



## Ohio Administrative Code Rule 5122-40-14 Program withdrawal.

Effective: January 1, 2019

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(A) Administrative withdrawal is an involuntary withdrawal or administrative discharge from a opioid treatment program. The schedule of withdrawal may be brief, less than thirty days if necessary.

(1) Administrative withdrawal may result from any of the following:

(a) Disruptive conduct or behavior considered to have an adverse effect on the program, staff or patient population of such gravity as to justify the involuntary withdrawal and discharge of a patient. Such behaviors may include violence, threat of violence, dealing drugs, diversion of pharmacological agents, repeated loitering, or flagrant noncompliance resulting in an observable, negative impact on the program, staff and other patients;

(b) Incarceration or other confinement;

(c) Absence from scheduled treatment appointments; or,

(d) Urine drug screens inconsistent with the patients treatment plan.

(2) The opioid treatment program shall document in the patient 's individualized treatment plan of care and chart all efforts regarding referral or transfer of the patient to a suitable, alternative treatment program.

(3) Opioid treatment programs wishing to use administrative withdrawal procedures with a pregnant patient must notify and consult the departments medical director and state authority for case review before initiating administrative withdrawal procedures.

(B) Medical withdrawal occurs as a voluntary and therapeutic withdrawal agreed upon by staff and patient in accordance with approved national guidelines. In some cases, the withdrawal may be



against the advice of clinical staff (against medical advice).

- (1) The opioid treatment program shall supply a schedule of dose reduction well tolerated by the patient.
  - (2) The program shall offer supportive treatment, including increased counseling sessions and referral to a self-help group or other counseling provider as appropriate.
  - (3) If the patient is readmitted, the program shall document attempting to assist the patient in any issues which may have triggered his or her abrupt departure.
  - (4) The opioid treatment program shall make provisions for continuing care for each patient following the last dose of medication and for re-entry to maintenance treatment if relapse occurs or if the patient should reconsider withdrawal.
  - (5) Female patients of child bearing age shall have a negative pregnancy screen prior to the onset of medically-supervised withdrawal.
- (C) For either withdrawal scenario, the program shall have in place a detailed relapse prevention plan developed by the counselor in accordance with best practices and in conjunction with the patient. The prevention plan shall be given to the patient in writing prior to the administration of the final dose.