



GRETCHEEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

December 2, 2020

Gammons Medical-Wayne, SA0823335  
Dr. Tim Gammons, Director  
35640 West Michigan Avenue  
Wayne, 48184

SUBJECT: Substance Abuse Disorder Post Virtual Licensure Survey for Gammons Medical-Wayne

Dear Mr. Gammons:

A post virtual licensure survey was conducted on December 2, 2020, at, Gammons Medical-Wayne, pursuant Michigan Public Health Code, Act 368 of 1978, Section 333.6238, which obligates the department to make at least one visit to each licensed health facility or agency every three years for survey and evaluation for the purpose of licensure.

Participants included:

- Dr. Tim Gammons, Director
- James Hoyt, Regulatory Officer, LARA, State Licensing Section

On the day of the survey the Program Medical Director advised that they will be seeking to add MAT licensure to there program so the following Administrative Rule discussion was addressed:

**R 325.1355 Medical staffing. Rule 1355.** (1) An individual physician, physician's assistant, or advanced practice registered nurse is responsible for all of the following: (a) Ensuring completeness of a recipient record upon admission to the program. (b) Reviewing and signing a recipient's treatment plan. (c) Signing or countersigning standing and verbal medical orders as required by federal or state law and as follows: (i) Documenting verbal orders in a recipient's record and signed by the individual taking the verbal order and countersigned within 72 hours by the licensed health professional that gave the verbal order. (ii) Documenting standing orders in a recipient's record and signed by the licensed health professional that

gave the standing order. (iii) Ensuring that justification is recorded in a recipient's record when the frequency of treatment is changed. (2) Compliance with applicable state requirements for the delivery of controlled substances including, but not limited to, possessing a drug control license and a drug treatment program prescribers license. (3) Upon the effective date of these rules, a medical director of a program will have 1 year to achieve certification or training to comply with subrule (2). (4) The medical director shall demonstrate ongoing accredited education related to substance use disorders comprised of 30 hours every 3 years. (5) The medical director shall be responsible for all of the following activities as outlined in written policy and procedures or the position description for the medical director: (a) Developing admission criteria. (b) Developing treatment protocols. (c) Ensuring adequacy of individual treatment prescriptions developed with the participation of professional staff, to include notations of contraindications and precautions. (d) Providing or arranging for daily medical coverage to meet recipient needs. (e) Determining the credentials of other physicians working under the medical director. (f) Determining the credentials of clinicians who may prescribe pharma-therapies. (6) The medical director shall provide oversight of all program physicians, physician's assistants, or advanced practice registered nurses.

**R 325.1383 Medication assisted treatment (MAT) services; requirements.**

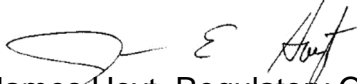
Rule 1383. (1) An applicant or licensee shall employ a licensed counselor, LMSW, or licensed psychologist. (2) A licensee shall establish, maintain, and publicly post hours for counseling services. (3) A licensed counselor; limited licensed counselor under the supervision of a licensed counselor; LMSW; limited LMSW under the supervision of a LMSW; licensed psychologist; limited licensed psychologist under the supervision of a licensed psychologist; temporary limited licensed psychologist under the supervision of a licensed psychologist; post-doctoral education limited licensed psychologist under the supervision of a licensed psychologist; or certified counselor shall be onsite when counseling services are being offered. (4) A licensee shall ensure that any licensed counselor; limited licensed counselor under the supervision of a licensed counselor; LMSW; limited LMSW under the supervision of a LMSW; licensed psychologist; limited licensed psychologist under the supervision of a licensed psychologist; temporary limited licensed psychologist under the supervision of a licensed psychologist; post-doctoral education limited licensed psychologist under the supervision of a licensed psychologist; or certified counselor is not responsible for more than 65 recipients. (5) If a licensee does not provide methadone, the licensee may provide the required counseling services offsite through contractual services. Counseling through contractual services requires the licensee to comply with both of the following: (a) Have access to the counseling records, either through electronic health records or a copy of the counseling records onsite. (b) Identify the requirements set forth in subrules (1) and (4) of this rule in its contract with the contracted counseling service. (6) An applicant or licensee shall employ a medical director. If the medical director is not onsite during all hours of operation, then the licensee shall establish specific timeframes in which the medical

director is required to be onsite. (7) During all hours that recipients are receiving medication, a licensee shall have onsite a physician, physician's assistant, advanced practice registered nurse, registered professional nurse, or licensed practical nurse under the supervision of a registered professional nurse or physician. (8) The medical director, physician, physician's assistant, or advanced practice registered nurse shall document that the recipient has been diagnosed with a substance use disorder. For methadone treatment, the recipient shall be diagnosed with a substance use disorder and have documented opioid use disorder for 1 year or more. (9) At the time of admission and prior to any medications being prescribed, the medical director, a physician, physician's assistant, or advanced practice registered nurse shall complete and document the medical and drug history, as well as a physical examination, of the recipient. In addition, any modification to medications or course of treatment must be documented in recipient record and ordered by a physician, physician's assistant, or advanced practice registered nurse. (10) Prior to treatment, a licensee shall provide a recipient, or a person acting on the recipient's behalf, all available medical treatment options and FDA approved medications related to the recipient's assessment, including all FDA approved forms of MAT, as well as the risks and benefits of each treatment option. The recipient record must contain a written document that the recipient has been informed of the risks and benefits of all treatment options, and the option selected by the recipient. (11) By days 30, 60, and 90 of treatment, and at least every 90 days thereafter, the medical director, a physician, physician's assistant, or advanced practice registered nurse shall meet with the recipient to review recipient's treatment plan, including a review of the counseling services progress notes, drug tests, and document the medical necessity for continued treatment in the program and any recommended adjustments to the treatment plan. (12) A licensee shall have onsite at all times the appropriate licensed health professional, as identified in the program assessment as required in R 325.1349. (13) A licensee shall have a policy and procedure for testing to determine the status of recipient's drug use. Testing shall be conducted according to manufacturer's guidelines. (14) A licensee shall perform and document the tests completed for opioids, benzodiazepine, methadone and methadone metabolites, buprenorphine and buprenorphine metabolites, barbiturates, amphetamines, cocaine, and other drugs on all recipients, according to all of the following: (a) For a new recipient to a program, the test results must be documented in the recipient record prior to the initial dosing. (b) Biweekly testing on a random collection schedule with results documented in the recipient record within 72 hours of collection, excluding weekends and holidays. (c) For a recipient who has maintained biweekly drug-free results for a period of 6 months, monthly testing on a random collection schedule with results documented in the recipient record within 72 hours of collection, excluding weekends and holidays. (d) A positive test for drugs other than methadone and methadone metabolites, buprenorphine and buprenorphine metabolites, legally prescribed drugs, or medical marijuana, requires the licensee to perform weekly testing until 3 consecutive weekly drug-free results are documented. (e) A positive test for drugs other than methadone and methadone

metabolites, buprenorphine and buprenorphine metabolites, legally prescribed drugs, or medical marijuana, requires the licensee to address and record all interventions in the recipient record. (15) A licensee shall have a policy and procedure to address when methadone take home medications are appropriate for recipients and the frequency of take-home doses, including weekends and holidays. The policy and procedure shall address all of the following: (a) Eligibility to have take-home medication based on all of the following: (i) Absence of recent drug use, including opioid, non-narcotic, and alcohol. (ii) Absence of recent criminal activity. (iii) Absence of behavioral issues. (iv) Regular attendance. (v) That the rehabilitative benefit to the recipient derived from decreasing the frequency of clinic attendance outweighs the potential risks of diversion. (vi) Assurance that take-home medication will be safely stored within the recipient's home and in a secure, locked medication dispenser. (b) If applicable, the number of allowed take-home doses for methadone, according to all of the following: (i) One take-home dose in a week for days 1 to 90 of treatment. (ii) Up to 2 take-home doses in a week for days 91 to 180 of treatment. (iii) Up to 3 take-home doses in a week for days 181 to 365 of treatment. (iv) Up to 4 take-home doses in a week for days 366 to 730 of treatment. (v) Up to 5 take-home doses in a week for days 731 to 1,095 of treatment. (vi) Up to 6 take-home doses in a week for days 1,096 to 1,825 of treatment. (vii) Up to 2, 13 take-home doses in a month after day 1,826 of treatment. (c) Dispensing schedule and dosing procedure that identifies days that the program will be closed on the weekend and official state holidays. (16) A licensee shall have a policy and procedure for labeling take-home medications to include all of the following: (a) The name of the medication. (b) The program's name, address, and phone number. (c) Recipient name or code number. (d) Medical director's name. (e) Directions for use. (f) Date to be used. (g) A cautionary statement that the drug should be kept out of the reach of children. (17) A licensee shall have a policy and procedure to address withdrawal of a recipient from the program that includes all of the following: (a) Criteria for decreasing levels of medication and frequency of counseling. (b) Criteria for ending treatment when medication and counseling are no longer necessary. (c) Criteria for when medication and counseling is still necessary and the treatment at the program is being ended either voluntarily or involuntarily, including both of the following: (i) Documentation in recipient record of the reasons for voluntary or involuntary withdrawal from the program. (ii) Referral options to continue treatment at another program.

The Program Medical Director understands that they must seek to add the MAT service category to their existing Outpatient license and must submit all support documentation to the Department for review for approval.

Based on the state licensure survey findings, the Department has determined that Gammons Medical-Wayne, is in substantial compliance with the MCL 333.6201 through MCL 333.6251 and/or the Michigan Administrative Rules R325.1301 through R325.1399 as applicable.

A handwritten signature in black ink, appearing to read 'J. E. Hoyt', is positioned above the typed name.

James Hoyt, Regulatory Officer,  
Licensing and Regulatory Affairs  
State Licensing Section

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