

This document addresses frequently asked questions (FAQs) about requirements in [Senate Bill \(SB\) 184](#) related to Medications for Addiction Treatment (MAT) services in licensed alcoholism or drug abuse recovery or treatment facilities and certified alcohol or other drug programs (collectively referred to herein as Substance Use Disorder (SUD) recovery or treatment Facilities). SB 184 requires licensed and/or certified SUD recovery or treatment facilities to offer MAT services directly to clients or have an effective referral process in place if MAT services are not offered directly.

Facilities

» **What facilities are subject to the new SB 184 requirements?**

SB 184 applies to licensed and/or certified SUD recovery or treatment facilities.

This bill requires alcohol and other drug programs and alcoholism or drug abuse recovery or treatment facilities to 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. The bill requires these programs and facilities to implement and maintain a MAT policy approved by the department, as specified.

Additional requirements for Drug Medi-Cal Organized Delivery System (DMC-ODS)-certified facilities are further specified in [BHIN 23-001](#).

Medicated Assisted Treatment (MAT)

» **Can a facility comply with SB 184 by providing some, but not all, Food and Drug Administration (FDA)-approved MAT medications?**

SUD recovery or treatment facilities are not required to directly administer or prescribe all FDA-approved MAT medications onsite. However, facilities must develop a MAT policy that ensures clients have access to all FDA-approved MAT medications through effective referral processes as set forth in [BHIN 23-054 MAT Services Requirements for Licensed and/or Certified SUD Recovery or Treatment Facilities](#). Facilities must allow

clients to use their preferred MAT medication as deemed clinically beneficial by their prescriber. If a client's preferred MAT medication is not available at the facility, a referral process must be in place to connect the client to a provider that does offer the preferred MAT medication.

» **How should facilities provide information about the risks and benefits of MAT to clients?**

For facilities directly providing MAT medications, the risks and benefits of MAT should be discussed with clients during an informed consent process. Informed consent is a required practice when prescribing medication that is new to a client. Procedures for informed consent must be specific to the medication and reviewed by the prescribing provider. Facilities are expected to establish procedures to ensure clients receive appropriate informed consent for the medication.

For facilities implementing an effective referral process, staff should discuss medication options with clients and provide education about treatment options available within their community that the facility will coordinate with to ensure access to MAT consistent with [BHIN 23-054](#), such as narcotic treatment programs, community health centers, or other MAT providers. Facilities must provide accurate and balanced information about the risks and benefits of MAT options and help clients pursue the treatment of their choice.

» **What are the expectations regarding the kind of education and informed consent facilities give clients?**

The [American Medical Association \(AMA\) Code of Medical Ethics](#) has a section detailing informed consent in the context of medical treatment. The Substance Abuse and Mental Health Services Administration (SAMHSA) [Treatment Improvement Protocol \(TIP\) 63 Guide](#) for Medications for Opioid Use Disorder also has a section about informed consent related to medications for SUD. Additionally, SAMHSA has detailed information about informed consent in the [Federal Guidelines for Opioid Treatment Programs](#).

What are some current educational resources about MAT medications to use when educating clients?

There are many resources available in the public domain for facilities to provide clients with information about MAT:

- The California MAT Expansion [website](#) houses resources for clients and providers related to MAT options. Resources include a toolkit [for residential treatment providers](#) and [counselors](#) about MAT, and client-facing materials such as flyers in [English](#) and [Spanish](#).

- The Substance Abuse and Mental Health Services Administration (SAMHSA) has a dedicated page about [Medications for Substance Use Disorders](#).
- The National Institute on Drug Abuse (NIDA) has resources, including an infographic about [Medications for Opioid Overdose, Withdrawal, & Addiction](#) and a video about [Medications for Opioid Use Disorder](#).
- The American Society of Addiction Medicine (ASAM) has published an [Opioid Addiction Treatment client pocket guide](#) which provides information for clients and families.

Coordinating Care and MAT Referrals

» How does SB 184 intersect with previous policies regarding coordinating care and ensuring clients have adequate MAT access?

SB 184 builds on previous California legislation to ensure MAT access.

On January 1, 2016, Chapter 744, Assembly Bill (AB) 848 authorized alcoholism or drug abuse recovery or treatment facilities licensed by the Department of Health Care Services (DHCS) to provide [incidental medical services](#) (IMS) upon approval by DHCS.

IMS are optional services provided at a facility by a health care practitioner or staff member under the supervision of a health care practitioner to address medical issues associated with detoxification, treatment, or recovery services. IMS must be provided at a facility in compliance with the community standard of practice. IMS does not include general primary medical care or medical services required in a licensed health facility, as defined by HSC Section [1200](#) and [1250](#). Facilities are required to obtain DHCS approval before offering IMS. Answers to frequently asked questions about IMS can be found on the [IMS Frequently Asked Questions](#).

The following six services must be provided after receiving IMS approval from DHCS:

1. Obtaining medical histories;
2. Monitoring health status;
3. Testing associated with detoxification from alcohol or drugs;
4. Providing alcoholism or drug abuse recovery or treatment services;
5. Overseeing client self-administered medications; and
6. Treating substance abuse disorders, including detoxification.

Since the passage of AB 848, other bills have sought to build upon and enhance these services. [Senate Bill \(SB\) 992](#) in 2019 prohibited a licensee from denying admission to individuals based on having a valid prescription for MAT, and [SB 184](#) in 2021 requires residential DHCS-licensed alcoholism or drug abuse recovery or treatment facilities to

offer MAT on-site or have a referral process for clients if MAT is not available on-site. Referral processes for MAT should include navigating insurance systems, including Medi-Cal and other third-party insurance.

» **What are the requirements for storing controlled substances?**

Licensed alcoholism or drug abuse recovery or treatment facilities must store controlled substances in accordance with the California Code of Regulations (CCR), Title 9, Chapter 5, and [BHIN 18-031](#) if approved to provide IMS. SUD recovery or treatment facilities may also refer to the [DEA Narcotic Treatment Program Manual for additional guidance on accessibility and storage of](#) controlled substances.

» **Why does SB 184 have specific requirements for MAT referrals?**

Behavioral health services need appropriate referrals in place to ensure individuals can access and navigate between mental health and substance use care systems. Historically, individuals have had trouble accessing and maintaining MAT, which is considered the [gold standard](#) and the [first line](#) of treatment for opioid use disorder. SB 184 seeks to directly address challenges related to MAT access, specifically within the behavioral health system.

DHCS understands that referral locations for MAT may change. If a client's desired MAT option is not available at the facility where they receive care, then the facility must be prepared to link the client to a referral source with the preferred treatment options. These referral mechanisms are to be part of the services offered to a client.

» **What are the policies related to the discharge of clients due to relapse?**

DHCS recognizes that clients and prescribers must collaborate to reach client-centered treatment goals. SUD is a relapsing and remitting disease, and as such, discontinuing MAT due to relapse should be discouraged and only done when continued MAT prescribing would harm the client. There may be cases where a client needs to be discharged from a licensed and/or certified SUD recovery or treatment facility to maintain a recovery-oriented community for other participants. In these instances, facilities need to connect the client to another facility that can provide an appropriate level of care. More information on the science of addiction can be found on [NIDA's website](#).

» **What can facilities do if they face regional limitations in obtaining MAT services for clients?**

SUD recovery or treatment facilities may utilize the [Open Data Portal](#) to determine availability of NTPs within their county and/or neighboring counties. Many NTPs coordinate supplying MAT to providers in rural areas and may be able to supply

courtesy doses of 30 days at a time with approvals. SUD recovery or treatment facilities may coordinate access to NTPs and MAT prescribers outside of their county to obtain MAT medication. Facilities can also utilize the following resources:

- [SUD County Access Lines \(ca.gov\)](https://www.ca.gov) – Individuals seeking SUD services or information may contact their county by using the contact information on the SUD County Access Lines. Counties noted with an asterisk (*) are participating in the Drug Medi-Cal Organized Delivery System (DMC-ODS).
- [ATLAS \(treatmentatlas.org\)](https://treatmentatlas.org) – ATLAS is a resource to help Californians find addiction treatment that will meet their needs. Facilities can locate MAT providers as well as narrow their search to MAT resources for Medi-Cal members.
- [CA Bridge](https://www.ca-bridge.org) – The CA Bridge website has a searchable library of resources on many aspects of SUD care and navigation, including California hospitals providing medication for addiction treatment in the emergency department. Search for participating emergency departments through the CA Bridge website. Navigators participating in the CA Bridge program may also be able to serve as a key resource to provide information about local community-based MAT providers located near SUD recovery or treatment facilities.

Evidence-Based Assessments (EBA)

» What is considered an Evidence-Based Assessment?

SB 184 requires SUD recovery and treatment facilities to implement and maintain a MAT policy that is approved by DHCS. The MAT policy must include an evidence-based assessment to determine a client's MAT needs for the following indications: (1) withdrawal, (2) cravings to use substances, and (3) substance use disorder severity. These indications may be assessed with one or multiple assessment tools.

Withdrawal symptoms are an urgent indication for the rapid assessment for MAT, as they are distressing, may cause a person to leave treatment and return to use, but are treatable.

Below are examples of validated screening and assessment tools commonly used to assess withdrawal symptoms, cravings for substances, and severity of substance use disorders:

Withdrawal: Clients experiencing withdrawal symptoms from substance use may especially benefit from clinical assessment for MAT early during admission to increase client comfort, safety, and engagement.

- [Clinical Opiate Withdrawal Scale \(COWS\)](#)
- [Subjective Opiate Withdrawal Scale \(SOWS\)](#)
- [Clinical Institute Narcotic Assessment \(CINA\) Scale for Withdrawal Symptoms](#)
- [Clinical Institute Withdrawal Assessment for Alcohol–Revised \(CIWA-Ar\)](#)

Cravings: Clients experiencing cravings may benefit from clinical assessment for MAT given evidence that MAT decrease cravings and improve SUD treatment outcomes. However, cravings are not a required indication for MAT, and SUD severity assessments may assess a client’s cravings to use substances.

- [Brief Substance Craving Scale \(BSCS\)](#)
- [Opioid Craving Scale \(OCS\)](#)

Assessment of Opioid and Other Substance Use Disorder Severity: FDA-approved medications are recognized as first-line treatments for moderate to severe alcohol use disorder and opioid use disorder. While the severity a substance use disorder is formally diagnosed by a licensed provider of the healing arts, evidence-based screening tools correlate well to diagnostic criteria for SUDs.

- [Drug Abuse Screening Test \(DAST\)](#)
- [Alcohol Use Disorders Identification Test \(AUDIT\)](#)
- [Alcohol Use Disorders Identification Test C \(AUDIT-C\)](#)
- [Structured Clinical Interview for the DSM-5 \(SCID-5\)](#)

Medication for Opioid Use Disorder (MOUD) Services for Youth

» What are the admission requirements for methadone maintenance treatment for clients under 18 at NTPs?

The following requirements must be met for clients under 18 years of age to receive methadone maintenance treatment at NTPs:

- A documented history of two unsuccessful attempts at short-term detox or drug free treatment within a 12-month period.
- Written consent of their parent(s) or legal guardian prior to admission into maintenance treatment. (See, 42 CFR 8.12(e)(2).)

» **What are consent requirements for minors aged 12-17 to receive SUD treatment and MOUD at facilities other than NTPs?**

Minors who are at least 12 years old can consent to receiving SUD treatment. Minors who are at least 12 years old can consent to receiving MOUD in non-NTP facilities. (see Family Code section 6929(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 (see Family Code Section 6929.1).

To receive MOUD in an NTP, consent of a parent or guardian is required. (see Family Code section 6929(e))