



DATE: October 6, 2023

Behavioral Health Information Notice No: 23-054

TO: California Alliance of Child and Family Services
California Association for Alcohol/Drug Educators
California Association of Alcohol & Drug Program Executives, Inc.
California Association of DUI Treatment Programs
California Association of Social Rehabilitation Agencies
California Consortium of Addiction Programs and Professionals
California Council of Community Behavioral Health Agencies
California Hospital Association
California Opioid Maintenance Providers
California State Association of Counties
Coalition of Alcohol and Drug Associations
County Behavioral Health Directors
County Behavioral Health Directors Association of California
County Drug & Alcohol Administrators

SUBJECT: Medications for Addiction Treatment (MAT) Services Requirements for Licensed and/or Certified Substance Use Disorder (SUD) Recovery or Treatment Facilities

PURPOSE: To require licensed and/or certified SUD recovery or treatment facilities to offer MAT services directly to clients or have an effective referral process in place.

REFERENCE: [Senate Bill \(SB\)184](#) (Health and Safety Code (HSC) Sections 11832.9 and 11834.28)

BACKGROUND:

In California, overdose deaths have reached a historic high, with over 10,000 deaths from October 2020 through September 2021. Fentanyl accounted for 53% of these overdose deaths, an increase of 316% from the annual rate in September 2019.¹ With the impacts of the COVID-19 pandemic and the substantial increase of opioid overdoses, increased access to MAT services is critical for Californians.

MAT is the use of medications approved by United States Food and Drug Administration (FDA) for treatment of SUD. The addition of Section 11832.9 and 11834.28 to the HSC requires alcohol or other drug (also known as substance use

¹ *California Opioid Surveillance Dashboard*. California Department of Public Health. Accessible via <https://skylab.cdph.ca.gov/ODdash/>.

disorder or SUD)² recovery or treatment facilities licensed and/or certified by the DHCS to offer MAT directly to the client or have an effective referral process in place.

POLICY:

SB 184, requires licensed and/or certified SUD recovery or treatment facilities³ to comply with the following requirements, no sooner than July 1, 2022:

- (a) Offer MAT services directly to clients or have an effective referral process in place with narcotic treatment programs, community health centers, or other MAT providers such that clients have access to all⁴ FDA-approved medications for SUDs.⁵
- (b) 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.
- (c) Implement and maintain a MAT policy approved by DHCS. The MAT policy shall:
 - (1) Explain how a client receives information about the benefits and risks of MAT⁶.
 - (2) Describe the availability of MAT at the facility, if applicable, or the referral process for MAT.
 - (3) Identify an evidence-based assessment for determining a client's MAT needs.

² This BHIN uses "SUD" as preferred clinical terminology, consistent with the current edition of the Diagnostic and Statistical Manual of Mental Disorders, medical societies, professional organizations, recovery advocates, and [federal guidance](#) regarding the use of non-stigmatizing, person-centered language.

³ The term "facility" applies to both a licensed residential alcoholism or drug abuse recovery or treatment facility or certified alcohol and other drug program.

⁴ This requirement applies to all medications approved by the FDA for SUD treatment, including for opioid use disorder (OUD), alcohol use disorder, and for any SUDs for which the FDA approves medication for treatment in the future. This BHIN does not require facilities to provide medications for non-FDA-approved indications ("off-label" use). However, it also does not prohibit or discourage the off-label use of evidence-based FDA-approved medications in consultation with an appropriate clinician.

⁵ MAT should 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. Buprenorphine and methadone maintenance treatment have [stronger evidence for overdose prevention in the longer term when compared to](#) naltrexone. Buprenorphine and methadone also [directly treat opioid withdrawal symptoms and can be started without a prolonged period of opioid withdrawal](#), neither of which is the case with naltrexone and may account for naltrexone's lower treatment efficacy.

⁶ The Client Health Questionnaire and Initial Screening Questions ([DHCS 5103](#)) form has been updated and may be used to document that MAT services was offered directly to the client, or the client was referred to a MAT provider, as required by HSC Section 11832.9 and 11834.28.

- (4) Address administration, storage, and disposal of MAT, if applicable.
- (5) Outline training for staff about the benefits and risks of MAT.
- (6) Outline training for staff on the MAT policy.

COMPLIANCE:

All licensed and/or certified SUD recovery or treatment facilities shall develop and implement a MAT policy that is in compliance with HSC Section 11832.9(c) and 11834.28(c). The MAT policy shall include:

1. Procedures on how a client receives information about the benefits and risks of MAT (HSC Section 11832.9(c)(1); HSC Section 11834.28(c)(1)). **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 for MAT (HSC Section 11832.9(c)(2); HSC Section 11834.28(c)(2)). This includes:
 - a. If MAT is available at the facility:
 1. Eligibility requirements;
 2. All FDA-approved medications available;
 3. Frequency of follow-up appointments for MAT treatment;
 4. 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:
 1. Referral locations for each type of medication approved for treating their SUD(s), including name, address, phone number, website, and distance from the facility;
 2. Minimum number of MAT locations that the facility will refer to;

3. Procedures for a client who have established care for MAT prior to admission;
 4. 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. (HSC Section 11832.9(c)(3); HSC Section 11834.28(c)(3)). 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:
 1. The evidence-based assessment shall be performed by a LPHA or AOD counselor within the first twenty-four (24) hours of admission.
 2. 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 (HSC Section 11832.9(c)(4); HSC Section 11834.28(c)(4)). 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:
 1. Medication administration requirements for self-administration and documentation;
 2. Storage requirements, including location, accessibility, inventory, handling, and documentation;
 3. 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. (HSC Section 11832.9(c)(5); HSC Section 11834.28(c)(5)). 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. (HSC Section 11832.9(c)(6); HSC Section 11834.28(c)(6)). 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 facility⁷;
 - e. Assurance that a client is not denied access to medications as part of MAT for not participating in all services offered by a facility⁸;
 - f. Assurance that a client is not denied access to medications as part of MAT for substance use or misuse⁹.
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;

⁷ If the client 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 client in accessing an appropriate provider for further clinical assessment.

⁸ For clients 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 must assist the member in choosing another MAT provider, ensure continuity of care, and facilitate a warm hand-off to ensure engagement.

⁹ 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 clients' 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 in accordance with per HSC Section 11834.26(d).

- b. Procedures to identify locally available Narcotic Treatment Programs (NTPs) (including NTP medication units (MU), mobile NTPs (MNTP)¹⁰ and office-based narcotic treatment networks (OBNTN))¹¹; providers may utilize the Open Data Portal¹² 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);
 - 1. Protocol for timely referrals (within 24 hours of request for MOUD);
 - 2. A plan for coordination of access to NTP services including MOUD;
 - 3. A plan for safe storage;
 - 4. A plan for submitting requests for exceptions to take-home limits, if needed;
 - 5. Protocols for continuation of MOUD; and
 - 6. 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 buprenorphine¹³. This includes:
- a. If the facility is approved to provide IMS and provides buprenorphine onsite:
 - 1. Information regarding buprenorphine including the evidence base, effectiveness, associated risks and benefits, and key considerations to support informed consent;
 - 2. 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:
 - 1. Information regarding buprenorphine including the evidence base, effectiveness, associated risks and benefits, and key considerations to support informed consent;
 - 2. Procedures to identify locally available buprenorphine providers;

¹⁰ [Letter to OTP Directors, SOTAs and State Directors on Mobile Component \(samhsa.gov\)](https://www.samhsa.gov)

¹¹ [NTP-FAQ-14-026-Regulations-Package-07-23-21 \(ca.gov\)](https://www.ca.gov) (see question #10 for information regarding OBNTNs)

¹² NTP site information can be accessed by utilizing [Open Data Portal](https://www.ca.gov)

¹³ Medications for OUD should be started based on a clinical assessment of the client's needs and preferences, including an evaluation of active symptoms of withdrawal. Buprenorphine and methadone show strong evidence for treating OUD and opioid withdrawal.

3. 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.

In January 2023, the Consolidated Appropriations Act, 2023, also known as the Omnibus Bill, removed the DEA-X waiver requirement, effective immediately. The removal of the DEA-X waiver means that all prescribing providers with a current DEA registration can prescribe buprenorphine.

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 6002](#)) for DHCS approval. Details on what the MAT policy shall address are provided under the Compliance section of this BHIN. Applicants with a pending licensure and/or certification that submitted an application prior to the publication of this BHIN), shall submit a MAT policy prior to licensure and/or certification for DHCS approval.

Existing licensed and/or certified SUD facilities shall provide a MAT policy to the assigned DHCS licensing analyst by within 90 days of the publication of this BHIN for DHCS review. 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.

Any licensed and/or certified SUD recovery or treatment facility that fails to adhere with this BHIN within 90 days of the publication of the BHIN shall be subject to disciplinary action, including but not limited to civil penalties, license suspension or revocation.

RESOURCES:

DHCS received funding through Assembly Bill (AB) 179 (Ting, Chapter 249, Statutes of 2022) for funding in FY 2022/23 and ongoing to be used for expanding MAT within California's state-licensed facilities. The funding is intended to:

- Reduce stigma through continued training and technical assistance and encourage all SUD licensed and/or certified facilities to provide MAT onsite or have effective referral mechanisms in place.
- Incorporate MAT within SUD and mental health facilities through start-up costs and bridge funding to start prescribing MAT onsite.
- Provide extensive education and training to providers on MAT services.
- Increase the number of NTP medication units.
- Provide start-up costs to NTPs for operating mobile methadone vans.

Additional information regarding associated funding and technical assistance opportunities will be forthcoming.

[Medication Assisted Treatment Expansion Project Overview](#)

[California Medication Assisted Treatment Expansion Project](#)

[Learn more about Medication Assisted Treatment](#)

[DHCS Naloxone Distribution Project \(NDP\)](#) – distribution of free naloxone to providers, first responders, and other organizations.

[National Harm Reduction Coalition's Opioid Overdose Basics](#)

Substance Abuse and Mental Health Services Administration (SAMHSA) [Opioid Overdose Prevention Toolkit](#)

[TIP 63: Medications for Opioid Use Disorder \(samhsa.gov\)](#)

Questions regarding this information notice should be directed the SUD Licensing and Certification Section by email at LCDQuestions@DHCS.CA.gov.

Sincerely,

Original signed by

Janelle Ito-Orille, Chief
Licensing and Certification Division