



MAT Clinical Tool

1. MAT cx Physician Resp (65D-30.014(e) (2)) Authorizations: To sign or countersign and date all medical orders, including the initial prescription, all subsequent prescription changes, all changes in the frequency of take-home methadone, and the prescription of additional take-home doses of methadone in cases involving the need for exemptions,

2. MAT Cx Assessments (65D-30.004(14)(b)) "Compelled within 15 calendar days of placement.

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"(a) Emotional or mental health;

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(b) Level of substance abuse impairment;

"(c) Family history, including substance abuse by other family members;

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"(d) Substance abuse history: age of onset: drug choice/duration/response: Use patterns; Consequences: Prior treatment.

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(e) Educational level, vocational status, employment history, and financial status

(f) Social history: Support; Family/peer relationships; Current living conditions;

(g) Past or current sexual, psychological, or physical abuse or trauma;

(h) Client's involvement in leisure and recreational activities;

(i) Cultural influences;

(j) Spiritual or values orientation;

(k) Legal history and status;

(l) Client's perception of strengths/abilities related to potential for recovery

(m) A clinical summary, with analysis of the assessment results,

3. MAT Cx Consent (65D-30.014(g) (5)(a)(2)) Minor: A person under 18 is required to have had two documented unsuccessful attempts at short-term detoxification or drug-free treatment within the last year to be eligible for maintenance treatment. The physician shall document in the client's record that the client continues to be or is again physiologically dependent on opioid drugs. No person under 18 years of age shall be placed in maintenance treatment unless a parent, legal guardian, or responsible adult provides written consent.

4. MAT Cx Consent (65D-30.014(g) (5)(a)(2)) Psychological Addiction Criteria: In determining the current physiological addiction of the client, the physician shall consider signs and symptoms of drug intoxication, evidence of use of drugs through a urine drug screen, and needle marks. Other evidence of current physiological dependence shall be considered by noting early signs of withdrawal such as lachrymation, rhinorrhea, pupillary dilation, pilo erection, body temperature, pulse rate, blood pressure, and respiratory rate.

5. MAT Cx Consent (65D-30.004(14)(a)(9)) The client's current addiction and history of addiction shall be recorded in the client record by the physician, or in accordance with the medical protocol established in subsection 65D-30.004(7), F.A.C. In any case, the record of the client's current addiction and history of addiction shall be reviewed, signed and dated by the physician, or in accordance with the medical protocol established in subsection 65D-30.004(7), F.A.C.

6. MAT Cx Consent (65D-30.014 (5)(b)(d)(4)(m)) Involuntary Withdrawal Documentation: Providers shall establish criteria for involuntary termination from treatment that describe the rights of clients as well as the responsibilities and rights of the provider. All clients shall be given a copy of these criteria upon placement and shall sign and date a statement that they have received the criteria.



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7. MAT Cx Consent (65D-30.014(f) (6)) Registry Consent Documentation: Individuals applying for maintenance treatment shall be informed of the registry procedures and shall be required to sign a consent form before receiving services. Individuals who apply for services and do not consent to the procedures will not be placed in maintenance treatment.
8. MAT Cx Consent (65D-30.014 (5)(b)(d)(4)(m)) Involuntary Withdrawal Documentation: Providers shall establish criteria for involuntary termination from treatment that describe the rights of clients as well as the responsibilities and rights of the provider. All clients shall be given a copy of these criteria upon placement and shall sign and date a statement that they have received the criteria.
9. MAT Cx Consent (65D-30.014(g) (5)(a)(1)) Adults: A person aged 18 or over shall be placed in treatment as a client only if the physician determines that the person is currently physiologically addicted to opioid drugs and became physiologically addicted at least 1 year before placement in maintenance treatment.
10. MAT Cx Counseling (65D-30.014 (5)(b)(d)(4)(o)) (c.) A counseling session shall be at least 30 minutes in duration and shall be documented in the client record.
11. MAT Cx Counseling (65D-30.014 (5)(b)(d)(4)(o)) (a.) Each client on maintenance shall receive regular counseling.

Open Case to 90days-- Minumun of 1 sessions/wk
91days to 1 year-- Minimum of 2 sessions/month
Over 1 year- Minumum of 1 session/month
Three years or more-- Minimum of 1 session/3 months (recommended in trx. plan)

(b.) If fewer sessions are clinically indicated for a client, this shall be justified and documented in the client record. In no case shall sessions be scheduled less frequently than every 90 days. This would apply to those clients who have been with the program longer than three years and have demonstrated the need for less frequent counseling in accordance with documentation in the treatment plan.

12. MAT Cx Discharge (65D-30.004(22)(a)) "Discharge summary shall be signed/dated by a primary counselor & include: Summary of the client's involvement in services and the reasons for discharge
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13. MAT Cx Discharge (65D-30.014 (5)(b)(d)(4)(m)) "Termination Reason:
a. Attempt to sell or deliver their prescribed drugs,
b. Become or continue to be actively involved in criminal behavior,
c. Consistently fail to adhere to the requirements of the provider,
d. Persistently use drugs other than methadone, or
e. Do not effectively participate in treatment programs to which they are referred.
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Such clients shall be withdrawn in accordance with a dosage reduction schedule prescribed by the physician and referred to other treatment, as clinically indicated. This action shall be documented in the client record by the physician.

14. MAT Cx Drug Screenings (65D-30.014 (5)(b)(d)(4)(j)) "1. At least one drug screen, random and monitored, shall be performed on each client each month. The drug screen shall be conducted so as to reduce the risk of falsification of results. This shall be accomplished by direct observation or by another accurate method of monitoring.
2. Clients who are on Phase VI shall be required to submit to one random drug screen at least every 90 days.
3. Each specimen shall be analyzed for methadone, benzodiazepines, opiates, cocaine, and marijuana.



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4. The physician shall review all positive drug screens in accordance with the medical protocol established in subsection 65D-30.004(7), F.A.C.

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15. MAT Cx Exemptions (65D-30.014 (5)(b)(d)(4)(i)) Take Home Exemptions

16. MAT Cx General (65D-30.004(12)(c) (1)(a)) Name and address of client and referral source;

17. MAT Cx General (65D-30.004(12)(c) (1)(j)) Client placement information

18. MAT Cx General (65D-30.004(12)(c) (1)(n)) Record of disciplinary problems, when they occur with specific actions taken to resolve problems shall be maintained.

19. MAT Cx General (65D-30.004(12)(c) (1)(b)) Screening information;

20. MAT Cx General (65D-30.004(12)(c) (1) (c) 65D-30.004(13)(d)) Informed consent for services signed by the client prior to or upon placement. Involuntary is unsigned with an order to treatment for involuntary admissions or criminal and juvenile justice referrals.

21. MAT Cx General (65D-30.004(12)(c) (1)(d)) Informed consent for a drug screen, when conducted;

22. MAT Cx General ("65D-30.004(12)(c) (1)€ 42 Code of Federal Regulations, Part 2.") "Informed consent for release of information;

Consent for Release of Information.

- (1) Includes the specific name/program permitted to make the disclosure,
- (2) Name of the individual/organization to which the disclosure is to be made, the name of the client,
- (3) purpose of the disclosure,
- (4) How much and what kind of information to be disclosed,
- (5) Signature of the client/legal guardian, date on which consent is signed,
- (6) Statement that the consent is subject to revocation at any time,
- (7) Date which consent will expire if not revoked before. "

23. MAT Cx General (65D-30.004(12)(c) (1)(o)) Record of ancillary services, when provided;

24. MAT Cx General (65D-30.004(12)(c) (1)(p)) Record of medical prescriptions and medication, when provided;

25. MAT Cx General (65D-30.004(12)(c) (1)(q)) Reports to the criminal and juvenile justice systems, when provided;

26. MAT Cx General (65D-30.004(12)(c) (1)(r)) Copies of service-related correspondence, generated or received by the provider, when available;



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27. MAT Cx Medical (65D-30.004(14)(a)(8)) "Readmission <90>90 calendar days of the discharge date: Complete physical examination is required.

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28. MAT Cx Medical (65D-30.004(14)(a)(3)) "Physical exam: For medication and methadone maintenance treatment, the physical examination shall be completed prior to administration of the initial dose of methadone. In emergency situations the initial dose may be administered prior to the examination. Within 5 calendar days of the initial dose, the physician shall document in the client record the circumstances that prompted the emergency administration of methadone and sign and date these entries.

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29. MAT Cx Medical (65D-30.004(14)(a)(2)) Medical History: Completed by a physician (or within facility protocol) within 30 calendar days prior to placement, or within 1 calendar day of placement.

30. MAT Cx Medical (65D-30.004(14)(a)(4) (b)) Laboratory Tests. For medication and methadone maintenance treatment, blood and urine samples shall be taken within 7 calendar days prior to placement or 2 calendar days after placement. A drug screen shall be conducted at the time of placement. If there are delays in the procedure, such as problems in obtaining a blood sample, this shall be documented by a licensed nurse in the client record. The initial dose of medication may be given before the laboratory test results are reviewed by the physician. The results of the laboratory test shall be reviewed, signed and dated by the physician, or in accordance with the medical protocol established in subsection 65D-30.004(7), F.A.C.

31. MAT Cx Medical (65D-30.004(14)(a)(5)) "Pregnancy Test. Females shall be evaluated by medical protocol established within the facility. If pregnancy test is determined necessary, clients shall be provided testing services directly or by referral as soon as possible following placement.

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32. MAT Cx Medical (65D-30.004(14)(a)) Tests for Sexually Transmitted Diseases and Tuberculosis: Tests will be conducted at the time samples are taken for other laboratory tests. Positive results shall be reviewed and signed and dated by a physician, or in accordance with the medical protocol established in subsection 65D-30.004(7), F.A.C.

33. MAT Cx Orientation (65D-30.004(16)(b))

1. A description of services to be provided;
2. Applicable fees;
3. Information on client rights;
4. Parental or legal guardian's access to information and participation in treatment planning;
5. Limits of confidentiality;
6. Information about the Provider's infection control policies & procedures;
7. Program rules
8. Client grievance procedures.

34. MAT Cx Physician Resp (65D-30.014(e) (1)) Eligibility for Services: To ensure that evidence of current physiological addiction, history of addiction, and exemptions from criteria for admission are documented in the client record before the client receives the initial dose of methadone or other medication,

35. MAT Cx Physician Resp (65D-30.014(e) (5)) Annual Face-to-face Assessment: To ensure that a face-to-face assessment is conducted with each client at least annually, including evaluation of the client's progress in treatment, and justification for continued maintenance or medical clearance for voluntary withdrawal or a dosage reduction protocol. The assessment shall be conducted by a physician or a P.A. or A.R.N.P. under the supervision of a physician. If conducted by other than a physician, the assessment shall be reviewed and signed by a physician.



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36. MAT Cx Physician Resp (65D-30.014(e) (5)) Annual Face-to-face Assessment: To ensure that a face-to-face assessment is conducted with each client at least annually, including evaluation of the client's progress in treatment, and justification for continued maintenance or medical clearance for voluntary withdrawal or a dosage reduction protocol. The assessment shall be conducted by a physician or a P.A. or A.R.N.P. under the supervision of a physician. If conducted by other than a physician, the assessment shall be reviewed and signed by a physician.

37. MAT Cx Physician Resp (65D-30.014 (5)(b)(d)(4)(n)) "Withdrawal from Maintenance:

1. The physician shall ensure that all clients in maintenance treatment receive an annual assessment. This assessment may coincide with the annual assessment of the treatment plan and shall include an evaluation of the client's progress in treatment and the justification for continued maintenance. The assessment and recommendations shall be recorded in the client record.

2. A client being withdrawn from maintenance treatment shall be closely supervised during withdrawal. A dosage reduction schedule shall be established by the physician.

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38. MAT Cx Physician Resp (65D-30.014(e) (3)) Justification: To ensure that justification is recorded in the client record for reducing the frequency of visits to the provider for observed drug ingesting, providing additional take-home methadone in cases involving the need for exemptions, or when prescribing medication for physical or emotional problems

39. MAT Cx Physician Resp (65D-30.014(e) (3)) Justification: To ensure that justification is recorded in the client record for reducing the frequency of visits to the provider for observed drug ingesting, providing additional take-home methadone in cases involving the need for exemptions, or when prescribing medication for physical or emotional problems

40. MAT Cx Physician Resp (65D-30.014(e) (4)) Treatment Plans: To review, sign or countersign, and date treatment plans at least annually.

41. MAT Cx Placement Exemp. (65D-30.014(f) (5) (b) (1) 65D-30.014(f) (5) (b) (2) 65D-30.014(f) (5) (b) (3)) (1) A person who has resided in a penal or chronic-care institution for 1 month or longer may be placed in maintenance treatment within 14 days before release or within 6 months after release from such institution.

(2) Pregnant clients, regardless of age, who have had a documented addiction to opioid drugs in the past and who may be in direct jeopardy of returning to opioid drugs with all its attendant dangers during pregnancy, may be placed in maintenance treatment.

(3) Up to 2 years after discharge or detoxification, a client who has been previously involved in maintenance treatment may be readmitted without evidence to support findings of current physiological addiction. This can occur if the provider is able to document prior maintenance treatment of 6 months or more and the physician, utilizing reasonable clinical judgment, finds readmission to maintenance treatment to be medically justified.

42. MAT Cx Pregnancy Req. (65D-30.014 (d) (1), F.A.C.) Risk Information: Prior to the initial dose, each female client shall be fully informed of the possible risks from the use of methadone during pregnancy and shall be told that safe use in pregnancy has not been established in relation to possible adverse effects on fetal development. The client shall sign and date a statement acknowledging this information.

43. MAT Cx Pregnancy Req. (65D-30.014 (d) (1), F.A.C.) Prenatal Referrals: If the client is referred for prenatal services, the practitioner to whom she is referred shall be notified that she is undergoing methadone maintenance treatment. If a pregnant client refuses prenatal care or referral, the provider shall obtain a signed statement from the client acknowledging that she had the opportunity for the prenatal care but refused it. The physician shall sign or countersign and date all entries related to prenatal care.



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44. MAT Cx Pregnancy Req. (65D-30.014 (d) (1), F.A.C.) Prenatal Care Information: Pregnant clients shall be informed of the opportunity for prenatal care either by the provider or by referral to other publicly or privately funded health care providers. In any event, the provider shall establish a system for referring clients to prenatal care. If there are no publicly funded prenatal referral resources to serve those who are indigent, or if the provider cannot provide such services, or if the client refuses the services, the provider shall offer her basic prenatal instruction on maternal, physical, and dietary care as part of its counseling service. The nature of prenatal support shall be documented in the client record.

45. MAT Cx Take Home Phases (65D-30.014 (5)(b)(d)(4)(e)) No take-homes shall be permitted during the first 30 days following placement unless approved by the state authority.

46. MAT Cx Take Home Priv (65D-30.014 (5)(b)(d)(2)(a-i)) "a. Absence of recent abuse of drugs as evidenced by drug screening,
b. Regularity of attendance at the provider,
c. Absence of serious behavioral problems at the provider,
d. Absence of recent criminal activity of which the program is aware, including illicit drug sales or possession,
e. Client's home environment and social relationships are stable,
f. Length of time in methadone maintenance treatment meets the requirements of paragraph (e),
g. Assurance that take-home medication can be safely stored within the client's home or will be maintained in a locked box if traveling away from home,
h. The client has demonstrated satisfactory progress in treatment to warrant decreasing the frequency of attendance; and,
i. The client has a verifiable source of legitimate income.
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47. MAT Cx Take Home Priv (65D-30.014 (5)(b)(d)(4)(g)) Transfer Clients and Take Home Privileges. Any client who transfers from one provider to another within the state of Florida shall be eligible for placement on the same phase provided that verification of enrollment is received from the previous provider within two weeks of placement. The physician at the previous provider shall also document that the client met all criteria for their current phase and are at least on Phase I.

Any client who transfers from out-of-state is required to meet the requirements of subparagraph (d)2., and with verification of previous client records, the physician shall determine the phase level based on the client's history.

48. MAT Cx Transfer (65D-30.004(22)(b)) "Transfer summary shall include circumstances surrounding the transfer & signed/dated by Primary Counselor & be signed:
Immediately for clients who transfer within the same Provider
Within 5 calendar days when transferring from one Provider to another. "

49. MAT Cx Trx Plan (65D-30.004(17)(a) (1)) For Methadone Maintenance Treatment: Treatment plan completed prior to or within 30 calendar days of placement

50. MAT Cx Trx Plan (65D-30.004(16)(c)) Initial Treatment Plan shall be completed upon placement with: Timeframes for implementing services. Signed/dated by clinical staff & client.

51. MAT Cx Trx Plan (65D-30.004(17)(a)) "Treatment plan to include:
Goals and related measurable behavioral objectives
Tasks involved in achieving those objectives
Type and frequency of services to be provided
Expected dates of completion.



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Signed and dated by the person providing the service and client.

If staff is not a qualified professional, countersigned, and dated by a qualified professional within 10 calendar days of completion."

52. MAT Cx Trx Plan (65D-30.004(17)(b)(4)) Treatment Plan Reviews Completed shall every 90 calendar days for the first year and every 6 months thereafter. If TPRs needs countersigned by a qualified professional, needs to be within 5 calendar days of the review