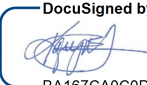
 Behavioral Health Department Alameda County Health	DocuSigned by:  By: <u>BA167CA0C0B444A...</u> Karyn L. Tribble, PsyD, LCSW, Director
POLICY TITLE Expanding Access to Medications for Addiction Treatment (MAT)	Policy No: 150-1-4 Date of Original Approval: 08/26/22 Date(s) of Revision(s): 3/31/2025

PURPOSE

This policy ensures Alameda County Behavioral Health Department's (ACBHD) compliance with California Advancing and Innovating Medi-Cal (CalAIM) requirements to expand access to Medications for Addiction Treatment (MAT). It mandates that providers directly offer MAT and/or have robust and effective referral mechanisms for beneficiaries with substance use disorder (SUD) diagnoses treatable with FDA-approved medications.

AUTHORITY

- The current Drug Medi-Cal Organized Delivery System (DMC-ODS) Intergovernmental Agreement (IA) with the California Department of Health Care Services (DHCS)
- [DHCS Behavioral Health Information Notices \(BHINs\)](#)
- [DHCS DMC-ODS Billing Manual and Service Table](#)
- [Code of Federal Regulations \(CFR\) 42 § 8.12](#)
- Federal Food, Drug, and Cosmetic Act ([FD&C Act](#)), 21 U.S. Code (U.S.C.) 355, § 505
- Public Health Service Act (PHSA), [42 U.S.C. 262](#), § 351
- Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act ([SUPPORT Act](#))
- [CA Senate Bill 184 \(SY 21-22\)](#)

SCOPE

All ACBHD county-operated programs and entities and individuals providing Drug Medi-Cal Organized Delivery System (DMC-ODS) services under a contract or subcontract with ACBHD shall adhere to this policy.

BACKGROUND

MAT is a cornerstone of evidence-based SUD treatment and is essential for improving outcomes. ACBHD's participation in the DMC-ODS underscores its commitment to expanding access to MAT as required by CalAIM and State, Federal, and professional guidelines. By ensuring that all providers either offer MAT directly and/or maintain effective referral pathways, ACBHD reduces barriers to care and ensures members receive timely, appropriate treatment for SUDs.

POLICY

All DMC-ODS providers must demonstrate that they either directly offer MAT services or have robust and effective referral mechanisms for beneficiaries with SUD diagnoses treatable using FDA-approved medications or biological products.

PROCEDURE

I. ALL LICENSED AND/OR CERTIFIED SUD RECOVERY OR TREATMENT FACILITIES¹ MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:

- 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 all² FDA-approved medications for SUDs.³
- 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. Develop and implement a DHCS approved MAT policy that is in compliance with California regulations. At a minimum, the MAT policy shall address the subjects noted below. Refer to [DHCS BHIN 23-054](#) (and any that supersede it) and CA H&SC Sections [11832.9\(c\)](#) and [11834.28\(c\)](#) for detailed policy requirements.
 - i. Explain how a client receives information about the benefits and risks of MAT.⁴
 - ii. Describe the availability of MAT at the facility, if applicable, or the referral process for MAT.

¹ The term “facility” applies to both a licensed residential alcoholism or drug abuse recovery or treatment facility or certified alcohol and other drug program.

² 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 policy 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.

³ 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.

⁴ 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.

- iii. Identify an evidence-based assessment for determining a client's MAT needs.
- iv. Address administration, storage, and disposal of MAT, if applicable.
- v. Outline training for staff about the benefits and risks of MAT.
- vi. Outline training for staff on the MAT policy.
- vii. 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.
- viii. Procedures for a client to access MAT medications for opioid use disorder (MOUD), including methadone.
- ix. Procedures for a client to access buprenorphine.

II. EVIDENCE-BASED MAT ASSESSMENT

Within the first twenty-four (24) hours of admission to all licensed or certified SUD programs an evidence-based assessment shall be performed by an LPHA or AOD counselor. If the evidence-based assessment indicates that MAT would be beneficial for the client, within forty-eight (48) hours of the admission the client must be evaluated by a LPHA who can determine if MAT initiation is appropriate and prescribe the medication(s). Some examples of evidence-based MAT assessments include:⁵

- [TCU Drug Screen-5](#) (available in [multiple languages](#))
- [Rapid Opioid Dependence Screen \(RODS\)](#)
- [DAST-10](#)
- [AUDIT-C](#)

III. REFERRALS, COORDINATION OF CARE, AND WARM-HANDOFFS

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. An appropriate facilitated referral to any Medi-Cal provider rendering MAT to the member is compliant whether or not that provider seeks reimbursement through DMC-ODS.⁶

Once the member is connected to another provider, all providers are expected to coordinate care on an ongoing basis. Ongoing coordination of care is core to a whole-person approach to treatment and helps to minimize duplication of services.

For members who lack connection to psychosocial services, more rigorous attempts at engagement in care may be indicated, such as using different evidence-based practices, different modalities (e.g., telehealth), different staff, and/or different services (e.g., peer support services). If

⁵ For reference only, ACBHD is not endorsing or promoting any specific MAT assessment.

⁶ Examples of non-DMC-ODS MAT providers include [CA Bridge](#), [FQHCs](#), primary care.

the DMC-ODS provider is not capable of continuing to treat the member, the DMC-ODS provider must assist the member in choosing another MAT provider, ensure continuity of care, and facilitate a warm hand-off to ensure engagement.

IV. DMC-ODS MAT POLICY

Medi-Cal's DMC-ODS policy is described in [DHCS BHIN 24-001](#) (and any that supersede it). All ACBHD SUD providers shall be in compliance with Medi-Cal's MAT policies.

DMC-ODS plans are required to reimburse for MAT services even when provided by DMC-ODS providers in non-clinical settings and when provided as a standalone service.⁷

All medications and biological products utilized to treat SUDs, including long-acting injectables, are available through the [Medi-Cal pharmacy benefit](#) without prior authorization, and can be delivered to provider offices by pharmacies.

Members needing or utilizing MAT must be served and cannot be denied treatment services or be required to decrease dosage or be tapered off medications as a condition of entering or remaining in the program. DMC-ODS providers offering MAT shall not deny access to medication or administratively discharge a member who declines counseling services.

V. ACCESS TO NALOXONE

While naloxone is not a medication used to treat SUD, naloxone is a critical tool in responding to the opioid crisis. Naloxone is a life-saving medication used to reverse an opioid overdose, including heroin, fentanyl, and prescription opioid medication overdoses. ACBHD is fully committed to making Naloxone as accessible as possible and encourages as much distribution to members as possible. Lifesaving overdose medications only work when available at the place and time of overdose.

For information about ACBHD's naloxone distribution program, see [ACBHD Policy 150-1-5 Naloxone Distribution Program \(NDP\)](#)

Additionally, [DHCS BHIN 23-064](#) (and any that supersede it) contains valuable information and resources to expand and improve access to naloxone. All ACBHD SUD providers are encouraged to review it and integrate its guidance into their programs.

VI. ACBHD DMC-ODS MAT EXPANSION

ACBHD supports and encourages current outpatient and residential⁸ DMC-ODS providers to expand their MAT services. Expansion of MAT can be as simple as hiring a MAT prescriber and using the Medi-Cal pharmacy benefit to obtain medications. Agencies seeking to expand directly offered MAT services may contact their ACBHD SUD Operational Lead or Program Contract Manager to begin the process of adding those services to their provider contract.

⁷ Per [DHCS BHIN 24-001](#) (and any that supersede it).

⁸ Per DHCS's Licensing and Certification Division, IMS Certification is not required at residential programs to prescribe, administer, and store medications identified as MAT under the DHCS formulary.

VII. OPIOID/NARCOTIC TREATMENT PROGRAMS (OTP/NTP)

OTP/NTPs are vital to ACBHD's MAT network. OTP/NTPs must follow requirements specified in [California Code of Regulations \(CCR\), Division 4, Chap. 4 Narcotic Treatment Programs, BHIN 24-001](#), and other relevant regulations. Sections I, II, VI of this policy do not apply to OTP/NTPs.

VIII. ACBHD MONITORING

ACBHD is required to monitor the referral process and provision of MAT services. Providers are required to comply with DHCS' MAT access policy, which applies to all licensed and/or certified SUD programs and is described in [DHCS BHIN 23-054](#).

NON-COMPLIANCE

As a general contract provision:

1. Contractors not in compliance with contract provisions, or with State or Federal law and/or regulations, shall be immediately responsible for remedy.
2. ACBHD may, at its discretion, issue a Corrective Action Plan (CAP) or Contract Compliance Plan (CCP), as appropriate.
3. The cost to implement the CAP or CCP shall be borne by the Contractor.
4. Staff shall not face retribution for submitting a notice of non-compliance.
5. Staff shall report the non-compliance to their department manager, who shall submit a Non-Compliance Report to ACBHD Quality Management.
6. Non-Compliance Reports shall be submitted within 15 days of reasonable awareness of non-compliance.
7. Any communication that contains protected health information or otherwise confidential information should be sent through secure methods such as email with secure encryption.

Failure to address identified issues may result in further action by ACBHD up to and including program termination, as specified in the ACBHD Contract Compliance and Sanctions for ACBHD Contracted Providers Policy, and/or future debarment by ACBHD, as specified in any then current debarment policy (see Alameda County General Services Agency Debarment Policy approved on January 14, 2020).

CONTACT

ACBHD Office	Current Date	Email/Phone
Office of the Medical Director	1/17/2025	aaron.chapman@acgov.org
Substance Use Continuum of Care	1/17/2025	SUContinuumofCare@acgov.org

DISTRIBUTION

This policy will be distributed to the following:

- ACBHD Staff
- ACBHD Contract Providers

- Public

ISSUANCE AND REVISION HISTORY

Original Authors: Ricca Espiridion, Assistant Director SUD Continuum of Care

Original Date of Approval: 8/26/2022 by Karyn L. Tribble, PsyD, LCSW, Behavioral Health Director

Revision Author	Reason for Revision	Date of Approval by (Name, Title)
Joshua Kayman, MD, Medical Director, Substance Use Continuum of Care, ACBHD	To comply with the requirements 3/31/2025 by Karyn L. Tribble, per DHCS BHINs 23-054, 23-064, and 24-001.	PsyD, LCSW, Director

DEFINITIONS

Term	Definition
Medications for Addiction Treatment (MAT)	The Substance Abuse and Mental Health Services Administration defines Medications for Addiction Treatment (MAT) as the use of medications, in combination with counseling or behavioral therapies to provide a “whole patient” approach to the treatment of substance use disorders (SUDs). Buprenorphine and methadone are treatments for Opioid Use Disorder and Naltrexone and Disulfiram are treatments for Alcohol Use Disorder.
Narcotic Treatment Programs (NTP)	NTPs provide opioid medication assisted treatment to those persons addicted to opiates. NTPs also provide detoxification and/or maintenance treatment services which include medical evaluations and rehabilitative services to help the patient become and/or remain productive members of society.

APPENDICES

None