



# Medication Assisted Treatment (MAT) Procedure

Effective Date 05/02/2024  
Revised Date 05/02/2024

DocuSigned by:  
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**Purpose** To provide Department of Behavioral Health (DBH) staff with instruction in the proper procedures for administering Medication Assisted Treatment (MAT) services.

**MAT Screening Process for New Clients via SARC**

The table below describes the MAT screening process to be followed when a new client contacts the Screening, Assessment and Referral Center (SARC) requesting MAT services:

Step	Action						
1	<p>SARC staff:</p> <ul style="list-style-type: none"> <li>Follows current business practice as stated in the SARC manual, and:</li> </ul> <table border="1"> <thead> <tr> <th>If services for MAT are deemed...</th> <th>Then ...</th> </tr> </thead> <tbody> <tr> <td>Appropriate</td> <td>Complete a warm handoff to the clinic to ensure the client receives an intake appointment.</td> </tr> <tr> <td>Not appropriate</td> <td>No referral is made for MAT services.</td> </tr> </tbody> </table>	If services for MAT are deemed...	Then ...	Appropriate	Complete a warm handoff to the clinic to ensure the client receives an intake appointment.	Not appropriate	No referral is made for MAT services.
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Appropriate	Complete a warm handoff to the clinic to ensure the client receives an intake appointment.						
Not appropriate	No referral is made for MAT services.						
2	<p>DBH Clinic staff:</p> <ul style="list-style-type: none"> <li>Confirms the client's: <ul style="list-style-type: none"> <li>Appointment preference (in-person or telehealth as permitted by DEA regulations),</li> <li>Phone number, if available,</li> <li>Date of Birth (DOB),</li> <li>Medi-Cal Number, known as the Client Index Number (CIN), and</li> <li>Social Security Number (SSN).</li> </ul> </li> <li>Schedules two (2) back-to-back appointments for client: <ul style="list-style-type: none"> <li>Intake appointment for review of program paperwork, including the MAT for Substance Use Disorder (SUD) Brochure, with Office Assistant (OA), and</li> <li>With physician for comprehensive history and physical assessment.</li> </ul> </li> </ul>						
3	<p>Clients, Office Assistants (OA), and Physicians complete all required forms during the intake appointment.</p> <p><b>Note:</b> Refer to <i>Required Forms</i> block for more information.</p>						

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## Medication Assisted Treatment (MAT) Procedure, Continued

### MAT Screening Process for New Clients via SARC, continued

Step	Action
4	<p>Physicians:</p> <ul style="list-style-type: none"> <li>• Assess the client to determine if criteria for MAT is met;</li> <li>• Complete comprehensive history and physical assessment;</li> <li>• Refer the client to:                             <ul style="list-style-type: none"> <li>○ A facility where the appropriate FDA-approved medications are available if MAT is accepted, or</li> <li>○ The appropriate level of care if MAT is rejected;</li> </ul> </li> <li>• Administer drug treatments, and</li> <li>• Document notes in the client's Electronic Health Record (EHR).</li> </ul> <p><b>Note:</b> Refer to the <i>Referral Process for MAT Medication</i> block for more information regarding MAT medication referrals.</p>

### Referrals for MAT

The table below describes the process when a referral for MAT services is received from the following sources:

- Hospitals;
- Direct DBH SUD Clinic contact;
- Treatment court;
- Correctional facility, or
- Other programs

Step	Action						
1	<p>DBH Clinic staff:</p> <ul style="list-style-type: none"> <li>• Determines if the client is a new or existing client, and:</li> </ul> <table border="1" style="width: 100%;"> <thead> <tr> <th>If the client is...</th> <th>Then...</th> </tr> </thead> <tbody> <tr> <td>New</td> <td> <ul style="list-style-type: none"> <li>• Schedules the intake appointment with the physician.</li> </ul> <p><b>Note:</b> Please review the <i>MAT Screening Process for New Clients Via Referrals</i> block of this section for more information.</p> </td> </tr> <tr> <td>An existing client</td> <td> <ul style="list-style-type: none"> <li>• Refer the client directly to the program, and</li> <li>• Continue with Step 1.</li> </ul> </td> </tr> </tbody> </table> <ul style="list-style-type: none"> <li>• Confirms the client's:                             <ul style="list-style-type: none"> <li>○ Appointment preference (in-person or telehealth);</li> <li>○ Phone number, if applicable;</li> <li>○ DOB;</li> <li>○ Medi-Cal Number (CIN), and</li> <li>○ SSN.</li> </ul> </li> <li>• Schedules the client two (2) back-to-back appointments:                             <ul style="list-style-type: none"> <li>○ Intake appointment to review program paperwork, including the MAT for SUDs Brochure, with OA or Medical Services Support Staff, and</li> <li>○ With physician for comprehensive history and physical assessment.</li> </ul> </li> </ul>	If the client is...	Then...	New	<ul style="list-style-type: none"> <li>• Schedules the intake appointment with the physician.</li> </ul> <p><b>Note:</b> Please review the <i>MAT Screening Process for New Clients Via Referrals</i> block of this section for more information.</p>	An existing client	<ul style="list-style-type: none"> <li>• Refer the client directly to the program, and</li> <li>• Continue with Step 1.</li> </ul>
If the client is...	Then...						
New	<ul style="list-style-type: none"> <li>• Schedules the intake appointment with the physician.</li> </ul> <p><b>Note:</b> Please review the <i>MAT Screening Process for New Clients Via Referrals</i> block of this section for more information.</p>						
An existing client	<ul style="list-style-type: none"> <li>• Refer the client directly to the program, and</li> <li>• Continue with Step 1.</li> </ul>						

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## Medication Assisted Treatment (MAT) Procedure, Continued

Referrals for MAT, continued

Step	Action
2	<ul style="list-style-type: none"> <li>• Clients, OAs, and Physicians complete required forms during the intake appointment.</li> </ul> <p><b>Note:</b> Refer to <i>Required Forms</i> block for more information.</p>
3	<ul style="list-style-type: none"> <li>• Physicians:               <ul style="list-style-type: none"> <li>○ Assess the client to determine if criteria for MAT is met,</li> <li>○ Complete comprehensive history and physical assessment,</li> <li>○ Refer the client to:                   <ul style="list-style-type: none"> <li>▪ A facility where the appropriate FDA-approved medications are available if MAT is accepted, or</li> <li>▪ The appropriate level of care if MAT is rejected;</li> </ul> </li> </ul> </li> <li>• Administer drug treatments, and</li> <li>• Document notes in the EHR.</li> </ul> <p><b>Note:</b> Refer to the <i>Referral Process for MAT Medication</i> block for more information regarding MAT medication referrals.</p>

MAT Screening Process for Existing DBH SUD Clients

The table below describes the MAT screening process when an existing client participating in services at a DBH SUD clinic requires MAT services:

Step	Action
1	<ul style="list-style-type: none"> <li>• OA schedules an appointment with a physician under the client's existing episode.</li> </ul>
2	<ul style="list-style-type: none"> <li>• Clinic staff:               <ul style="list-style-type: none"> <li>○ Confirms the client's:                   <ul style="list-style-type: none"> <li>▪ Appointment preference (in-person or telehealth),</li> <li>▪ Phone number, if applicable,</li> <li>▪ DOB,</li> <li>▪ Medi-Cal Number (CIN),</li> <li>▪ SSN.</li> </ul> </li> </ul> </li> <li>• Schedules the client two (2) back-to-back appointments:               <ul style="list-style-type: none"> <li>○ Intake appointment for review of program paperwork, including the MAT for SUDs Brochure, with OA or Medical Services Support Staff, and</li> <li>○ The comprehensive history and physical assessment with the physician.</li> </ul> </li> </ul>
3	<ul style="list-style-type: none"> <li>• Clients, OAs, and Physicians complete required forms during the intake appointment.</li> </ul> <p><b>Note:</b> Refer to <i>Required Forms</i> block for more information.</p>

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## Medication Assisted Treatment (MAT) Procedure, Continued

### MAT Screening Process for Existing DBH SUD Clients, continued

Step	Action
4	<p>Physicians:</p> <ul style="list-style-type: none"> <li>• Assess the client to determine if criteria for MAT is met;</li> <li>• Complete comprehensive history and physical assessment;</li> <li>• Refer the client to:                             <ul style="list-style-type: none"> <li>○ A facility where the appropriate FDA-approved medications are available if MAT is accepted, or</li> <li>○ The appropriate level of care if MAT is rejected;</li> </ul> </li> <li>• Administer drug treatments, and</li> <li>• Document notes in the EHR.</li> </ul> <p><b>Note:</b> Refer to the <i>Referral Process for MAT Medication</i> block for more information regarding MAT medication referrals and the <i>Comprehensive history and physical assessment</i> block for more information regarding the comprehensive history and physical assessment.</p>

### Comprehensive History and Physical Assessment

After a client completes the intake appointment, a follow-up appointment is scheduled to meet with a physician. The physician will:

Step	Action										
1	<ul style="list-style-type: none"> <li>• Provide the client with the Medication Assisted Treatment for Substance Use Disorders brochure, available on the DBH website or in the SUDRS clinics, with information regarding MAT,</li> <li>• Assess the client to determine if they meet the criteria for MAT using information provided by comprehensive history and physical assessment, and:</li> </ul> <table border="1" style="width: 100%;"> <thead> <tr> <th>If the client...</th> <th>Then the physician will...</th> </tr> </thead> <tbody> <tr> <td>Meets criteria</td> <td>Ask the client if they agree to begin MAT, and:                             <table border="1" style="width: 100%;"> <thead> <tr> <th>If the client...</th> <th>Then the physician will...</th> </tr> </thead> <tbody> <tr> <td>Agrees</td> <td> <ul style="list-style-type: none"> <li>• Prescribe and review appropriate MAT medications, including the benefits and risks, and</li> <li>• Go to Step 2 below</li> </ul> </td> </tr> <tr> <td>Does not agree</td> <td> <ul style="list-style-type: none"> <li>• Refer the client to:                                     <ul style="list-style-type: none"> <li>○ The appropriate level of care,</li> <li>○ Community resources,</li> <li>○ Mental health services, or</li> <li>○ Physical health services;</li> </ul> </li> <li>• Document the client's refusal of MAT and where the client was referred.</li> </ul> </td> </tr> </tbody> </table> </td> </tr> </tbody> </table>	If the client...	Then the physician will...	Meets criteria	Ask the client if they agree to begin MAT, and: <table border="1" style="width: 100%;"> <thead> <tr> <th>If the client...</th> <th>Then the physician will...</th> </tr> </thead> <tbody> <tr> <td>Agrees</td> <td> <ul style="list-style-type: none"> <li>• Prescribe and review appropriate MAT medications, including the benefits and risks, and</li> <li>• Go to Step 2 below</li> </ul> </td> </tr> <tr> <td>Does not agree</td> <td> <ul style="list-style-type: none"> <li>• Refer the client to:                                     <ul style="list-style-type: none"> <li>○ The appropriate level of care,</li> <li>○ Community resources,</li> <li>○ Mental health services, or</li> <li>○ Physical health services;</li> </ul> </li> <li>• Document the client's refusal of MAT and where the client was referred.</li> </ul> </td> </tr> </tbody> </table>	If the client...	Then the physician will...	Agrees	<ul style="list-style-type: none"> <li>• Prescribe and review appropriate MAT medications, including the benefits and risks, and</li> <li>• Go to Step 2 below</li> </ul>	Does not agree	<ul style="list-style-type: none"> <li>• Refer the client to:                                     <ul style="list-style-type: none"> <li>○ The appropriate level of care,</li> <li>○ Community resources,</li> <li>○ Mental health services, or</li> <li>○ Physical health services;</li> </ul> </li> <li>• Document the client's refusal of MAT and where the client was referred.</li> </ul>
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## Medication Assisted Treatment (MAT) Procedure, Continued

Comprehensive  
History and  
Physical  
Assessment,  
Continued

Step	Action	
1, cont	If the client...	Then the physician will...
	Does not meet criteria	Refer the client to the appropriate level of care.
2	<p>Monitor and administer treatment via follow-up appointments.</p> <ul style="list-style-type: none"> <li>The physician must ensure the client has sufficient medication available until the scheduled follow-up appointment.</li> </ul> <p><b>Note:</b> Refer to the <i>Follow-up appointments</i> block for more information regarding follow-up appointments.</p>	
3	<p>Document the following in the Electronic Health Record (EHR):</p> <ul style="list-style-type: none"> <li>Immediate needs;</li> <li>Substance use history;</li> <li>Past surgical history;</li> <li>Psychiatric history;</li> <li>Medical history;</li> <li>Medication record;</li> <li>Family history;</li> <li>Allergies;</li> <li>Diagnosis;</li> <li>Progress notes;</li> <li>Informed consent for MAT modality;</li> <li>Mental Status Exam/Physical Examination;</li> <li>Refusal of MAT services, if applicable, and</li> <li>Statement of Medical necessity.</li> </ul>	

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# Medication Assisted Treatment (MAT) Procedure, Continued

**Comprehensive History and Physical Assessment, Continued**

Clients who request opioid use disorder treatment, such as methadone must be referred to an NTP clinic via the Substance Use Disorder Referral Form (SUDRS034) within 24 hours of request. The NTP clinic will prescribe, manage, and monitor the medications.  
 Medical staff determines if the appropriate FDA-approved medications are available in the NTP facility, and:

If the FDA-approved medications are...	Then the clinical staff will...	
Available	Prescribe the appropriate medication.	
Not available,	Refer the client to the nearest NTP facility where medications are available, and Ask the client if they need transportation, and:	
	If the client...	Then clinical staff will...
	Needs transportation	Provide the client with transportation assistance, as indicated and according to available resources, and document the actions taken.
Does not need transportation,	Document the client does not need transportation.	

**Notes:** A list of NTP Facility Locations can be found on the DBH website.

**No-Show for Intake Appointment**

When a client fails to keep a scheduled intake appointment, staff must:

- Attempt to contact client to:
  - Discuss the missed appointment with the client, and reschedule, and
- Document the discussion and any action taken under the client's initial contact section in the electronic health record.

**Follow-up Appointments**

Clients must be scheduled follow-up appointments when clients are approved for medications to ensure the medications are properly administered. When a client fails to keep a scheduled follow-up appointment, staff must:

- Attempt to contact client to:
  - Discuss the missed appointment with the client, and reschedule, and
- Document the discussion and any action taken in the client's case file.

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## Medication Assisted Treatment (MAT) Procedure, Continued

### Benefits and Risks of Medications

The table below describes the benefits and risks of each FDA-approved medications for MAT services:

Medications	Benefits	Risks
Acamprosate	<ul style="list-style-type: none"> <li>• Reduces:               <ul style="list-style-type: none"> <li>○ Cravings for alcohol, and</li> <li>○ Alcohol consumption</li> </ul> </li> <li>• Taken as a pill three times per day.</li> </ul>	<ul style="list-style-type: none"> <li>• Should NOT be used if severe kidney problems are present;</li> <li>• Depression;</li> <li>• Insomnia;</li> <li>• Diarrhea;</li> <li>• Anxiety, and/or</li> <li>• Suicidal thoughts.</li> </ul>
Buprenorphine	<ul style="list-style-type: none"> <li>• Effective for opioid withdrawal;</li> <li>• Manages cravings and withdrawal symptoms, and</li> <li>• May be used when pain is also a problem.</li> </ul>	<ul style="list-style-type: none"> <li>• Constipation;</li> <li>• Physical Dependence;</li> <li>• Slow or shallow breathing;</li> <li>• Sedation;</li> <li>• Precipitated Withdrawal;</li> <li>• Nausea/vomiting;</li> <li>• Fatigue;</li> <li>• Vertigo;</li> <li>• Increased sweating;</li> <li>• Headache;</li> <li>• Lowered hormone secretion;</li> <li>• Dental Cavities;</li> <li>• Swelling of the legs, and/or</li> <li>• Liver Problems</li> </ul>
Disulfiram	<ul style="list-style-type: none"> <li>• Reduces cravings</li> </ul>	<ul style="list-style-type: none"> <li>• Strong interaction with alcohol;</li> <li>• Nausea or vomiting;</li> <li>• Headaches;</li> <li>• Sweating;</li> <li>• Chest pain;</li> <li>• Trouble breathing;</li> <li>• Blurred vision;</li> <li>• Garlic like taste;</li> <li>• Liver Problems, and/or</li> <li>• Death</li> </ul>

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## Medication Assisted Treatment (MAT) Procedure, Continued

### Benefits and Risks of Medications, continued

Medications	Benefits	Risks
Naloxone	<ul style="list-style-type: none"> <li>Reverses an overdose by blocking the effects of opioids, and</li> <li><b>Restores normal breathing in opioid overdoses</b></li> </ul>	<ul style="list-style-type: none"> <li>Withdrawal;</li> <li>Agitation;</li> <li>Increased blood pressure;</li> <li>Rebound respiratory depression, and/or</li> <li>May require multiple doses.</li> <li><b>Effectiveness limited to opioid overdose</b></li> </ul>
Naltrexone	<ul style="list-style-type: none"> <li>Reduces rewarding effects and cravings of alcohol;</li> <li>Should NOT be used when pain is also a problem, and</li> <li>Taken as a once daily pill.</li> </ul>	<ul style="list-style-type: none"> <li>Nausea;</li> <li>Headache;</li> <li>Liver Problems;</li> <li>Depression;</li> <li>Suicidal Thoughts;</li> <li>Opioid Withdrawal, and/or</li> <li>Should NOT be taken with opioid medications.</li> </ul>
Long-acting injectable naltrexone	<ul style="list-style-type: none"> <li>Reduces rewarding effects and cravings of alcohol;</li> <li>Administered as a once monthly injection, and</li> <li>Should NOT be used when pain is also a problem.</li> </ul>	<ul style="list-style-type: none"> <li>Should NOT be used if severe kidney problems are present;</li> <li>Depression;</li> <li>Insomnia;</li> <li>Diarrhea;</li> <li>Anxiety, and/or</li> <li>Suicidal thoughts.</li> </ul>
Long-acting injectable buprenorphine	<ul style="list-style-type: none"> <li>Reduces withdrawal symptoms and cravings, and</li> <li>Administered as a once monthly injection.</li> </ul>	<ul style="list-style-type: none"> <li>Nausea;</li> <li>Headache;</li> <li>Constipation;</li> <li>Fatigue;</li> <li>Insomnia;</li> <li>Precipitated withdrawal;</li> <li>Injection site reaction;</li> <li>Physical Dependence;</li> <li>Slow or shallow breathing;</li> <li>Sedation;</li> <li>Liver Problems;</li> <li>Lowered hormone secretion, and/or</li> <li>Death.</li> </ul>

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## Medication Assisted Treatment (MAT) Procedure, Continued

### Required intake forms

The table below describes the forms completed by the client, OA/Medical Services Support Staff and physician at the intake appointment:

Completed by	Forms
Client	<ul style="list-style-type: none"> <li>• Registration Questionnaire;</li> <li>• Notice of Personal Rights (SUDRS003);</li> <li>• Advance Health Care Directive (COM018);</li> <li>• Notice of Privacy Practices (NOPP) and Acknowledgement of Receipt of NOPP (COM004);</li> <li>• Request for Restriction of Confidential Communication (COM030), and</li> <li>• Health Questionnaire (DHCS5103)</li> </ul>
OA/Medical Services Support Staff	<ul style="list-style-type: none"> <li>• Tuberculosis (TB) Questionnaire (ADS005);</li> <li>• Client Payment Agreement (CLP001);</li> <li>• Client Admission Agreement (Avatar) (SUDRS022);</li> <li>• Consent for Outpatient Treatment (COM013);</li> <li>• Title 22 Fair hearing Rights (SUDRS002);</li> <li>• Program rules;</li> <li>• Authorization to Release Protected Health Information (PHI) (COM001), if applicable, and</li> <li>• Drug Medi-Cal Organized Delivery System (DMC-ODS) Handbook Summary and Report</li> </ul>
Physician	<ul style="list-style-type: none"> <li>• Medication Consent Form;</li> <li>• Opioid Agreement for Buprenorphine Medication Assisted Treatment (SUDRS040);</li> <li>• Women's Health Questionnaire;</li> <li>• Diagnosis Form;</li> <li>• Problem List;</li> <li>• Review and Sign Health Questionnaire (DHCS5103), and</li> <li>• Review and Sign the TB Questionnaire (ADS005).</li> </ul> <p><b>Note:</b> The SUDRS040 form is optional and at the</p> <ul style="list-style-type: none"> <li>• <b>discretion of the physician.</b></li> </ul>

### MAT training

Training on MAT policy and procedure and benefits and risks of all FDA-approved medications for all facility staff must be:

- Completed at the following times:
  - Upon hire for all facility staff,
  - Quarterly, and
  - As needed;
- Conducted by a qualified trainer, who is trained and monitored by the Medical Director;
- Provided through the RELIAS online platform, and
- Documented in the employee's personnel file.

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# Medication Assisted Treatment (MAT) Procedure, Continued

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## Referenced Forms, Policies, and Procedures

### DBH Standard Practice Manual and Departmental Forms:

- Control, Access and Accountability of Medications and Medical Supplies Policy (MDS2008)
- Control, Access and Accountability of Medications and Medical Supplies Procedure (MDS2008-1)
- Medication Disposal Procedure (MDS2023)
- Advance Health Care Directive (COM018)
- Notice of Privacy Practices (NOPP) and Acknowledgement of Receipt of NOPP (COM004)
- Request for Restriction of Confidential Communication (COM030)
- Notice of Personal Rights (SUDRS003)
- Substance Use Disorder Referral Form (SUDRS034)
- Tuberculosis (TB) Questionnaire (ADS005)
- Client Payment Agreement (CLP001)
- Client Admission Agreement (Avatar) (SUDRS022)
- Authorization to Release Protected Health Information (PHI) (COM001)
- Consent for Outpatient Treatment (COM013)
- Title 22 Fair hearing Rights (SUDRS002),
- Opioid Agreement for Buprenorphine Medication Assisted Treatment (SUDRS040)

### DBH Website

- [Medication Assisted Treatment for Substance Use Disorders](#)

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## Reference(s)

[Title 42 of the Code of Federal Regulations § 8.11\(h\) Health Questionnaire \(DHCS5103\)](#)  
[BHIN 23-054](#)

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