

What are the benefits of offering MAT at residential treatment facilities?

Research shows a wide variety of benefits from Medication Assisted Treatment (MAT), including but not limited to: decreased opioid use, decreased opioid-related overdose deaths, decreased criminal activity, decreased infectious disease transmission, and increased social functioning and retention in treatment.¹

Many of the clients currently being served through residential treatment facilities are in treatment for opioid or alcohol use disorders, and would greatly benefit from MAT on their path to recovery. MAT can complement the counseling and support services that clients receive in residential treatment facilities.

Residential treatment facili-

HOW TO TALK TO CLIENTS ABOUT MAT

ASK. Ask clients if they have ever considered using medication to stop their cravings for opioids or alcohol. Ask about their feelings towards using medications to assist in recovery. Counteract myths with facts to combat stigma, when necessary.

INFORM. Describe MAT options that may be available to the client and inform them about the benefits of MAT. As

always, look for opportunities to combat stigma.

ENCOURAGE. Recommend that they consult with a medical provider to learn more. Provide referrals and linkages to external providers if MAT is not available onsite. Provide training and support to staff so they provide consistent messages, and do not undermine MAT access through stigmatizing messages.

ties may be the only place where clients have access to this treatment. While residential treatment

facilities in California do not have to prescribe or administer MAT directly, doing so may greatly assist their clients in reaching recovery.

It is never too early or too late to talk to your clients about MAT and the available treatment options to help them on their path to recovery. MAT should be started as early as possible to prevent relapse and overdose during the initial withdrawal process.



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¹National Institute on Drug Abuse, "Effective Treatments for Opioid Addiction," available at bit.ly/2o7VWxE.



Can MAT be provided within residential treatment facilities?

Yes. If a residential treatment facility wants to offer MAT services onsite, this can be done upon approval from the Department of Health Care Services (DHCS) to provide incidental medical services (IMS). The process for receiving DHCS approval to provide IMS is available in Information Notice 18-031 (bit.ly/2PuHan8) and is also discussed in this document.

However, residential treatment facilities do not need to be IMS-approved in order to allow patients to access their medications for MAT. Residential treatment facilities are not allowed to deny admission to potential clients, or to discharge current clients, because they have a valid prescription for an FDA-approved

MAT ACCESS

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medication for MAT. Residential facilities that choose not to be IMS-approved, a referral network to appropriate health care providers should be established to ensure that clients have access to MAT.

Residential treatment facilities should also have policies in place to ensure that clients have access to the medications they have been prescribed for any condition.

What are Incidental Medical Services?

IMS are services provided at a licensed residential facility by a health care practitioner, or staff under the supervision of a health care practitioner, that address medical issues associated with detoxification, treatment, or recovery services.

See Mental Health and Substance Use Disorders Services (MHSUDS) Information Notice 18-031 (bit.ly/2PuHan8) for more details on protocols for the provision of each of these services.

THE SERVICES THAT MUST BE PROVIDED

- Obtaining medical histories
- Monitoring health status
- Testing associated with detoxification from alcohol or drugs
- Providing alcohol or drug abuse recovery or treatment services
- Overseeing patient self-administered medications
- Treating substance use disorders, including detoxification and medication maintenance

What do residential treatment facilities need to do to provide IMS?

To provide IMS, residential treatment facilities must apply to DHCS for approval. New facilities must complete the Initial Treatment Provider Application (DHCS 6002, bit.ly/2RUCSCf); existing facilities must complete a Supplemental Application (DHCS 5255, bit.ly/2qNGUky).

Both new and existing facilities must submit all required documentation and fees, in addition to their application.



DHCS APPROVAL REQUIRED

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REQUIRED DOCUMENTATION

- Fee** (MHSUD Information Notice No: 14-022, bit.ly/2FICJGB).
- Fire clearance form STD 850.**
- Floor plan.**
- Facility Staffing Data** (DHCS 5050, bit.ly/2DDyu7L), including all facility staff who provide or oversee IMS.
- Job descriptions** for each staff position at the facility.
- Health Care Practitioner (HCP) Incidental Medical Services Acknowledgement** (DHCS 5256, bit.ly/2siCX8j) for HCP's who provide or oversee IMS.
- Copy of all HCP's valid licenses to practice in California and proof of addiction medicine training.**
- Organizational chart**, includes all facility staff.
- Services and Activities** – written description, including IMS.
- Program description**, including IMS.
- Admission, Readmission, and Intake Criteria**, including IMS.
- Admission Agreement**, including IMS.
- Detoxification Services** (if applicable) – Policies and procedures, including IMS.
- Medication Policy** – Policy, procedures, and tasks for all forms of prescribed and over-the-counter medications (including MAT).
- Incidental Medical Services** – Policies, procedures, and tasks for IMS.

NOTE: Reference the appendix for sample IMS submission documents.

What are the requirements for licensed residential facilities that provide IMS?

1 Facilities should have a health care practitioner who can provide services onsite.

The practitioner must be licensed in California and have training in addiction medicine. For more information on provider training for buprenorphine, see Part 3.

2 Facilities must have a room where IMS can be provided.

The IMS room does not need to have a sink but facilities must verify that the room where IMS will be provided meets minimum requirements — those requirements are:

- The room must be enclosed with permanent walls;
- It must contain a cabinet for the storage of medical equipment;
- It must have a locked cabinet for medications; and

- It must have a separate locked cabinet for narcotics.

3 Facilities must have policies and procedures in place for the provision of IMS.

Detailed information about policy and procedure requirements for each IMS service is available in Information Notice 18-031 (bit.ly/2PuHan8).

How can I provide access to MAT without becoming approved for IMS?

Residential treatment facilities do not need to be IMS-approved in order to allow clients to access their medications for MAT. To ensure clients have access to MAT, residential treatment facilities should:

- **Create a Client-Focused Referral Network.** Create relationships with prescribing partners in your area for the populations you serve, which may include:
 - Clients with public insurance, who may be eligible for Medi-Cal, Drug Medi-Cal, and other social services and supports
 - Clients with private insurance, who may be eligible for services through their insurance network
 - Self-pay or uninsured clients, who may be eligible for programs and services supported by grants and other funding

- **Establish Policies and Procedures for Client MAT Medications.** These policies and procedures must allow clients to access their MAT medications while in the residential treatment facility. Policies and procedures may relate to:
 - MAT medication storage, such as the need for locked cabinets or where MAT medications may be stored
 - Processes for overseeing and documenting patient self-administration of MAT medications
 - Processes for disposing of unused or expired MAT medications
 - Staff training and qualifications related to overseeing MAT medication administration

Examples of such policies can be found in the IMS appendix.

Where can I find more information?

For more information, please reference the following resources:

- The appendix, which contains sample IMS submission documents.
- Part 1: Basic Overview of MAT – To learn more about MAT and the positive impact it can have on clients.
- Part 3: Obtaining a DATA 2000 Waiver – If you are interested in obtaining a DATA 2000 waiver to prescribe buprenorphine.
- DHCS website – Access a variety of resources pertaining to licensing and certification on the DHCS website, bit.ly/2M2mTkd.