

DEPARTMENT OF HEALTH AND HUMAN SERVICES
SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION
CENTER FOR SUBSTANCE ABUSE TREATMENT

Form Approved: OMB Number 0930-0206
Expiration Date: 09/30/2006
See OMB Statement Statement on Reverse

**Exception Request and Record of Justification
Under 42 CFR § 8.11 (h)**

Date of Submission:
3/3/2010 2:04:35 PM

Note: This form was created to assist in the interagency review of patient exceptions in opioid treatment programs (OTPs) under 42 CFR § 8.11 (h).

Detailed INSTRUCTIONS are on the cover page of this form. PLEASE complete ALL applicable items on this form. Your cooperation will result in a speedy reply. Thank you.

Program OTP No: [WV10012M](#)
(Same as FDA ID)

Patient ID No: 1795

Program Name: Clarksburg Treatment Center

Telephone: (304) 622-7511

Fax: (304) 622-7885

E-mail: sstevens@crchealth.com

Name & Title of Requestor: Lee Ann Jones Counselor

Patient's Admission Date: 10/12/2009 **Patient's Current Dosage Level:** 10mg Methadone LAAM Buprenorphine
 Other

Patient's program attendance schedule per week: S M T W T F S
(Check next to all the days that the patient attends*)

*If **current** attendance is less than once per week, please enter schedule:

Patient's Status: Employed Homemaker Student Disabled
 Other

Nature of Request: Temporary take-home medication Temporary change in protocol Detoxification exception
 Other:

Decrease regular attendance to S M T W T F S **Beginning date:** 3/12/2010
(Place an "X" next to the appropriate days*):

*If **new** attendance is less than once per week, please enter schedule:

Dates of Exception:

From: 3/12/2010 **To:** 3/21/2010 **# of doses needed:** 9

Justification:

Family Emergency Incarceration Funeral Vacation
 Transportation Hardship Step/Level Change Employment Medical
 Long-Term Care Facility Other Residential Treatment Homebound Split Dose
 Other: Pt is traveling out of town for vacation and there is no guest dosing available within 100 miles for suboxone. Pt is counseling compliant. UDS results 12/21/09; 1/12/10; 2/16/10 - all licit.

Regulation Requirements:

- **For take-home medication:** Has the patient been informed of the dangers of children ingesting methadone or LAAM? Yes No N/A
- **For take-home medication:** Has the program physician determined that the patient meets the 8-point evaluation criteria to determine whether the patient is responsible enough to handle methadone as outlined in 42 CFR §8.12(i)(2)(i)-(viii)? Yes No N/A
- **For multiple detoxification admissions:** Did the physician justify more than 2 detoxification episodes per year and assess the patient for other forms of treatment (include dates of detoxification episodes) as required by 42 CFR §8.12(e)(4)? Yes No N/A

Comments:

Pt is traveling out of town for vacation and there is no guest dosing available within 100 miles for suboxone. Pt is counseling

compliant. UDS results 12/21/09; 1/12/10; 2/16/10 - all licit.

Submitted By:

Cindy Dugan

Electronically signed by Cindy Dugan

3/3/2010 2:04:35 PM EST

Printed Name of Physician**Signature of Physician****Date****State Response to Request:**

- Approved
 Denied
 Decision not required

State Opioid Treatment Authority**Date****Federal Response to Request:**

- Approved
 Denied
 Decision not required

Electronically signed by Elsworth Dory

3/3/2010 2:25:18 PM EST

Public Health Advisor, Center for Substance Abuse Treatment**Date**

This exception is contingent upon approval by your State Opioid Treatment Authority (as applicable) and may not be implemented until you receive such approval.

Purpose of Form: This form was created to facilitate the submission and review of patient exceptions under 42 CFR § 8.11(h). This does not preclude other forms of notification.

Paperwork Reduction Act Statement

Public reporting burden for this collection of information is estimated to average 25 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to SAMHSA Reports Clearance Officer; Paperwork Reduction Project (0930-0206); Suite 7-1043, 1 Choke Cherry Road, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0206.