



Monterey County Behavioral Health Policies and Procedures

Policy Number	732
Policy Title	DMC ODS Medication Assisted Treatment
References	Department of Health Care Services (DHCS) Behavioral Health Information Notice (BHIN) No: 21-024; 21-075 DHCS Drug Medi-Cal Organized Delivery System (DMC-ODS) Intergovernmental Agreement, 42 CFR 438 Department of Health Care Services (DHCS) Behavioral Health Information Notice (BHIN) No: 24-001 : Drug Medi-Cal Organized Delivery System (DMC-ODS) Requirements for the Period of 2022 – 2026. Department of Health Care Services (DHCS) Behavioral Health Information Notice (BHIN) No: 23-054 : Medications for Addiction Treatment (MAT) Services Requirements for Licensed and/or Certified Substance Use Disorder (SUD) Recovery or Treatment Facilities California Assembly Bill 816 Family Code §6929 (e)(1)
Effective	January 1 st 2022 Revised January 2 nd 2024 Revised July 3 rd 2024

Policy

Medications for Addiction Treatment (also known as medication-assisted treatment or MAT) Medications for addiction treatment include all FDA-approved medications and biological products to treat AUD, OUD, and any substance use disorders.

MAT is offered as a service component in all DMC ODS levels of care or delivered as a standalone service. MAT may be provided in clinical and non-clinical settings. Monterey County Behavioral Health (MCBH) shall ensure MAT services are available to eligible beneficiaries in accordance with 42 CFR 438 in all Drug Medi Cal Organized Delivery System (DMC ODS) programs and shall monitor the DMC ODS referral process or provision of MAT services. MAT must be provided in the following DMC ODS programs:

- (a) Outpatient Treatment Services
- (b) Intensive Outpatient Treatment Services
- (c) Partial Hospitalization Services

- (d) Residential Treatment Services
- (e) Inpatient Services
- (f) Withdrawal Management Services

Procedure & Compliance:

1) Senate Bill 184 with additions of Health & Safety Code Sections 11831.1 and 11834.28, requires alcohol or other drug recovery or treatment facilities licensed and/or certified by DHCS to;

(a) Either offer medications for addiction treatment (MAT) directly to clients or have an effective referral process in place with narcotic treatment programs, community health centers, or other MAT providers.

(b) Have an effective referral process that shall include an established relationship with a MAT provider and transportation to appointments for MAT. Providing contact information for a MAT provider does not meet the requirement of an effective referral.

(c) Implement and maintain a MAT policy approved by the department including the following components:

1. Procedures on how a client receives information about the benefits and risks of MAT. Information must be specific to each type of medication approved for treating a client's SUD(s). This includes:
 - a. When a client and/or family member will receive information (e.g., at intake, during treatment, at discharge);
 - b. Whether the facility will present follow-up information to a client about MAT, if the client initially refuses MAT;
 - c. Who will present MAT information to a client (e.g., LPHA), Alcohol and Other Drug (AOD) counselor, other facility staff);
 - d. What information will be provided (e.g., pamphlets, websites, contact information for local providers) that clearly explain the benefits of MAT and the risks of not accepting MAT;
 - e. What information will be documented when MAT is provided to a client (e.g., progress notes, informed consent, a client's refusal of MAT, history of use of MAT.).
2. Procedures regarding availability of MAT at the facility, if applicable, or the referral process if MAT is not available at the facility. This includes:
 - a. If MAT is available at the facility:
 - i. Eligibility requirements;
 - ii. All FDA-approved medications available;
 - iii. Frequency of follow-up appointments for MAT treatment;
 - iv. A referral process as specified in paragraph b for all FDA-approved medications that are not available at the facility.
 - b. If MAT is not available at the facility:

- i. Referral locations for each type of medication approved for treating their SUD(s), including name, address, phone number, website, and distance from the facility;
 - ii. Minimum number of MAT locations that the facility will refer to;
 - iii. Procedures for a client who have established care for MAT prior to admission;
 - iv. Client transportation to/from MAT locations.
- 3. A description of the evidence-based assessment the facility will use for determining a client's MAT needs. This includes:
 - a. Procedures for selecting an evidence-based assessment;
 - b. Description of the evidence-based assessment selected by the facility;
 - c. Process for conducting the assessment, which states:
 - i. The evidence-based assessment shall be performed by a LPHA or AOD counselor within the first twenty-four (24) hours of admission.
 - ii. If the evidence-based assessment indicates that MAT would be beneficial for the client, within forty-eight (48) hours of the admission:
 - a) The client must be evaluated by a LPHA who can determine if MAT initiation is appropriate and prescribe the medication(s).
 - b) The prescribed MAT medications must be provided to the client in alignment with the program's approved policies and procedures.
- 4. Procedures regarding administration, storage, and disposal of MAT, if applicable. This includes:
 - a. A separate medication policy if MAT is administered, stored, or disposed of differently than non-MAT medications, or include MAT in the current medication administration, storage, and disposal policies and procedures (if applicable);
 - b. A separate medication policy for MAT shall address:
 - i. Medication administration requirements for self-administration and documentation;
 - ii. Storage requirements, including location, accessibility, inventory, handling, and documentation;
 - iii. Medication disposal procedures, including how often, methods of destruction, and documentation
- 5. An outline of the training the facility will provide to staff about benefits and risks of MAT. Information shall be specific to each type of medication offered to clients. This includes:
 - a. Frequency of training (upon hire, quarterly, annual, etc.);
 - b. Qualifications to conduct training;
 - c. Staff positions required to receive training;
 - d. Documentation of training in personnel files
- 6. An outline of the training the facility will provide to staff on the facility's MAT policy. This includes:
 - a. Frequency of training (upon hire, quarterly, annual, etc.);

- b. Qualifications to conduct training;
 - c. Staff positions required to receive training;
 - d. Documentation of training in personnel files.
7. A plan that permits a client to use their preferred MAT medication, if the prescriber or MAT provider and the client determine the medication is clinically beneficial. This includes:
- a. Access to the facility shall not be denied because of a client's use of prescribed medications for the treatment of SUD;
 - b. Assurance that a client is not required to change their MAT medication in order to receive treatment services;
 - c. Support for a client who wants to continue to receive their preferred MAT medications;
 - d. Confirmation that a client will not be compelled to taper, discontinue, decrease dosage, or abstain from medications provided as part of MAT as a condition of entering or remaining in the facility;
 - e. Assurance that a client is not denied access to medications as part of MAT for not participating in all services offered by a facility;
 - f. Assurance that a client is not denied access to medications as part of MAT for substance use or misuse.
8. Procedures for a client to access NTP medications for opioid use disorder (MOUD), including methadone. This includes:
- a. Information regarding methadone, including the evidence base, effectiveness, associated risks and benefits, and key considerations to support informed consent;
 - b. Procedures to identify locally available Narcotic Treatment Programs (NTPs) (including NTP medication units (MU), mobile NTPs (MNTP) and office-based narcotic treatment networks (OBNTN)); providers may utilize the Open Data Portal to determine availability of NTPs within their county and/or neighboring counties.
 - c. Procedures to address care coordination with NTPs (including MUs, MNTPs, and OBNTNs);
 - i. Protocol for timely referrals (within 24 hours of request for MOUD);
 - ii. A plan for coordination of access to NTP services including MOUD;
 - iii. A plan for safe storage;
 - iv. A plan for submitting requests for exceptions to take-home limits, if needed;
 - v. Protocols for continuation of MOUD; and
 - vi. Confirming follow-up appointments scheduled prior to discharge from the SUD facility with coordination of access to NTP services arranged and sufficient medication available until the scheduled follow-up appointment.
9. Procedures for a client to access buprenorphine. This includes:
- a. If the facility is approved to provide IMS and provides buprenorphine onsite:
 - i. Information regarding buprenorphine including the evidence base, effectiveness, associated risks and benefits, and key

- considerations to support informed consent;
- ii. Procedures to provide buprenorphine onsite by a prescriber who is available to order or prescribe buprenorphine with sufficient capacity to meet demand (e.g., employment of, or contracts with prescribers, including coordination with telehealth buprenorphine providers).
- b. If the facility does not provide buprenorphine onsite:
 - i. Information regarding buprenorphine including the evidence base, effectiveness, associated risks and benefits, and key considerations to support informed consent;
 - ii. Procedures to identify locally available buprenorphine providers;
 - iii. Procedures to address care coordination with buprenorphine providers.
 - a) Protocol for timely referrals (within 24 hours of request for MAT) and intake;
 - b) A plan for coordination of access to buprenorphine providers;
 - c) A plan for safe storage;
 - d) Protocols for continuation of MAT; and
 - e) Confirming the follow up appointments scheduled prior to discharge from the SUD facility with coordination of access to buprenorphine providers arranged and sufficient medication available until the scheduled follow up appointment.

2) Effective January 1, 2024, Assembly Bill 816 amends Family Code Section 6929 to state:

(a) A minor 16 years of age or older may consent to receive medications for opioid use disorder from a licensed narcotic treatment program as replacement narcotic therapy without the consent of the minor's parent or guardian only if, and to the extent, expressly permitted by federal law.

(b) A minor 16 years of age or older may consent to opioid use disorder treatment that uses buprenorphine at a physician's office, clinic, or health facility, by a licensed physician and surgeon or other health care provider acting within the scope of their practice, whether or not the minor also has the consent of their parent or guardian.

Additional Training Requirements

1. All physicians and Licensed Practitioner of the Healing Arts providing DMC-ODS services must have a minimum of five hours per year of continuing education related to addiction medicine.
 - a. Proof of training received must be retained in the employee file and provided to MCBH upon request.