



Community Health &
Research Center

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Approved By: Mohamad Khraizat	Title: Health Operations Manager
Signature: 	Date: 10-15-19

I. POLICY

It is the policy of ACCESS Community Health and Research Center (ACCESS CHRC) that outpatient quantitative drug testing for drugs of abuse (DOA) is medically necessary for confirmatory/definitive testing for a specific drug(s) when members meet the criteria as determined by our funding sources.

II. PURPOSE

To provide standards to be followed to ensure provision of a safe and healthy environment to its employees, visitors, and clients.

III. APPLICATION

This policy applies to ACCESS employees, contractors, and their subcontractors contracted to provide services.

IV. DEFINITIONS

V. PROCEDURES

Urine Drug Screening (UDS) is a key diagnostic and therapeutic tool that is useful for patient care and monitoring of adherence to a controlled substance treatment regimen (e.g., for chronic noncancer pain) and to identify drug misuse or addiction prior to starting or during treatment with controlled substances.

A. ACCESS CHRC outpatient treatment clients funded by DWIHN will be required to participate in 12 Panel Urine Drug when members meet the criteria for SUD services once every two weeks

1. These are the mandatory drugs to be screened for and must have **Chain of Custody**:
 - i. 6-Acetyl-morphine (Heroin)
 - ii. Amphetamines
 - iii. Barbiturates
 - iv. Benzodiazepines
 - v. Cocaine
 - vi. Methadone Metabolites

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- vii. Methadone
- viii. Opiates
- ix. Oxycodone
- x. Ecstasy
- xi. Propoxyphene (Darvon/Darvocet)
- xii. TetraHydraCanibonal (THC)

- B.** When a client is scheduled for a SUD Intake,
1. The therapist will
 - i. Schedule the next appointment for a Treatment Plan
 - ii. Schedule a Psychiatric evaluation
 - iii. Complete a referral for initial Psychiatric Evaluation
 - iv. Inform the psychiatrist of the new SUD client and the date of the Evaluation
 - v. Enter an authorization for the services to include a Psychiatric Evaluation
 2. The Psychiatrist will
 - i. Provide a standing order of the UDS every two weeks
 - ii. Monitor results and address with client and team as needed.

VI. QUALITY ASSURANCE/ IMPROVEMENT

The ACCESS Quality Assurance Manager shall monitor adherence to this policy. The ACCESS Quality Assessment and Performance Improvement Program (QAPIP) must include measures for both monitoring of and for the continuous improvement in quality of the program or process described in this policy.

VII. COMPLIANCE WITH ALL APPLICABLE LAWS

ACCESS staff are bound by all applicable county, state and federal laws, rules, regulations and policies, all federal waiver requirements, state and county contractual requirements, and administrative directives in effect at the time of the writing of this policy, or as amended.

VIII. LEGAL AUTHORITY AND REFERENCES

<http://portal.jordanhospital.org/PP/Jordan%20Hospital/Departmental%20Policies/Senior%20Behavioral%20Health%20Center/Psychiatric%20Emergency%20Code.pdf>

<http://portal.jordanhospital.org/PP/Jordan%20Hospital/Hospital%20Wide%20Policies/Environment%20of%20Care/Emergency%20Code%20Designation.pdf> Moab Training International, Inc

http://www2.massgeneral.org/moab1/police_moab_videos.htm American Association Emergency Psychiatry:

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Psychiatric evaluation of the agitated patient: <http://escholarship.org/uc/item/9t41z4rb#page-1> Verbal de-escalation of the agitated patient: <http://escholarship.org/uc/item/55g994m6>

IX. EXHIBIT

Incident reports
Sentinel Event