



COUNTY OF YOLO
HEALTH AND HUMAN SERVICES AGENCY

POLICIES AND PROCEDURES

SECTION 6, CHAPTER 11, POLICY 002

MEDICATIONS FOR ADDICTION TREATMENT (MAT) SERVICES REQUIREMENTS FOR LICENSED AND/OR CERTIFIED SUBSTANCE USE DISORDER (SUD) RECOVERY OR TREATMENT FACILITIES

POLICY NUMBER:	6-11-002
SYSTEM OF CARE:	SUBSTANCE USE
FINALIZED DATE:	10.17.2023
EFFECTIVE:	10.09.2023
SUPERSEDES # :	N/A

- A. PURPOSE:** To inform Yolo County Health and Human Services Agency (HHSA) subcontracted licensed and/or certified SUD providers of the standards and policy requirements for MAT services.
- B. DEFINITIONS:**
1. Facility: Applies to both a licensed residential alcoholism or drug abuse recovery or treatment facility or certified alcohol and other drug program.
 2. Medi-Cal Member: Also referred to as “member.” Replaces the term, beneficiary.
 - a. For DMC-ODS, beneficiary is defined as a person who: (a) has been determined eligible for Medi-Cal; (b) is not institutionalized; (c) has a substance-related disorder per the current "Diagnostic and Statistical Manual of Mental Disorders (DSM)" criteria; and (d) meets the admission criteria to receive DMC covered services.
- C. RELATED DOCUMENTS:**
1. Department of Health Care Services (DHCS) Form 6002
 2. DHCS Form 5103 (optional to use this specific form)
- D. POLICY:**
1. Licensed and/or certified SUD recovery or treatment facilities are required to:

- a. Offer MAT services directly to members or have an effective referral process in place with narcotic treatment programs, community health centers, or other MAT providers so that members have access to all FDA-approved medications for SUD.
 - i. MAT shall be started as soon as possible in alignment with clinical indications or following an approved assessment by the Licensed Practitioner of the Healing Arts (LPHA), especially in the presence of withdrawal symptoms
 - ii. An effective referral process 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.
- b. Implement and maintain a MAT policy approved by DHCS. The MAT policy shall:
 - i. Explain how a member receives information about the benefits and risks of MAT
 - a. The Client Health Questionnaire and Initial Screening Questions (DHCS 5103) form has been updated and may be used to document that MAT services were offered directly to the client, or the client was referred to a MAT provider
 - ii. Describe the availability of MAT at the facility, if applicable, or the referral process for MAT
 - iii. Identify an evidence-based assessment for determining a member's MAT needs
 - iv. Address administration, storage, and disposal of MAT, if applicable
 - v. Outline training for staff about the benefits and risks of MAT
 - vi. Outline training for staff on the MAT policy

E. PROCEDURE:

- 1. All licensed and/or certified SUD recovery or treatment facilities shall develop and implement a MAT policy that shall include:
 - a. Procedures on how a member receives information about the benefits and risks of MAT. Information shall be specific to each type of medication approved for treating a member's SUD. This includes:
 - i. When a member and/or family member will receive information (e.g., at intake, during treatment, at discharge)
 - ii. Whether the facility will present follow-up information to a member about MAT, if the member initially refuses MAT
 - iii. Who will present MAT information to a member (e.g., LPHA, Alcohol and Other Drug (AOD) counselor, other facility staff)

- iv. 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
 - v. What information will be documented when MAT is provided to a member (e.g., progress notes, informed consent, a member's refusal of MAT, history of use of MAT).
- b. Procedures regarding availability of MAT at the facility, if applicable, or the referral process for MAT. This includes:
- i. If MAT is available at the facility
 - ii. Eligibility requirements
 - iii. All FDA-approved medications available
 - iv. Frequency of follow-up appointments for MAT treatment
 - v. A referral process for all FDA-approved medications that are not available at the facility
 - vi. If MAT is not available at the facility:
 - a. Referral locations for each type of medication approved for treating the member's SUD, including name, address, phone number, website, and distance from the facility
 - b. Minimum number of MAT locations that the facility will refer to
 - c. Procedures for a member who has established care for MAT prior to admission
 - d. Member transportation to/from MAT locations
- c. A description of the evidence-based assessment the facility will use for determining a member's MAT needs. This includes:
- i. Procedures for selecting an evidence-based assessment
 - ii. Description of the evidence-based assessment selected by the facility
 - iii. Process for conducting the assessment, which states: The evidence-based assessment shall be performed by a LPHA or AOD counselor within the first twenty-four (24) hours of admission. If the evidence-based assessment indicates that MAT would be beneficial for the member, within forty-eight (48) hours of the admission:
 - a. The member shall be evaluated by a LPHA who can determine if MAT initiation is appropriate and prescribe the medication(s).
 - b. The prescribed MAT medications shall be provided to the member in alignment with the program's approved policies and procedures.

- d. Procedures regarding administration, storage, and disposal of MAT, if applicable This includes:
 - i. 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)
 - a. 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.
- e. 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 members. This includes:
 - i. Frequency of training (upon hire, quarterly, annual, etc.)
 - ii. Qualifications to conduct training
 - iii. Staff positions required to receive training
 - iv. Documentation of training in personnel files.
- f. An outline of the training the facility will provide to staff on the facility's MAT policy. This includes the same requirements as stated for the training about benefits and risks of MAT.
- g. A plan that permits a member to use their preferred MAT medication, if the prescriber or MAT provider and the member determine the medication is clinically beneficial. This includes:
 - i. Access to the facility shall not be denied because of a member's use of prescribed medications for the treatment of SUD
 - ii. Assurance that a member is not required to change their MAT medication in order to receive treatment services
 - iii. Support for a member who wants to continue to receive their preferred MAT medications
 - iv. Confirmation that a member 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
 - a. If a member has started to taper medication prior to being admitted to the residential facility and decides they would

like to remain on their MAT, the facility is responsible for supporting the member in accessing an appropriate provider for further clinical assessment

- v. Assurance that a member is not denied access to medications as part of MAT for not participating in all services offered by a facility
 - a. For members with lack of connection to psychosocial services, more rigorous attempts at engagement in care may be indicated, such as using different evidence-based practices (e.g., motivational interviewing), different modalities (e.g., telehealth), different staff, and/or different services (e.g., peer support services). If the facility is not capable of continuing to treat the beneficiary, the facility shall assist the member in choosing another MAT provider, ensure continuity of care, and facilitate a warm hand-off to ensure engagement.
- vi. Assurance that a member is not denied access to medications as part of MAT for substance use or misuse.
 - a. Addiction is a primary, chronic disease and often involves cycles of relapse and remission. Facilities should develop patient-centered care models capable of managing the chronicity of addiction, and of members' readiness to reduce or eliminate substance use. Consistent with national clinical guidance, the immediate cessation of substance use early in treatment may not be a realistic treatment goal, and unexpected substance use should inform treatment planning. Additionally, licensed alcoholism or drug abuse recovery or treatment facilities are required to develop a plan for relapse that includes discharge and continuing care planning
- h. Procedures for a member to access Narcotic Treatment Program (NTP) medications for opioid use disorder (MOUD), including methadone. This includes:
 - i. Information regarding methadone, including the evidence base, effectiveness, associated risks and benefits, and key considerations to support informed consent
 - ii. Procedures to identify locally available Narcotic Treatment Programs (NTPs) and office-based narcotic treatment networks (OBNTN))
 - iii. Procedures to address care coordination with NTPs and OBNTNs

- iv. Protocol for timely referrals (within 24 hours of request for MOUD)
 - v. A plan for coordination of access to NTP services including MOUD
 - vi. A plan for safe storage
 - vii. A plan for submitting requests for exceptions to take-home limits, if needed
 - viii. Protocols for continuation of MOUD, and
 - ix. 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.
- i. Procedures for a member to access buprenorphine. This includes:
 - i. If the facility is approved to provide Incidental Medical Services (IMS) and provides buprenorphine onsite:
 - a. Information regarding buprenorphine including the evidence base, effectiveness, associated risks and benefits, and key considerations to support informed consent
 - b. 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.
 - ii. If the facility does not provide buprenorphine onsite:
 - a. Information regarding buprenorphine including the evidence base, effectiveness, associated risks and benefits, and key considerations to support informed consent
 - b. Procedures to identify locally available buprenorphine providers
 - c. Procedures to address care coordination with buprenorphine providers
 - i. Protocol for timely referrals (within 24 hours of request for MAT) and intake
 - ii. A plan for coordination of access to buprenorphine providers
 - iii. A plan for safe storage
 - iv. Protocols for continuation of MAT; and
 - v. 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. Initial applicants for licensed and/or certified SUD recovery or treatment facilities shall submit a MAT policy and supporting documentation with the Initial Treatment Provider Application (DHCS form 6002) for DHCS approval. Applicants with a pending licensure and/or certification that submitted an application prior to the publication of DHCS BHIN 22-054 shall submit a MAT policy prior to licensure and/or certification for DHCS approval.
- 3. Existing licensed and/or certified SUD facilities, as of the effective date of this policy, shall provide a MAT policy to the assigned DHCS licensing analyst for review by January 4, 2024. DHCS will review the MAT policy, determine compliance, and notify the SUD facility whether the MAT policy is complete or incomplete. If the MAT policy is determined to be incomplete, the SUD facility will have the opportunity to submit the missing information and/or documentation. Any change to the facility’s MAT policy requires a written notice to DHCS.
 - a. Any licensed and/or certified SUD recovery or treatment facility that fails to adhere with this policy by January 4, 2024, shall be subject to disciplinary action, including but not limited to civil penalties, license suspension or revocation.

F. REFERENCES:

- 1. DHCS BHIN 23-054: Medications for Addiction Treatment (MAT) Services Requirements for Licensed and/or Certified Substance Use Disorder (SUD) Recovery or Treatment Facilities

Approved by:

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**Karleen Jakowski, LMFT, Mental Health Director
Yolo County Health and Human Services Agency**

Date

Julie Freitas

**Julie Freitas, LMFT, AOD Administrator
Yolo County Health and Human Services Agency**

Oct 18, 2023

Date