours. Verification of the change will be required and may include formal documentation which includes the date of the change
20. There will be no use of cellular phones or cameras in the clinic
21. Patients need to wear proper attire including but not limited to no offensive clothing, no pajamas/sleepwear, etc.
22. I agree to comply with all patient identification expectations including: all patients will be required to present a clinic identification card to check-in and to receive medication. In the event of a misplaced or lost identification card, patients may be asked to present an alternative form of identification or to confirm additional personal identification details. When presenting at the medication window, all patients will be required to state their name, date-of-birth, and current medication dose when asked. A replacement card will be made if the lost or misplaced card cannot be located. There will be a \$10 fee for a replacement card.
23. Only service dogs are allowed on clinic grounds. No other dogs or animals are allowed on agency property.
24. I understand that handicap spaces are for patients who have a valid state of CT parking permit posted on the rearview mirror and agree not to park in these dedicated spaces or marked off areas adjacent to handicap spaces.
25. Food and drink are not allowed inside the clinic.

Missed Dosing Protocol

Patients will be considered to have a steady dose of methadone if they have consumed a methadone dose for 7 consecutive days. If a patient has been on a steady dose of methadone and presents to be medicated after missing 1 to 4 consecutive days, and the dose is 30 mgs or higher, the nurse will enter a protocol order for the patient to be dosed as follows:

- **One-day miss** – 10% reduction if the patient has also missed 1 or more days in the previous 7-day cycle.
 - a. Code M, T, and 1 will not receive a reduction for a 1-day miss
 - b. Day 1 will be an “Add and Activate Order.”
- **Two-day miss** – Reduce by 20%
- **Three-day miss** – Reduce by 40%
- **Four-day miss** – Reduce by 50%
- **Seven Day miss** – Patient will need to see their counselor for new orders from provider.

*Note: Patient doses may be lowered below 30mg in certain circumstances, as ordered by the medical provider

Urine Toxicology Testing & Breathalyzer Testing and Collection

Urine Toxicology and breathalyzer testing is part of substance use treatment.

YOU MUST BE PREPARED TO PROVIDE A URINE SEPCIMEN AND/OR SUBMIT TO BREATHALYZER TESTING AT ANY TIME.

Urine specimens will be collected randomly and at a frequency required by standards and policy. If a patient requests a take home bottle, a negative urine specimen must be obtained prior to the granting of the take home privilege.

Positive random results or the inability to provide a requested urine specimen will result in loss of take-home bottle privileges. Patients with certain circumstances may be responsible for the cost of drug/lab screening.

Pregnancy tests will be offered to all female patients at admission and prior to tapering from an opioid medication.

When random testing results are positive for drugs of usage or FTS, additional tests will be conducted to assist staff in determining the most appropriate individualized recovery plan.

Consuming foods that contain poppy seeds may cause a *positive opiate* urine toxicology test, therefore please avoid foods that contain poppy seeds while in treatment.

Patients should avoid over-the-counter medications containing **Benadryl (diphenhydramine)** and medications containing **Pseudoephedrine**.

Providing Urine Samples

Urine specimens will be accepted until the end of dosing hours. If you are unable to provide a urine specimen sample that day, you will only be allowed to medicate within the last 30 minutes of clinic medication hours.

The minimal amount of a urine sample is 30cc. If you provide under 30cc with an acceptable temperature, the urine may be accepted. Should the result be returned from the lab as “QNS” (quantity not sufficient), this result will be recorded as an FTS (failure to submit). If you dispute the finding of the final lab result, there may not be enough remaining for a second confirmatory test and the first results will be accepted.

RCAR will not conduct supervised urine sample collections.

Saliva Sample Collection

Oral swabs will be utilized when urine collection cannot be conducted due to medical or psychological condition. Saliva testing may be conducted if urine sample temperature reads outside acceptable range, and the patient disputes results. Oral swabs will be given at the discretion of the Clinic Supervisor and/or Nursing Supervisor.

Breathalyzer Tests

Breathalyzer tests will be given randomly, and all newly admitted patients will be tested daily for seven (7) days.

When a patient has a breathalyzer test reading positive over .00 the patient will not be medicated due to safety concerns. The patient will be scheduled to submit a breathalyzer daily and the same policy as for the previous day will apply. When appropriate, the clinic supervisor and patient’s primary counselor may decide that a patient may be given the option to wait and return later to re-test.

If a patient is not medicated for seven (7) consecutive days due to positive breathalyzer results, the discharge process may be initiated. RCAR clinical staff will assist patients in treatment for Alcohol Use Disorder.

Patients have the right to be re-tested if they feel the result of their breathalyzer was inaccurate.

RCAR staff are obligated to report individuals that we believe are too impaired to drive to the local police department; this includes alcohol and other substances. We will attempt to work with you to find alternative transportation.

Patient Review and Involuntary Discharge Process

All patients will be provided with individual/group counseling to assist with recovery goals achievements and address barriers to completion of the goals. Counselors will assist patients with learning healthy coping skills, implementation of lifestyle changes, relapse prevention, techniques and developing a sober support network. If at any time throughout treatment a patient provides a positive urine toxicology test or expresses ongoing use, a higher level of care such as IOP, PHP, ADT, or inpatient treatment will be recommended if the patient is assessed as meeting criteria for such. The patient will be scheduled to attend a higher level of care or will be assisted in referrals as deemed beneficial and necessary.

If a patient is not willing to follow the recommendations and continues struggling with abstaining from use, the patient will be reviewed by a multidisciplinary team. Discharge from the program may be the last step in the process if previous suggested interventions are not successful. Patients are at risk for discharge at any time in treatment for safety concerns such as

benzodiazepines use and alcohol use, excessive absences, behavioral issues, failure to provide urine/drug screen samples, chronic impairment, or violence. A discharge may become effective immediately if the reasons for the discharge request include physical violence or threats toward other patients and/or staff.

Monthly clinical services are part of treatment and attendance is required. Noncompliance with individual or group counseling sessions, as determined by clinical staff, may result in involuntary discharge from the program.

Each patient's progress towards recovery goals will be reviewed throughout treatment, and clinical interventions will be adjusted to assist patients with achieving sustained sobriety and improvement of psychosocial functioning.

Readmission Policy & Process

Applicants applying for readmission to Root Center for Advanced Recovery will be evaluated on their previous treatment record, current opiate use, and when appropriate, other medical and/or other considerations.

Procedures:

1. No applicant will be denied solely based on their previous treatment record.
2. Clinical staff will review treatment records and a recommendation will be made to approve or deny admission. If admission is denied, the applicant will be given an explanation and will be provided with alternative treatment options.
3. If accepted to treatment, initial treatment goals will be identified, the need for a higher level of care assessed, and the completion of a physical examination
4. Admitted patients are required to attend the Pt Manual, HIV/Hepatitis & Infectious Disease, and Methadone orientation sessions within 60 days of admission.

Patients owing back fees to Root Center for Advanced Recovery from a previous treatment episode (s) must pay these fees in full. If the patient is unable to pay these fees in full prior to admission, the patient will be required to pay at least 50% and then negotiate a fee contract for the remainder of the amount owed. Failure to comply with this fee arrangement will result in a recommendation for discharge. Patients with entitlements (state insurance) participating in a medical managed care must also have their insurance card. Some insurance plans require preauthorization before treatment can begin.

5. Special recommendations may be made at readmission in order to address patients with clinical issues from prior treatment episodes.

Patient Complaint & Grievance Policy

You have a right to file a complaint, a formal grievance, or question a decision made by staff of the agency. Such action will not result in any retaliation or any barrier to services that you receive.

Your rights include:

1. File a written grievance about any matter

2. Have an advocate or others assist in the grievance/complaint process
3. Have your grievance reviewed in a timely manner
4. Receive a written response to your grievance
5. Appeal a grievance resolution decision

Root Center for Advanced Recovery's Patients Rights Officers are available to assist you anytime in the grievance process outlined below. Patients Rights Officers can be reached Monday through Friday 5:30am-1:30pm. Phone numbers for Patient Rights Officers are posted in the lobby of each clinic. We will make every effort to resolve both informal and formal complaints in a timely manner.

Below are steps we recommend you take to address your complaint or grievance.

1. Discuss your concerns with your counselor. If your counselor cannot resolve the concern to your satisfaction, you may choose to file a formal grievance in writing utilizing the RCAR grievance form. Forms are available in the clinic lobby.
2. You may also ask your counselor to provide you with the form and help you complete the form. The completed form will be submitted to the clinic supervisor or designee.
3. The clinic supervisor will contact you within 3 business days of receiving the grievance. The clinic supervisor will review the grievance and attempt a resolution. They might schedule a meeting with you or talk to you over the phone to gather more information. A resolution will be provided to you in writing. If the resolution cannot be reached or if the complaint is not resolved to your satisfaction, your grievance will be forwarded to the Patients Rights Officer.
4. The Patients' Rights Officer will review the grievance and may contact you for more information if necessary. The Patients Rights Officer will conduct an investigation which might include review of documents, staff interviews, review of program policies, or review of the Patient's Manual. The Patients' Rights Officers will provide you with the written summary of the resolution as soon as practical but no later than 30 days from the receipt of the grievance. In the meantime, the Patient's Rights Officer will keep you informed about the progress toward the resolution of your grievance.
5. If the proposed resolution is not satisfactory, the grievance will be forwarded to the Chief Operation's Officer (COO). The COO will respond to the complaint within 5 working days. If the meeting with the COO is requested, the meeting will be scheduled within 5 working days of the request. The COO will make the final decision regarding the grievance resolution. This will be provided to you in writing.
6. If the final decision does not satisfy you, you have the right to seek resolution with the following outside organizations:
 - a. DMHAS Patient Rights and Grievance Specialist 1-860-418-6933
 - b. Advocacy Unlimited 1-800-573-6929
 - c. CT Legal Rights Project 1-877-402-229
 - d. CT Office for Protection and Advocacy for Persons with Disabilities 1-800-842-7303
 - e. CARF International 1-800-842-7303

If the patient is discharged from the program due to lack of adherence to program rules, the patient has the right to appeal the discharge decision. The appeal should be submitted to the clinic supervisor or patient's rights officer. A fair hearing panel will be appointed to review discharge circumstances. The Fair Hearing Panel will make a final decision regarding discharge

status within 48 hours.

Non-Retaliation

In the event that a grievance is filed either internally within the Root Center for Advanced Recovery, or with an outside organization, it is the strict policy of RCAR that the grievance will not result in retaliation toward the person who filed a grievance, create a barrier to the provision of service, or the refusal on the part of Root Center employees to provide assistance to the patient seeking an advocate.

Both you, and the staff involved, have the responsibility to seek a reasonable and fair resolution to the complaint or grievance.

The “Patient Rights and the Grievance Procedure” is posted in both English and Spanish at each clinic location

Health & Safety

Your health and safety while attending our programs is our first priority. Health and Safety officers conduct quarterly inspections of the premises to identify potential safety hazards and to ensure all identified hazards are addressed promptly. In addition, external inspections are conducted by the Fire Marshall and State Department of Public Health.

First Aid Kits

First aid kits are available at each clinic and are in the staff lounge. If you need first aid, please reach out to any staff member for assistance.

Narcan Kit

Narcan kits or Narcan prescriptions are offered to all patients upon admission. Narcan is a prescribed medicine used for the treatment of an opioid emergency such as an overdose or a possible overdose with signs of breathing problems and severe sleepiness or no responsiveness. Signs and symptoms of an opioid emergency may include:

- Unusual sleepiness and you are not able to wake the person with a loud voice or by rubbing firmly in the middle of their chest
- Breathing problems, including slow or shallow breathing or it looks like they are not breathing
- The black circle in the center of the colored part of the eye (pupil) is very small, sometimes called “pinpoint pupils”

Narcan is to be given right away and does not take the place of emergency medical care. You must get emergency medical help right away after giving the first dose of Narcan, even if the person wakes up. Narcan is safe and effective in children for known or suspected opioid overdose. The signs and symptoms of an opioid emergency can return after Narcan is given. If this happens, give another dose after 2 to 3 minutes using a new Narcan and watch the person closely until emergency help is received. You can ask and you will receive a Narcan kit at any time during your treatment even if you decline the kit or prescription during your admission process.

Emergency Drills

To prepare and address potential emergency situations, clinics conduct annual emergency drills. You might be asked to evacuate from the building or shelter in place when emergency drills are being conducted. We ask you to follow the instructions in a timely and orderly manner.

Emergency drills and actual emergencies are announced as follows:

- Fire – “Fire alarm activation” + Description + Location + Instructions
- Severe Weather – “Severe weather” + Description + Instructions
- Medical Emergency – “Medical response” + Description + Instructions
- Violence/Threatening Situation – “Assistance needed, behavioral intervention” + Location
- Active Shooter – “Armed intruder” + Description + Location + Instructions
- Utility Failure – “Utility Interruption” + Description + Location
- Bomb Threat – “Bomb threat” + Description + Location
- Evacuation – “Evacuation” + Description + Location + Instructions
- Firearms/Weapons: Root Center for Advanced Recovery does not allow firearms or weapons on the premises regardless of the permit. Having firearms or weapons on the premises will constitute grounds for immediate discharge from the program.

Smoking Rules

Root Center for Advanced Recovery is a non-smoking facility. It is prohibited to smoke inside the Root Center facilities or on the Root Center premises.

Standard Precautions

Standard precautions are meant to reduce the risk of transmission of bloodborne and other pathogens from both recognized and unrecognized sources.

Hand hygiene is a major component of standard precautions and one of the most effective methods to prevent transmission of infectious diseases and transmission of bloodborne pathogens and other pathogens. We encourage you to wash your hands frequently with soap and water for 40-60 seconds to prevent risk. Use hand sanitizers located at each clinic in the front lobby and offices to disinfect your hands when not visibly soiled.

Respiratory hygiene and cough etiquette included covering your nose and mouth when coughing or sneezing with a tissue or mask or by coughing/sneezing into your elbow. Dispose of used tissues/masks and wash your hands immediately.

Methadone Maintenance Recovery & Treatment Agreement

(Patient Copy)

I, _____, agree to participate fully in the treatment program of the Root Center for Advanced Recovery, including attendance of the Intensive Outpatient Program if I am deemed eligible by clinical staff. By my signature below, I acknowledge receipt of the Patient Manual. I have read or have had read to me and understand the Rules and Regulations of the Root Center for Advanced Recovery's Methadone Treatment Program and agree to abide by them. I fully understand that any violation of the program rules and regulations could result in administrative action which may or may no include discharge from the program in accordance with the section on rules and regulations contained in this manual.

I understand that I will be required to pay a weekly fee for the methadone maintenance treatment program. I agree to pay such a fee in accordance with the agency's fee policy (which is subject to change).

I have read and understand my rights as a patient of this program and have also been informed of the patient review process.

I understand that Root Center for Advanced Recovery's Methadone Program will not release information about my condition or treatment unless it is authorized by me with signed permission unless there is a medical or psychiatric emergency, a court order, suspected abuse, neglect, exploitation, or a threat to commit a crime against the program, staff or another patient, or to qualified personnel for research, audit, or program evaluation.

Likewise, I understand that any information I gain regarding another patient is confidential whether obtained directly, in a group setting, or overheard. I am aware that this agreement to respect confidentiality is continued even after leaving the program.

Patient Signature X _____

Date: _____

Counselor Signature X _____

Date: _____

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Patient Signature X _____

Date: _____

Counselor Signature X _____

Date: _____

Patient Orientation Checklist

- Review of Orientation Manual

Admission Date: _____ Dates of Patient Manual Reviews: _____

- Fire safety review of the clinic to include emergency evacuation routes, location of fire extinguishers, and gathering location in case of a building evacuation.

Special Orientation Topics:

- Review of methadone, side effects, and medication interactions
- Review of Patient Rights and Responsibilities
- Program Rules and Regulations
- Review of “Patient Complaint and Grievance” Process
- Confidentiality regulations including exceptions
- Service fees
- Drug screen procedure
- Process to request a reasonable accommodation to ensure program accessibility
- Narcan (Naloxone) education
- Family Involvement
- Higher levels of care: Intensive Outpatient Program, Adult Day Treatment, etc.
- 24/7 emergency code of Ethical conduct

Patient Advocacy Councils

Patient input in improving the quality of care, achievement of personal and program outcomes and overall satisfaction is very important to Root Center for Advanced Recovery. Please feel free to share your ideas as to improving services with your counselor, the clinic supervisor, or by participating in the Patient Advocacy Council at your clinic.

I, _____, have received the Patient Manual and have discussed the contents with agency staff during orientation to the Root Center for Advanced Recovery and I understand my rights and responsibilities; program rules and regulations; and the patient complaint and grievance process.

Patient Signature X _____
Date: _____

Counselor Signature X _____
Date: _____

Summary of Your Information, Your Rights, and Our Responsibilities

This notice describes how medical information about you may be used and disclosed. Please review it carefully.

Intro

The Root Center for Advanced Recovery is committed to protecting the confidentiality of your medical information and is required by law to do so. Specifically, the Root Center for Advanced Recovery is subject to confidentiality requirements under both the Health Insurance and Portability and Accountability Act of 1996 (HIPAA) and the Confidentiality of Substance Use Disorder Patient Records federal law and regulations (42 U.S.C. § 290dd-2; 42 CFR Part 2).

The federal law protecting the confidentiality of substance use disorder patient records is generally stricter than HIPAA. Please see page (enter #) for additional information regarding this law.

We may use and share your information without your written consent in the following ways:

- Among the professionals at the Root Center for Advanced Recovery (a trade name of Hartford Dispensary) who need the information to treat you or for our operations
- To others whom we have contracted to provide certain services to the agency
- In the event of a medical emergency
- To do research if certain legal requirements are met
- For certain audit and evaluation activities

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communications
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you

Our Uses & Disclosures

Your Rights

How can we use or share your health information without your written consent?

In most cases, we need your written consent before we can use or share your health information with others. However, we can use and share your health information for the following limited purposes without your written consent (shown on the following page). We have to meet many conditions in the law before we can share your information for these purposes.

Among the professionals at the Root Center for Advanced Recovery who need the information to treat you or for our operations

We can use or share your information between or among personnel who need the information to treat you or for our operations, provided such communications are

- Within the agency
- or between the agency and an entity that has direct administrative control over the agency

Qualified Service Organizations

We can share your information with “qualified service organizations” that are contracted by us to provide certain services to the Root Center for Advanced Recovery; all of our qualified service organizations must agree to:

1. Be bound by 42 C.F.R. Part 2
2. And if necessary, resist in judicial proceedings any efforts to obtain access to patient records except as permitted by law. For example, we can share your information, without your written consent, to a laboratory that we have contracted with for the purpose of performing laboratory analyses.

Crimes on the Premises

We can share your information with law enforcement officers if the purpose is directly related to a patient’s commission of a crime on the premises or against our personnel or a threat to commit such a crime.

Respond to Special Court Orders

We can share your information as required by a special court order that satisfies all applicable legal requirements.

Child or Elderly Abuse and Neglect

We can share your information to report incidents of suspected elderly or child abuse and neglect to the appropriate state or local authorities.

Medical Emergencies

We can share your information with medical personnel in a medical emergency

Do Research

We can use or share your information for scientific research purposes if certain legal requirements are met.

Audit and Evaluation Activities

We can share your information with persons conducting certain audit or evaluation activities, including with the U.S. Department of Health and Human Services, as long as the person agrees to certain restrictions on the use and disclosure of the information.

Incompetent Patients

If a patient suffers from a medical condition that prevents knowing or effective action on their own behalf, the president of the Root Center for Advanced Recovery may, under certain circumstances, exercise the patient’s right to consent to sharing information for the sole purpose of obtaining payment for services from the patient’s health insurance company.

***To the extent any state law provides greater protections than HIPAA or the federal law protecting the confidentiality of substance use disorder patient records, we will follow the stricter law.**

How do we typically use or share your health information?

We may contact you about your care, including reminding you of an appointment. We also typically use or share your health information with your written consent in the following ways.

For example, in these cases we never share your information unless you give us written consent:

- Marketing purposes
- Sale of your information
- Sharing of psychotherapy notes
- Sharing your health information with other professionals who are treating you at another facility. For example, a doctor treating you at the Root Center for Advanced Recovery may not share your health information with another doctor treating you at another facility, unless you provide us written consent to do so
- Sharing your health information to bill and get payment from health plans and other entities. For example, we cannot share your information with your health insurance plan unless you provide us with written consent to do so.