



JSAS HealthCare, Inc.

"Working Together To Make Life Better"

GENERIC SUBOXONE TRANSFER CHECKLIST

PLEASE FAX ALL THE FOLLOWING

JSAS HealthCare, Inc.

Attn: Talese White

Fax: 732-988-2572

Patient Name _____

DEMOGRAPHIC INFORMATION NEEDED

Date of Birth _____ Social Security Number _____

Address _____ Phone Number _____

Description of Patient _____

THE FOLLOWING MUST BE PROVIDED PRIOR TO INTAKE APPOINTMENT BEING SCHEDULED

Copies of:

- ◆ Physician's orders
- ◆ Recent labs
- ◆ TB Results
- ◆ Toxicology results (if applicable)
- ◆ Acknowledgement that patient understands
- ◆ Generic Suboxone dosing and counseling policy
- ◆ Verification of any prescription for CDS(benzodiazepines, opioids, etc)

PLEASE NOTE THE FOLLOWING

If patient arrives here "under the influence" the arrangements, a decision for appropriateness for treatment will be made by the physician. If a patient is not admitted appropriate referrals will be provided.

All records will be reviewed to determine if the patient is eligible for acceptance onto our program. **Please do not discharge your patient from your facility until you confirm his/her transfer to this facility.**

FUNDING SOURCES

New Jersey Department of Health, Division of Mental Health and Addiction Services - Fee For Service Initiatives

NJ Medicaid and NJ Family Care

NJ Work First Substance Abuse Initiative

Self-Pay \$100.00 per week

Other funding sources will be discussed on an individual basis



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GENERIC SUBOXONE PROGRAM REQUIREMENTS

The Generic Suboxone program at JSAS HealthCare requires a person to initially attend the clinic Monday – Friday to receive medication, random urinalysis, and weekly counseling sessions.

You may earn additional take home dose based on decisions made by the multi-disciplinary treatment team. Decisions are based upon various clinical factors including time in treatment, toxicology results, compliance in counseling and attendance in the clinic, as well demonstration of lifestyle changes and stability. The following time frames are guidelines only:

# OF EARNED TAKE HOMES	# OF EARNED TAKE HOMES
5	Stable on dose for a minimum of 2 weeks. Drug test results are negative. (minimum of two weeks in treatment)
6	After 2 additional weeks of continuous negative drug test (minimum of 4 weeks in treatment)
13	After an additional 2 months of continuous negative drug test and two successful call backs (minimum of 3 months in treatment)

Earning take homes beyond 13 will be a treatment team decision.

I understand the program requirements for Generic Suboxone at JSAS HealthCare.

Patient Name _____ Date _____

Patient Signature