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SAPC INFORMATION NOTICE 24-01
Supersedes IN 22-04

TO: Substance Use Disorder
Contracted Treatment Provider Agencies

FROM: Gary Tsai, M.D., Bureau Director *GT*
Substance Abuse Prevention and Control Bureau

SUBJECT: Addiction Medication Access in the SAPC Treatment Network

The Department of Public Health’s Bureau of Substance Abuse Prevention and Control (SAPC) is releasing this Information Notice to update our requirements for contracted substance use treatment provider agencies (subsequently referred to as treatment agencies) to provide services related to addiction medications (also known as Medications for Addiction Treatment or MAT) for all patients, either directly or through referral. Addiction medications 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.

Treatment agencies are required to create and update as necessary active policies and procedures related to the provision of addiction medications either directly to their patients or via linkage with other providers (e.g., federally qualified health centers [FQHCs], primary care providers) that offer addiction medication services. SAPC encourages formal arrangements such as memorandums of understanding (MOUs) between agencies in order to optimize referral relationships and processes.

This information notice updates prior guidance in accordance with California Health and Safety Code Sections 11831.1 and 11834.28 and California Department of Health Care Services (DHCS) Behavioral Health Information Notice 23-054.

Treatment agency practitioners shall provide 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 must be specific to each type of addiction medication that is clinically effective for treating that patient's specific SUD(s) in order to support informed patient consent. Patients who are not actively being treated with addiction medications should continue to be offered addiction medications, as clinically appropriate, in accordance with the patient's plan of care.

Treatment agencies shall provide patients with information using SAPC-approved materials (described within **Attachment A**) about addiction medications that clearly explain the benefits of addiction medications and the risks of not accepting addiction medications. SAPC providers shall document specifically which addiction medications 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 required addiction medications described within **Attachment B** shall be available to every patient admitted to a treatment agency's care either directly or through referral to external partners.

Direct Provision of Addiction Medication Services On-Site

Each treatment agency shall have available to its staff and keep updated a current list of which addiction medications are available directly via practitioners providing on-site services, including when these medications are prescribed through fee-for-service Medi-Cal and picked up at an offsite pharmacy. Each patient with a documented SUD meets criteria to receive a medical evaluation which shall include the patient being offered all addiction medications clinically appropriate to treat the patient's particular SUD(s). Each treatment agency shall ensure that initial and follow-up addiction medication service appointments are arranged in accordance with the patient's individualized plan of care. Treatment agencies who offer on-site medication services shall maintain 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 may include employment of, or contracts with, prescribing clinicians and arranging coordination of telehealth medication services if applicable.

Documentation of Addiction Medication Services Provided On-Site

Medication services billed to SAPC require documentation of the eligible (non-tobacco) SUD diagnosis. The documentation must also describe the medication services provided to address each applicable SUD. Agencies shall offer tobacco use disorder treatment, including with medications appropriate for the patient, when tobacco use disorder is present alongside a non-tobacco SUD. For tobacco use disorder treatment services offered on-site alongside treatment of non-tobacco SUD(s), the applicable (non-tobacco) SUD(s) should serve as the diagnosis listed on the claim. Other problems treated by the licensed prescribing clinician (for example, psychiatric care and general medical care) can also be included alongside addiction medication services if the eligible (non-tobacco) SUD was documented as a focus of the visit (it does not need to be the only focus of the visit). Medication services associated with documentation where there is no mention of an eligible (non-tobacco) SUD and no mention of treating the SUD are not billable to SAPC.

Referral for Addiction Medication Services through External Partners

Each treatment agency who does not directly offer each required addiction medication described within **Attachment B** via practitioners operating on-site shall coordinate care to ensure patient access to each remaining addiction medication through one or more external partners. Treatment agencies shall:

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

Patient Eligibility for Addiction Medications

Treatment agencies shall obtain a history of the patient's substance use during intake and provide the patient with information about addiction medications in accordance with SAPC-approved materials (described within **Attachment A**).

For patients who indicate a history of substance use as described within **Attachment C**, each treatment agency shall 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**) should be 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 shall determine which addiction medications, if any, are appropriate for the patient and shall 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 must be provided to the patient in alignment with the treatment agency's approved policies and procedures.

Administration, Storage, and Disposal of Addiction Medications

Each treatment agency shall create and keep updated a policy that describes the appropriate administration, storage, and/or disposal of each addiction medication (described within **Attachment B**), as is aligned with the agency's level of care and in accordance with which addiction medications are available on-site and/or through referral to external partners. This policy shall describe the 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). This policy shall be aligned with **Attachment D**.

Addiction Medication Training Requirements for Staff

Each treatment agency shall ensure that all staff who interact with patients are provided with SAPC-approved training (described within **Attachment E**) about the benefits and risks of

addiction medications and about the agency's addiction medication policy. This training must occur within ninety days of hire and not less frequently than annually thereafter. Treatment agencies shall document the training that their staff receive in each staff member's personnel file.

Procedure for Patient's Use of Addiction Medications

Each treatment agency's Medical Director or their licensed prescribing clinician designee, with appropriate input from the patient, 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), the treatment agency shall at a minimum do all of the following:

- Ensure access to the facility is not denied because a patient is being treated with addiction medication(s).
- Assure the patient that the full range of medical necessary treatment services are available and not contingent upon the patient changing their addiction medication(s).
- Support the patient's continued receipt of addiction medication(s).
- Confirm 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.
- Assure the patient that they will not be denied access to addiction medications if they do not participate in all services offered by a facility.
- Assure the patient that they will not be denied access to addiction medication services if they use non-prescribed intoxicants.

Patients diagnosed with opioid use disorder shall receive information about the medications for opioid use disorder available including through treatment agencies and external partners (described within **Attachment F**). Medications for opioid use disorder are available through both Opioid Treatment Program (OTP) and non-OTP sites of care.

Procedures for Care Coordination for OTP Services

Treatment agencies without on-site OTP services shall arrange timely referral within 24 hours for patients who request an evaluation for addiction medication services through an OTP. Medications dispensed from OTPs shall be stored in accordance with **Attachment D** for applicable levels of care. Treatment agency sites without on-site OTP services shall create and keep updated a plan to submit 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.

Treatment agencies shall coordinate the continuation of clinically beneficial OTP-dispensed addiction medication(s) on intake, throughout the admission, and at discharge. This shall include the coordination of OTP services arranged prior to discharge to ensure that sufficient medication is available until the next scheduled follow-up appointment.

Procedures for Treatment with Buprenorphine

Licensed prescribing clinicians appropriately registered with the U.S. Drug Enforcement Agency (DEA)¹ are able to treat patients with buprenorphine at treatment agency sites of care. Residential facilities with practitioners who offer on-site addiction medication services, including treatment with buprenorphine, should be certified to provide Incidental Medical Services (IMS) (described within **Attachment G**). In accordance with **Attachment A**, patients with opioid use disorder shall be informed about the scientific evidence base, effectiveness, associated risks and benefits, and clinical considerations for treatment with buprenorphine. All patients with opioid use disorder being treated in sites without buprenorphine medication services available on-site should be offered a referral and care coordination for addiction medication services through external partners where treatment with buprenorphine is available. Treatment agencies shall coordinate continuing clinically beneficial treatment with buprenorphine on intake, throughout the admission, and at discharge. This shall include arranging follow-up appointments scheduled prior to discharge with coordination of access to addiction medication services arranged to ensure that sufficient buprenorphine is available until the next scheduled follow-up appointment.

EFFECTIVE PERIOD

This guidance is effective beginning July 1, 2022.

Treatment agencies shall return a copy of their addiction medication policy to both the assigned SAPC 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.

Attached to this information notice are three optional policy templates applicable to three different categories of treatment sites that agencies may customize, as needed, in order to meet the requirement to have addiction medication policies and procedure: Non-Residential Treatment Sites, Residential Treatment Sites, and Opioid Treatment Program Sites. Agencies that operate multiple levels of care applicable to more than one of these categories and who use these templates to adhere to this information notice should submit addiction medication policies using **each** applicable policy template. For example, agencies with both non-residential and residential treatment sites should submit **both** non-residential and residential addiction medication policies.

ADDITIONAL INFORMATION

For additional questions or requests, please contact your assigned Contract Program Auditor.

¹ Licensed prescribing clinicians not required to have a separate DEA-issued Drug Addiction Treatment Act-2000 waiver, also known as an X-waiver, to prescribe buprenorphine for the indication of opioid use disorder as of January 2023. Licensed prescribing clinicians are required to have a standard DEA registration that includes schedule III controlled medications in order to prescribe buprenorphine.

ATTACHMENTS

Attachment A: Patient Information About Addiction Medications

Attachment B: Required Addiction Medications

Attachment C: Patient Eligibility for Addiction Medications

Attachment D: Administration, Storage, and Disposal of Addiction Medications

Attachment E: Addiction Medication Training Requirements for Staff

Attachment F: Accessing Addiction Medications in Los Angeles County

Attachment G: Incidental Medical Services

Optional Policy Template A: Non-Residential Treatment Sites

Optional Policy Template B: Residential and Inpatient Treatment Sites

Optional Policy Template C: Opioid Treatment Program Sites