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| **Department of Public Health, Substance Abuse Prevention and Control****Optional Draft Policy for SAPC Information Notice 24-01: Addiction Medication Policy for Non-Residential & Non-Opioid Treatment Sites of Care** |
| * Use agency specific headers / formats in accordance with your policy and procedure standards.
* Recommended Language – Noted in **BLACK** text which includes all required addiction medication policy elements required by California Health and Safety Code Sections 11831.1 and 11834.28 and the California Department of Health Care Services (DHCS) Behavioral Health Information Notice 23-054.
* Instructions/Comments – Noted in ***ORANGE ITALICS*** text are clarification of requirements and should be deleted from the policy submitted to the DHCS licensing analyst and SAPC Contract Program Auditor.
* Any other applicable agency policies, which should align with County or State requirements, should also be included in an agency’s final addiction medication policies submitted to DHCS and SAPC.
* Treatment agencies are encouraged to use the Appendices that accompany SAPC Information Notice 24-01 to accompany the addiction medication policy submitted.
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**PURPOSE:**

This policy outlines *[our agency’s]* policies and procedures to ensure that addiction medication services are available to our patients. Addiction medications (also known as Medications for Addiction Treatment or MAT) treat substance use disorders (SUDs), are an evidence-based treatment option, and are a key component of the full spectrum, biopsychosocial approach to the treatment of (SUDs).

**POLICY:**

This policy outlines the process and requirements to offer all patients, either directly or through referral, addiction medications that are clinically effective for treating the patient’s substance use disorder(s). It is our policy to:

* Provide patients with specific information about addiction medications.
* Make addiction medications available to every patient admitted to our agency’s care.
* Collect a history from patient to inform which addictions medications are available to patients based upon their clinical history and current presentation.
* Appropriately administer, store, and/or dispose of each addiction medication which our agency offers on-site.
* Train clinical staff about addiction medications.
* Provide care coordination for opioid treatment program (OTP) services.
* Ensure patients with opioid use disorder have access to buprenorphine.

**SCOPE:**

This policy applies to all supervisors, Licensed Practitioners of the Healing Arts (LPHA), registered/certified counselors, Medi-Cal Peer Support Specialists, and other staff who provide direct treatment services and/or have a role in patient care. Furthermore, it applies to all settings of care: outpatient, intensive outpatient, outpatient withdrawal management. [*remove levels of care not offered at your agency*]

**PROCEDURES:**

1. Patient Information about Addiction medications

[*Our agency*] provides patients and any adult collateral contacts (including but not limited to adult family members) with information about addiction medications at intake, during treatment, and at discharge in accordance with the patient’s plan of care. The information provided is specific to each type of addiction medication that is clinically effective for treating that patient’s specific SUD(s). Patients who are not actively being treated with addiction medications will continue to be offered addiction medications, as clinically appropriate, in accordance with the patient’s plan of care.

[*Our agency*] provides patients with information using materials (described within Attachment A) about addiction medications that clearly explain the benefits of addiction medications and the risks of not accepting addiction medications. [*Our agency*] documents specifically which addition medication information was provided to patients, the patient’s response upon receiving this information, and all medication services offered to the patient, including a description of the patient’s clinical history and prior use of addiction medications when applicable.

All addiction medications described within Attachment B are available to every patient admitted to our care, either directly or through referral to external partners.

1. Direct Provision of Addiction Medication Services On-Site

[*remove if medication services are not offered at your agency*]

[*Our agency*] maintains a current list of which addiction medications are available directly via practitioners providing on-site services, including when these medications are prescribed, covered by Medi-Cal Rx, and provided to our patients through coordination with an offsite pharmacy. Each patient with a documented SUD meets criteria to receive a medical evaluation to offer all addiction medications clinically appropriate to treat the patient’s particular SUD(s). [*Our agency*] ensures that initial and follow-up addiction medication service appointments are arranged in accordance with the patient’s individualized plan of care. [*Our agency*] maintains sufficient medical LPHA staffing operating within the scope of practice of their license (licensed prescribing clinician) to meet patient demand for addiction medication services, which includes employment of, or contracts with, prescribing clinicians and arranging coordination of telehealth medication services if applicable. [*edit to include the mechanisms through which medication services are available on-site*]

1. Referral for Addiction Medication Services through External Partners

[*Our agency*] coordinates care to ensure patient access to each addiction medication listed in Attachment B is available through one or more external partners through the following procedures:

* We maintain a list of referral locations that include (at minimum) the name, address, phone number, website (when available), and distance to the external partner.
* We ensure that at least one external partner that offers each remaining required addiction medication (described within Attachment B) is identified.
* We maintain procedures for client transportation to/from these external partners.
1. Patient Eligibility for Addiction Medications

[*Our agency*]’s staff obtain a history of the patient’s substance use during intake and provide the patient with information about addiction medications in accordance with the materials described within Attachment A**.**

For patients who indicate a history of substance use as described within Attachment C, our staff perform a diagnostic assessment confirmed by an LPHA within the first twenty-four (24) hours of the initial date of service to determine whether the patient meets the current version of the Diagnostic and Statistical Manual of Mental Disorders (DSM) criteria for one or more substance-related and addictive disorders.

All patients who meet the current version of the DSM criteria for one or more substance-related and addictive disorders (described within Attachment C) are offered an evaluation by a licensed prescribing clinician. This evaluation with a licensed prescribing clinician shall be arranged within the first forty-eight (48) hours of the initial date of service. The licensed prescribing clinician determines which addiction medications, if any, are appropriate for the patient and either prescribe the addiction medication(s) directly and/or initiate a referral for addiction medication services to one or more external partners as described above. The addiction medications are provided to the patient in alignment with the treatment agency approved policies and procedures.

1. Administration, Storage, and Disposal of Addiction Medications

[*Delete if medication services* ***are*** *administered/stored at your non-residential facility*]

Medications are not administered or stored at our facility. [*Our agency*] coordinates with external partners where patients to receive their medications.

1. Administration, Storage, and Disposal of Addiction Medications

[*Delete if medication services* ***are not*** *administered/stored at your non-residential facility*]

[*Our agency*]’s appropriately administers, stores, and disposes of each addiction medication described within Attachment B. Attachment D includes our policy addressing medication self-administration requirements, the documentation requirements for self-administered medication, the medication storage requirements, including location, accessibility, inventory, handling, and documentation, and the medication disposal procedures, (including how often medications are disposed, the methods of destruction, and documentation).

1. Addiction Medication Training Requirements for Staff

All staff who interact with patients are provided with the training described within Attachment E about the benefits and risks of addiction medications and about [*our agency*]’s addiction medication policy. Our training occurs within ninety days of hire and not less frequently than annually thereafter. We document the training that their staff receive in each staff member’s personnel file.

1. Procedure for Patient’s Use of Addiction Medications

[*Our agency*]’s Medical Director and/or a designed licensed prescribing clinician designee determines when a current medication treatment, including treatment with controlled medications, is clinically beneficial. When the patient is being treated with clinically beneficial medication(s), our agency:

* Ensures access to the facility is not denied because a patient is being treated with addiction medication(s).
* Assures the patient that the full range of medical necessary treatment services are available and not contingent upon the patient changing their addiction medication(s).
* Supports the patient’s continued receipt of addiction medication(s).
* Confirms that a patient will not be compelled to taper, discontinue, decrease dosage, or abstain from addiction medications as a condition of entering or remaining in treatment.
* Assures the patient that they will not be denied access to addiction medications if they do not participate in all services offered by a facility.
* Assures the patient that they will not be denied access to addiction medication services if they use non-prescribed intoxicants.

Patients diagnosed with opioid used disorder receive information about the medications for opioid use disorder available including through treatment agencies and external partners (described within Attachment F).

1. Procedures for Care Coordination for OTP Services

[*Our agency*] arranges timely referrals within 24 hours for patients who request an evaluation for addiction medication services through an OTP.

[*Our agency*] submits requests to the treating OTP for exceptions to take-home limits when additional take home doses are clinically appropriate in accordance with the patient’s individualized plan of care. [*Our agency*] coordinates the continuation of clinically beneficial OTP-dispensed addiction medications(s) on intake, throughout the admission, and at discharge. This includes the coordination of OTP services arranged prior to discharge to ensure that sufficient medication is available until the next scheduled follow-up appointment.

[*Delete the following line medication services* ***are not*** *administered/stored at your non-residential facility*]

Medications dispensed from OTPs are stored in accordance with Attachment D for applicable levels of care.

1. Procedures for Treatment with Buprenorphine

Patients with opioid use disorder are informed about the scientific evidence base, effectiveness, associated risks and benefits, and clinical considerations for treatment with buprenorphine. All patients with opioid use disorder who are not currently receiving medication for opioid use disorder are offered a referral and care coordination for addiction medication services through external partners where treatment with buprenorphine is available. Our agency coordinates continuing clinically beneficial treatment with buprenorphine on intake, throughout the admission, and at discharge. This includes the coordination of medication services arranged prior to discharge to ensure that a sufficient supply of buprenorphine is available until the next scheduled follow-up appointment.

**EFFECTIVE PERIOD**

This guidance is effective beginning July 1, 2022.

Attachments

1. Attachment A: Information About Addiction Medications
2. Attachment B: Applicable Addiction Medications
3. Attachment C: Patient Eligibility for Addiction Medications
4. Attachment D: Administration, Storage, and Disposal of Addiction Medications
5. Attachment E: Addiction Medication Training Requirements for Staff
6. Attachment F: Accessing Addiction Medications in Los Angeles County
7. *[Include any agency-specific existing engagement policies or procedures not otherwise included in the above]*

*Complete and return your agency’s engagement policy via an email titled “Addiction Medication (MAT) Policy” sent to both your Contract Program Auditor and to your assigned DHCS licensing analyst on or before January 9, 2024. Any subsequent changes in a treatment agency’s addiction medication policy requires a written notice to both the assigned SAPC Contract Program Auditor and to the assigned DHCS licensing analyst.*

*Agencies that* ***also*** *operate other levels of care (such as residential, inpatient, and/or OTP) should submit additional addiction medication policies in addition to the above for the applicable policy template that corresponds to that level of care. For example, agencies with* ***both*** *non-residential and residential treatment sites should submit both non-residential* ***and*** *residential addiction medication policies.*