



Ohio Administrative Code Rule 5122-40-15 Medication units.

Effective: June 11, 2021

(A) Opioid treatment programs may voluntarily establish medication units with the appropriate licensure from the Ohio department of mental health and addiction services, the United States drug enforcement agency, the substance abuse and mental health services agency, and the Ohio board of pharmacy.

(B) Medication units may be located in:

(1) Homeless shelters, jails, prisons, or county or local boards of public health, located no further than ninety miles from the primary opioid treatment program;

(2) Federally qualified health centers, located no further than ninety miles from the primary opioid treatment program;

(3) Providers certified to provide ASAM level three residential substance use disorder services in accordance with rule 5122-29-09 of the Administrative Code, located no further than ninety miles from the primary opioid treatment program;

(4) Appalachian counties, as defined by https://www.arc.gov/appalachian_region/CountiesinAppalachia.asp. These medication units may be opened no closer than forty-five miles and no further than ninety miles to the primary opioid treatment program; or,

(5) Counties with under sixty thousand residents.

(C) Medication units shall provide both medication administration and personally furnishing and may provide urine screen collection, and shall adhere to all state and federal regulations for those services. Any other services provided at the medication unit shall have prior approval by Ohio department of mental health and addiction services and the substance abuse and mental health



services agency.

(D) Medication units may also provide telecounseling services with appropriately credentialed staff in accordance with all federal and state regulation, including approval from SAMHSA.

Telecounseling services may include individual or group sessions. Medication units that choose to provide telecounseling will:

- (1) Have the first counseling appointment in-person at the primary treatment program;
- (2) Be in compliance with paragraph (F)(3) of rule 5122-40-09 of the Administrative Code; and,
- (3) Have in-person counseling sessions that continue to occur at least once every three months as long as the person is in treatment.

(E) The primary opioid treatment program is responsible for keeping all of the documentation on each patient, which may be accessed through electronic means by the medication unit. Original paper records generated by the medication unit shall be transferred to the hub after generation.

(F) The initial patient intake, behavioral health assessment, and medical examination along with all other behavioral health assessments shall be at the primary opioid treatment program.

(G) The medical director shall maintain authority over the medical aspects of treatment offered by the medication unit. The medical director shall not be expected to be present at the medication unit, they shall attend and document weekly calls with staff from the medication unit that cover the clinical care of patients at the medication unit.

The medical director shall visit the medication unit at least:

- (1) Once per month; and
- (2) After any patient death that is determined to be as a result of an overdose.

(H) The medication unit shall obtain its supply of approved controlled substance directly from the



manufacturer and maintain its inventory in accordance with applicable state and federal regulations.

(I) The medication unit shall participate in the central registry system to prevent clients from dosing at the primary opioid treatment program and the medication unit in compliance with rule 5122-40-08 of the Administrative Code.

(J) If an opioid treatment program voluntarily decides to close the operation of a medication unit, it shall notify the Ohio department of mental health and addiction services, the United States drug enforcement agency, the substance abuse and mental health services agency, and the Ohio board of pharmacy at least ninety days before the planned closure of the program. The opioid treatment programs shall present a plan to transfer existing patients to similar opioid treatment programs or other suitable treatment programs at the time of the notification.