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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 Opioid Treatment Program 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 to 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 clinically effective for treating the patient’s substance use disorder(s). Our policy is 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.
* Ensure patients with opioid use disorder have access to the full scope of medication services available through opioid treatment programs and through external partners.

**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 our agency’s opioid treatment program sites.

**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 Appendix 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 Appendix 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

[*Our agency*] maintains a current list of which addiction medications are available directly via practitioners providing on-site services. These include medications dispensed directly from our medication unit and through medication that 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.

1. Referral for Addiction Medication Services through External Partners

[*Our agency*] coordinates care to ensure patient access to each addiction medication listed in Appendix B that is not dispensed directly by out medication unit is available to our patients 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 Appendix 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 Appendix A.

For patients who indicate a history of substance use as described within Appendix 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 Appendix C) are evaluated by a licensed prescribing clinician in accordance with Title 9 of the California Code of Regulations and this evaluation is conducted 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

[*Our agency*]’s appropriately administers, stores, and disposes of medications being used in a patient’s medical care, specifically including the addiction medications described within Appendix B and aligned with all applicable state regulations. Appendix D includes our policy addressing medication administration, the documentation requirements medication administration, 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 Appendix 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 treatment at our agency 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 Appendix F).

1. Procedures for OTP Dispensed Medication Services

Patients with opioid use disorder are informed about the scientific evidence base, effectiveness, associated risks and benefits, and clinical considerations for treatment with methadone, buprenorphine and naltrexone. All patients with opioid use disorder who are not currently receiving medication for opioid use disorder are offered addiction medication services. [*Our agency*] coordinates the continuation of clinically beneficial 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. Medications dispensed from OTPs are stored in accordance with the administration, storage, and disposal of addiction medications policy included within Appendix D.

**EFFECTIVE PERIOD**

This guidance is effective beginning July 1, 2022.

Attachments

1. Appendix A: Information About Addiction Medications
2. Appendix B: Applicable Addiction Medications
3. Appendix C: Patient Eligibility for Addiction Medications
4. Appendix D: Administration, Storage, and Disposal of Addiction Medications
5. Appendix E: Addiction Medication Training Requirements for Staff
6. Appendix 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 outpatient and/or residential) 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.*