



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

Effective: January 31, 2025

(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 state of Ohio board of pharmacy. Medication units will be associated with a single primary opioid treatment program or hub that will oversee their operations. . Any medication unit, regardless of whether it is non-mobile or mobile, will be licensed in accordance with section 5119.37 of the Revised Code and located in accordance with any state and local zoning restrictions that apply to the primary opioid treatment programs with which the medication unit is associated. All required services that are unable to be performed at the medication unit will be performed by the primary opioid treatment program.

(B) Mobile medication units may only be located in areas that are greater than five miles from the nearest opioid treatment program.

(C) Medication units will provide the following services:

- (1) Administering and dispensing medications for opioid use disorder treatment;
- (2) Collecting samples for drug testing or analysis; and
- (3) Dispensing or personally furnishing of take-home medications.

(D) Medication units may provide the following services if they provide appropriate privacy and adequate space:

- (1) Intake/initial psychosocial and appropriate medical assessments with a full physical examination to be completed or provided within fourteen days of admission; and



(2) Initiation of methadone, buprenorphine, or naltrexone after an appropriate medical assessment has been performed. Initiation of methadone will be performed by a qualified healthcare professional and monitored following appropriate medical practices.

(E) Medication units may also provide telecounseling services if they provide appropriate privacy and adequate space with appropriately credentialed staff in accordance with all federal and state regulation. Telecounseling services may include individual or group sessions. Medication units that choose to provide telecounseling will:

(1) Provide telecounseling services with appropriate application of clinical judgment to best meet patient treatment needs;

(2) Be in compliance with paragraphs (H)(3) and (H)(4) of rule 5122-40-09 of the Administrative Code; and

(3) Ensure that every patient has a designated program counselor, as described in 42 C.F.R. 8.12(f)(5)(i), who is the primary contact for behavioral health treatment and care coordination. While the patient may utilize other counselors for emergencies, all counseling, including telecounseling, will be handled by the program counselor. Opioid treatment programs will maintain clear and accurate caseload records for auditing purposes.

(F) The primary opioid treatment program is responsible for keeping all of the documentation on each patient, which may be readily accessed through electronic means by medication units. Original paper records generated by the medication unit will be transferred to the primary treatment program after they are generated.

(G) The medical director will maintain authority over the medical aspects of treatment offered by mobile and non-mobile medication units.

(H) Each mobile and non-mobile medication unit is to have a program director who, with respect to operation of the medication unit, is to exercise the same responsibilities that individual has under paragraph (C) of rule 5122-40-05 of the Administrative Code.



(I) Non-mobile medication units will obtain their supply of approved controlled substances directly from the manufacturer or wholesalers and maintain their inventory in accordance with applicable state and federal regulations.

(J) All medication units will participate in the central registry system to prevent clients from dosing at multiple opioid treatment programs and to ensure medication unit compliance with rule 5122-40-08 of the Administrative Code. Central registry verification can be performed either at the primary opioid treatment program or the medication unit but need not be done more than once per patient enrollment.

(K) If an opioid treatment program voluntarily decides to close the operation of a medication unit, it will 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 program will present a plan to transfer existing patients to similar opioid treatment programs or other suitable treatment programs at the time of the notification.