

Medication & MAT/MOUD Policy

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Print-ready and fillable: complete on paper or type directly into this document. Controlling revision: October 22, 2026.

Policy Statement

Grace House affirms and supports **all FDA-approved medications** for substance use disorders and mental health conditions, including methadone, buprenorphine/naloxone (Suboxone), naltrexone (Vivitrol), and all prescribed psychiatric medications. Taking prescribed medication as directed is **never** a program violation, never grounds for exclusion, and never treated as “not really being in recovery.” (Iowa HHS Checklist Item 6; NARR Standard: multiple pathways.)

Participant Responsibilities

1. Disclose all prescription medications to the House Manager at intake and whenever prescriptions change.
2. Medications must be stored in a secure, designated personal lockbox. Controlled substances (including MAT medications) must be stored in a house-provided locked medication safe if a personal lockbox is not available. When the house safe is used, maintain the controlled medication count log.
3. Take medications only as prescribed; never share medication with any other resident. Sharing is a safety violation that may result in immediate termination of program participation under the Unified Removal and Discharge Process in the Resident Handbook and Participant Agreement.
4. Dispose of expired/discontinued medication through the House Manager (take-back protocol).

Medication Disclosure Log

Medication	Dosage	Prescriber	Pharmacy	Storage (lockbox/safe)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Controlled Medication Count Log (house safe)

Date	Medication	Count in	Count verified	Resident initials	Staff initials
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Drug Screening Interaction

Prescribed MAT/MOUD medications that appear on a drug screen are recorded as **prescription-consistent results**, not positives. Verification is by prescriber confirmation on file.

Participant signature: _____ Date: ____/____/____

House Manager signature: _____ Date: ____/____/____