



Attestation Form for Withdrawal Management Medical Protocols at OASAS Certified Programs

To:

From:

Re:

Program Name:

Program Address:

Operating Certificate #:

PRU #:

Instructions to Medical Director: Please complete the below form while closely reviewing the guidance document entitled, "Guidance on Medical Protocols for Withdrawal Management for OASAS Certified Programs."

Criteria:	Protocols Meet Criteria (Y/N)		Requested Deviations from Criteria (briefly explain):
Objective monitoring:			
Objective measures of withdrawal severity	Yes	No	
Toxicology screening	Yes	No	
Safety:			
Assessment	Yes	No	
Behavioral health risk	Yes	No	
Contraindications	Yes	No	
Preventive care	Yes	No	
Emergency protocols	Yes	No	
Overdose prevention	Yes	No	
Involvement of medical professionals:			
Involvement of medical professionals	Yes	No	
Stabilization on medication for addiction treatment:			
Opioids	Yes	No	
Alcohol	Yes	No	
Patient comfort:			
Timing	Yes	No	
Ancillary medications	Yes	No	
Tobacco	Yes	No	
Level of care assessment:			
LOCADTR	Yes	No	
Transition to continued care:			
Overdose prevention	Yes	No	
Continuity support	Yes	No	



Further explanation:

Attestation:

By signing below, I attest that the withdrawal management medical protocols at the above-named program meet the criteria as described in, "Guidance on Medical Protocols for Withdrawal Management for OASAS Certified Programs," with the exception of any requested revisions explained above. I understand that OASAS retains the right to review my program's medical protocols at any time, and if the protocols are found to be out of compliance with the above criteria and/or not to meet the standard of care for any reason, to request revisions to protocols and initiate regulatory action as necessary and appropriate.

Program Medical Director Signature

Date

Approval:

I have reviewed and approve of this attestation document.

OASAS Associate Chief of Addiction Psychiatry Signature

Date