

Department of Behavioral Health
TRANSMITTAL LETTER

SUBJECT Medication Assisted Treatment in Substance Use Disorder Treatment		
POLICY NUMBER DBH Policy 311.3	DATE AUG 19 2015	TL# 287

Purpose. The purpose of this policy is to provide guidelines in the Medication Assisted Treatment (MAT) as part of the substance use disorder (SUD) treatment.

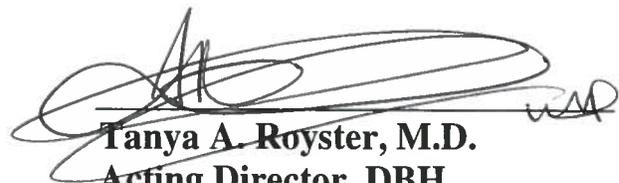
Applicability. Department of Behavioral Health (DBH) certified SUD treatment providers with a Human Care Agreement.

Policy Clearance. Reviewed by affected responsible staff and cleared through appropriate Behavioral Health Authority (BHA) offices.

Effective Date. This policy is effective for implementation by DBH-certified substance use disorder (SUD) providers with a Human Care Agreement upon their certification pursuant to 22 DCMR Chapter A63, Certification Standards for Substance Use Disorder Treatment and Recovery Providers.

Superseded Policy. None.

Distribution. This policy will be posted on the DBH web site at www.dbh.dc.gov under Policies and Rules. Applicable entities are required to ensure that affected staff is familiar with the contents of this policy.


Tanya A. Royster, M.D.
Acting Director, DBH

<p style="text-align: center;">GOVERNMENT OF THE DISTRICT OF COLUMBIA</p>  <p style="text-align: center;">DEPARTMENT OF BEHAVIORAL HEALTH</p>	<p>Policy No. 311.3</p>	<p>Date AUG 9 2015</p>	<p>Page 1</p>
	<p>Supersedes: NONE</p>		
<p>Subject: Medication Assisted Treatment in Substance Use Disorder Treatment</p>			

1. **Purpose.** The purpose of this policy is to provide guidelines in the Medication Assisted Treatment (MAT) as part of the substance use disorder (SUD) treatment.

2. **Applicability.** Department of Behavioral Health (DBH) certified SUD treatment providers with a Human Care Agreement.

3. **Authority.** DBH Establishment Act of 2013 and 22 DCMR Chapter A63, Certification Standards for Substance Use Disorder Treatment and Recovery Providers.

4. **Definition.**

Medication Assisted Treatment (MAT). The use of methadone as pharmacotherapy for long term treatment for opiate or other forms of dependence. A client who receives MAT must also receive SUD counseling.

5. **Policy.** DBH supports MAT for SUD treatment.

5a. MAT shall be made available to all clients including those in residential treatment, as clinically appropriate.

5b. No SUD provider shall refuse treatment for clients participating in MAT.

5c. Drug testing shall be done at a minimum of eight times a year per federal guidelines.

5d. Providers are required to show evidence of consent for treatment from clients.

6. **Responsibilities and Procedures.**

6a. The provider shall ensure that the client's comprehensive assessment indicates that MAT is warranted and shall be part of the treatment plan.

6b. Providers shall inform clients of the following conditions regarding their participation in the MAT. The client's agreement to the following shall be documented:

- (1) Client's discontinuance of the use of all illicit and non-prescribed drugs and alcohol. To verify discontinuance, random drug testing will be done at least eight times per year per federal guidelines.
- (2) Client's regular attendance for dosing and other treatment activities at MAT provider.
- (3) Client's adherence to all MAT program and clinic rules.
- (4) Client's showing of valid prescription or medication bottles with appropriate prescription information and physician's name for all prescribed controlled substances within one week of admission.

6c. MAT providers shall:

- (1) Adhere to all applicable federal and District regulations and policies regarding the MAT Program, including drug screening (DBH Policy 200.11 Drug Screening Requirements for SUD Certified Providers).
- (2) Coordinate services with other providers for client care.

6d. SUD residential treatment providers who are not certified to provide MAT services shall:

- (1) Provide residential services to clients participating in MAT, as clinically appropriate.
- (2) Provide transportation to client to obtain medications at the MAT clinic if the client needs MAT on a daily basis or the residential provider is unable to properly store the take home medications.
- (3) Count bottles and verify with the client that all labeling, packaging, and security are in accordance with Federal and District laws.
- (4) Ensure that all empty bottles are returned to the MAT program with labeling intact.
- (5) Inform the client that he/she is responsible for the keys to his/ her personal lock box,
- (6) Participate in the coordination of client care with the MAT provider.
- (7) Conduct a daily medication inventory with the client and maintain records of self-administration of the medication.
- (8) Follow regulations relevant to self-administration of MAT medications.
- (9) Ensure that the client is appropriately transitioned to the next level of care upon

discharge.

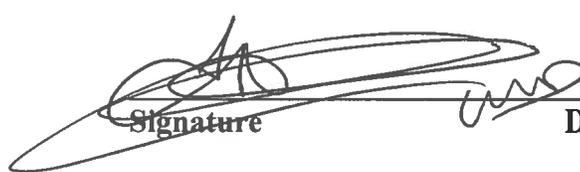
7. Implementation and Monitoring.

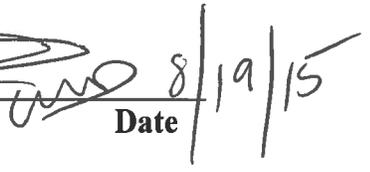
7a. MAT providers shall have internal policies and procedures consistent with this DBH policy.

7b. DBH shall conduct a periodic monitoring of the implementation of this policy.

Approved by:

**Tanya A. Royster, M.D.
Acting Director, DBH**


Signature


Date