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State of California—Health and Human Services Agency
Department of Health Care Services



GAVIN NEWSOM
GOVERNOR

DATE:

Behavioral Health Information Notice No: 23-XXX

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 Sections 11831.1 and 11834.28)

BACKGROUND:

In California, overdose deaths have reached a historic high, totaling 9,617 deaths from August 2020 through July 2021. All opioid-related deaths, including by prescription, heroin, and fentanyl, made up 65 percent of the lives lost, and fentanyl was a factor in more than 50 percent of all drug-related overdose deaths. With the impacts of the COVID-19 pandemic and the substantial increase of fentanyl related opioid overdoses, increased access to MAT services is critical for Californians.

MAT is treatment for a substance use disorder that includes the use of United States Food and Drug Administration (FDA) approved medications along with counseling and other support. MAT services may include transportation to MAT providers, identifying an evidence-based assessment for determining a client's MAT needs and training for staff about the benefits and risks of MAT. The addition of Section 11831.1 and 11834.28 to the Health and Safety Code (HSC) would require alcohol or other drug (also known as substance use disorder (SUD))¹ recovery or treatment facilities licensed and/or certified by the Department of Health Care Services (DHCS) to offer MAT services directly to the client or have an effective referral process in place.

POLICY:

HSC Sections 11831.1 and 11834.28, require licensed and/or certified SUD recovery or treatment facilities 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 (NTP), community health centers, or other MAT providers such that patients have access to all FDA-approved medications for SUDs.
- (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) SUD recovery or treatment facilities shall implement and maintain a MAT policy approved by DHCS. The MAT policy shall do all of the following:
 - (1) Explain how a client receives information about the benefits and risks of MAT.²
 - (2) Describe the availability of MAT at the program, if applicable, or the referral process for MAT.
 - (3) Identify an evidence-based assessment for determining a client's MAT needs.
 - (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.

¹ 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.

² 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 11831.1 and 11834.28.

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 11831.1(c) and 11834.28(c). The MAT policy must include, at a minimum:

1. Procedures on how a client receives information about the benefits and risks of MAT (HSC Section 11811.1(c)(1); HSC Section 11834.28(c)(1)). **Information must be specific to each type of medication approved for treating their 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 information about MAT;
 - c. Who will present MAT information to the clients (e.g. Licensed Practitioner of the Healing Arts (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 and the evidence for MAT and the risks with not participating in MAT;
 - e. What information will be documented when MAT is provided to the client (e.g. progress notes, informed consent, client denying use of MAT, etc.).

2. Procedures regarding availability of MAT at the facility, if applicable, or referral process of MAT (HSC Section 11831(c)(2); HSC Section 11834.28(c)(1)). This includes:
 - a. If MAT is available at the facility:
 - i. Eligibility requirements;
 - ii. All FDA-approved medications available;
 - iii. Frequency that clients will receive follow-up for their MAT treatments;
 - 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. The minimum number of MAT locations that the facility will refer to;
 - iii. Procedures for arranging MAT treatment for clients starting MAT, including but not limited to care coordination agreements or memorandums of understanding (see below);
 - iv. Procedures for clients who have established care for MAT prior to admission;
 - v. 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 11831.1(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 includes, at minimum;
 - i. The evidence-based assessment must be performed by an LPHA or AOD counselor within twenty-four (24) hours of admission;
 - ii. If the evidence-based assessment is performed by an AOD counselor, an LPHA acting within the scope of their license or certificate must review and approve the assessment, and determine if MAT treatment is medically appropriate for the client no later than seventy-two (72) hours after admission.
 - iii. If the evidence-based assessment is performed by an LPHA acting within the scope of their license or certificate, they must review and approve the assessment, and determine if MAT treatment is medically appropriate for the client after performing the assessment.
 - d. Any change to the facility's evidence-based assessment policy and procedures requires a written notice to DHCS.
4. Procedures regarding administration, storage, and disposal of MAT, if applicable (HSC Section 11831.1(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 including MAT in current medication administration, storage, and disposal policies and procedures (if applicable);
 - b. If separate policy, medication administration requirements for self-administration or for LPHA (depending upon the administration route), and documentation;
 - c. If separate policy, storage requirements, including location, accessibility, inventory, handling, and documentation;
 - d. If separate policy, 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 must be specific to each type of medication offered to clients. (HSC Section 11831.1(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 11831.1(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 requirement that permits clients to use their preferred MAT medication so long as the prescriber or MAT provider determines the medication is clinically beneficial. This includes:
 - a. Client access to their program shall not be denied because of their use of FDA-approved medications for the treatment of SUD;
 - b. Procedures to ensure that clients are not required to change their MAT medication in order to receive treatment services;
 - c. Procedures that support clients to continue to receive their preferred MAT medications;
 - d. Procedures for facilities to confirm that patients will not be compelled to taper, discontinue, or abstain from medications provided as part of MAT.
 8. Procedures for clients to access methadone. This includes:
 - a. Procedures to determine the demand of methadone as a preferred MAT medication;
 - b. Procedures to determine a sufficient number of NTPs (including NTP medication units (MU) or NTP mobile units) to meet that demand at the facility;
 - c. Procedures to enter into a care coordination agreement or memorandum of understanding (MOU) with a sufficient number of NTPs (including NTP MU or NTP mobile units) to meet demand at the facility;
 - i. The care coordination agreement or memorandum of understanding must address the following components:
 1. Protocol for timely referrals (within 24 hours of request for MAT);
 2. A plan for transportation;
 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 MAT; and
 6. Confirming follow-up appointments scheduled prior to discharge from the SUD facility with transportation arranged

and sufficient medication available to bridge the care transition until the scheduled follow-up appointment.

9. Procedures to for clients to access buprenorphine. This includes:
 - a. If the facility is approved to provide IMS and provides buprenorphine onsite:
 - i. Procedures to determine the demand for buprenorphine as a preferred MAT medication;
 - ii. Procedures to provide buprenorphine onsite site by a DEA-X waived buprenorphine prescriber who is available to order or prescribe buprenorphine with sufficient capacity to meet demand (i.e. employment of, or contracts with prescribers).
 - b. If the facility is not approved to provide buprenorphine onsite:
 - i. Procedures to determine the demand for buprenorphine as a preferred MAT medication
 - ii. Procedures to determine a sufficient number of DEA-X waived buprenorphine prescribers to meets that demand at the facility;
 - iii. Procedures to enter into care coordination agreements or MOUs with DEA-X waived buprenorphine prescribers.
 1. The care coordination agreements or MOUs must address the following components:
 - a. Protocol for timely referrals (within 24 hours of request for MAT) and intake;
 - b. A plan for transportation;
 - 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 transportation arranged and sufficient medication to bridge the care transition until the scheduled follow up appointment.

Initial applicants for licensed and/or certified SUD recovery or treatment facilities must submit a MAT policy and supporting documentation with the Initial Treatment Provider Application (DHCS 6002) for DHCS approval. Guidance on what the MAT policy shall address are listed under the Compliance section of this BHIN. Applicants pending licensure and/or certification that submitted an application prior to, must submit a MAT policy prior to licensure and/or certification for DHCS approval.

Existing licensed and/or certified SUD facilities must provide a MAT policy to the assigned DHCS licensing analyst by February 28, 2023 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 licensed and/or certified SUD recovery or treatment facility that fails to adhere with this information notice shall be subject to disciplinary action, including but not limited to civil penalties, license suspension or revocation beginning July 1, 2023.

DHCS has 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 MU.
- Provide start-up costs to NTPs for operating mobile methadone vans.

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

RESOURCES:

[Medication Assisted Treatment Expansion Project Overview](#)

[California Medication Assisted Treatment Expansion Project](#)

[Learn more about Medication Assisted Treatment](#)

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

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

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

[TIP 63: Medications for Opioid Use Disorder](#)

Sincerely,

Janelle Ito-Orille, Chief
Licensing and Certification Division

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