



Medication Assisted Treatment (MAT)
Documentation Manual

VERSION 1

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**Orange County Health Care Agency
Mental Health & Recovery Services**

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1. Introduction

PURPOSE

The County of Orange provides Substance Use Disorder (SUD) services to adolescents and adults who have a substance use disorder.

The County of Orange has opted in to participate in the State's Drug Medi-Cal Organized Delivery System (DMC-ODS), which allows greater coordination of care for clients as they move from one level of care to another, thereby increasing the likelihood of successful treatment outcomes. The County of Orange opted in to participate in the State's Drug Medi-Cal Organized Delivery System (DMC-ODS), which was first implemented in July 2018. At the time, it was a demonstration project. With the California Advancing and Innovating Medi-Cal (CalAIM) initiative in 2022, the State has moved towards further streamlining documentation requirements to "improve the beneficiary experience; effectively document treatment goals and outcomes; promote efficiency to focus on delivering person-centered care; promote safe, appropriate and effective beneficiary care; address equity and disparities; and ensure quality and program integrity."

Documentation is vital to maintaining a record of the quality of the services provided to SUD clients. It is our responsibility to our clients to accurately describe the services provided, which also includes the need to understand how to code services properly. This manual is designed to help provide guidance on documentation standards to all clinical staff who work directly with our clients in our Medication Assisted Treatment (MAT) programs so that we may work towards maintaining compliance with the regulations. It is intended to complement the documentation trainings provided by Authority and Quality Improvement Services (AQIS).

Please note that this manual is for educational purposes only.

*****DISCLAIMER*****

This manual is a living document and will be amended as needed, based on changes made by the State as well as any internal program requirements implemented. Please keep in mind that the State sets the minimum requirements, and the County can impose standards above and beyond the State's guidance. This current version is based on the current understanding of the State regulations as well as the County's agreement with the State on what will be provided.

What is Medication Assisted Treatment (MAT)?

Also known as Medications for Addiction Treatment, MAT is the use of FDA-approved medications and biological products to treat Alcohol Use Disorder, Opioid Use Disorder, and any Substance Use Disorder. MAT services may be provided in clinical or non-clinical settings and can be delivered as a standalone service or as a service delivered as part of a level of care.

Effective January 1st, 2022, providers within the Drug Medi-Cal Organized Delivery System (DMC-ODS) network are required either to:

1. Offer MAT directly, OR
2. Have referral mechanisms in place to facilitate access to MAT off-site

Who Can Provide MAT services?

Under the DMC-ODS, MAT services can only be provided by the following service providers:

- LPHA Physician
- LPHA Physician Extender
- LPHA Non-Physician

****No other medical professionals are qualified to provide MAT services!****

LPHA Physician	LPHA Physician Extender	LPHA Non-Physician
Physician (MD)	Registered Nurse Practitioner (NP)	Registered Nurse (RN)
	Physician Assistant (PA)	

What About LPHA Physician Extenders?

The LPHA Physician may delegate their duties to either a Physician Assistant or Registered Nurse Practitioner, to the extent it is outlined in your agency's Policies and Procedures and within the scope of their practice/license.

What About Licensed Vocational Nurses (LVN)?

LVN's are not able to provide MAT services. The State does not recognize LVN's as an LPHA Non-Physician.

Important Note:

If your program does not have or intend to utilize a Physician, Physician Assistant, or Registered Nurse Practitioner, you must implement a referral mechanism that entails more than simply providing clients with the contact information for outside MAT services.

To facilitate the referral mechanism to MAT, the provider referring to MAT must complete a warm handoff to the MAT provider to ensure the client has been accepted into the MAT provider's program. The warm handoff must be done in real-time with the client and can be done in person or by telecommunications.

What Are MAT Services?

MAT Services are medically necessary services provided in accordance with an individualized treatment plan determined by a LPHA Physician, LPHA Physician Extender, or LPHA Non-Physician working within their scope of practice, which include:

- Assessment
- Treatment Planning
- Ordering
- Prescribing
- Administering
- Monitoring
- Care Coordination

How Are MAT Services Billed?

There are essentially two (2) billing codes that are used within the MAT programs. They are as follows:

<u>MAT Billing Code:</u>	<u>MAT Care Coordination Billing Code:</u>
<ul style="list-style-type: none">• Assessment• Treatment Planning• Ordering• Prescribing• Administering• Monitoring	<ul style="list-style-type: none">• Care Coordination

All MAT providers use the same billing codes!

This means that there is no difference based on title as to who uses what code. LPHA Physicians, LPHA Physician Extenders, and LPHA Non-Physicians (RN) can ALL use the same billing codes. The difference will be in the content of the documentation to substantiate the billing across LPHA Physicians (MD), LPHA Physician Extenders, and LPHA Non-Physicians (RN) because of scope of practice.

2. Documentation of MAT Services

Assessment

Each individual seeking MAT Services must receive an assessment to determine medical necessity and appropriateness for MAT.

1. Medical Necessity:

- a) Have at least one diagnosis from the current DSM for Substance-Related and Addictive Disorders, with the exception of Tobacco-Related Disorders and Non-Substance-Related Disorders; OR
- b) Have had at least one diagnosis from the current DSM for Substance-Related and Addictive Disorders, with the exception of Tobacco-Related Disorders and Non-Substance Related Disorders, prior to being incarcerated or during incarceration, as determined by substance use history.

2. Appropriateness for MAT:

- a) Use of assessment information on the client's history and current impairments through each of the dimensions of the ASAM Criteria to demonstrate the need for MAT.

The State does not dictate how the assessment must look or whether it needs to be a standalone document.

MAT Assessment Activities

- Interview the client to gather historical information, including history of present illness/substance use, psychiatric history, medical history (including medications), allergies, family history of illness/substance use, and social history.
- Perform a mental status examination
- Administer psychometric/screening tools (e.g., AUDIT, DAST).
- Complete a focused physical assessment—pertinent to treatment of substance use disorder(s)
- Observe for signs of substance use withdrawal
- Review of systems (ROS)
- Obtain vital signs

Who Can Provide MAT Assessment Activities?

LPHA Physicians (MD), LPHA Physician Extenders, and LPHA Non-Physicians (RN) can provide assessment activities in a MAT program. The issue is scope of practice. The interventions provided must be within the scope of practice for his/her/their license. Below is a breakdown of who can provide what as it relates to Assessment:

LPHA PHYSICIAN (or LPHA Physician Extender):

- Interview the client to gather historical information, including history of present illness/substance use, psychiatric history, medical history (including medications), allergies, family history of illness/substance use, and social history.
- Perform a mental status examination
- Administer psychometric/screening tools (e.g., AUDIT, DAST).
- Complete a focused physical assessment—pertinent to treatment of substance use disorder(s)
- Observe signs of substance use withdrawal
- Review of systems (ROS)
- Obtain vital signs

LPHA NON-PHYSICIAN (RN):

- Gather historical information – to report to prescribing provider
- Observe for signs of substance use withdrawal -- to report to prescribing provider
- Obtain vital signs
- Administer psychometric/screening tools (e.g., AUDIT, DAST).

Frequently Asked Questions (FAQ) for Billing Assessment in MAT:

1. If an RN is performing an opiate withdrawal scale and vitals on the day of medication initiation when a client is also seeing the physician or physician extender, can the RN bill MAT Medication Services? **YES**
2. If an RN is reviewing a client's physical health history and gathering information from the client (i.e., SUD history, health habits, history [including sleep]), can the RN bill for MAT Medication Services? **YES**
3. RN having conversations with or phone calls with the family member (for medication services) are **BILLABLE**.

Treatment Planning

Each individual enrolled in MAT, must have a treatment plan in place.

The State does not dictate how the treatment plan must look or whether it needs to be a standalone document. Therefore, there are a couple of options for a treatment plan:

- A formal treatment plan document
- Treatment plan embedded into a session progress note

IMPORTANT COMPONENTS OF A TREATMENT PLAN:

The Treatment Plan should include information about what the plan will be for administering the medication as it relates to the specific individual. This would include information such as medication name, dosage, frequency, what the medication will address, and the plan for monitoring/follow up. If there will be other MAT providers involved, besides the physician, indicate what their involvement will be.

MAT Treatment Planning Activities

- Formulate and document a comprehensive treatment plan for substance use disorder(s) that may include pharmacological (medication) and non-pharmacological based treatments (e.g., counseling, groups, residential treatment).
- Review treatment plan with beneficiary.
- Provide education on treatment/interventions to address substance use disorder(s).
- Provide Overdose Prevention Education and resources (including naloxone).
- Update treatment plan based on ongoing monitoring of beneficiary and new case information.

Who Can Provide MAT Treatment Planning Activities?

In MAT, the only provider who can provide and bill for Treatment Planning activities is the LPHA Physician (MD) or LPHA Physician Extender (PA or NP). Some aspects of Treatment Planning are as follows:

- Formulate and document a comprehensive treatment plan for substance use disorder(s) that may include pharmacological (medication) and non-pharmacological based treatments (e.g., counseling, groups, residential treatment). Coordination with client to obtain a copy of their most recent physical examination if it is missing.
- Review treatment plan with client.
- Provide education on treatment/interventions to address substance use disorder(s).
- Update treatment plan based on ongoing monitoring of beneficiary and new case information.

Frequently Asked Questions (FAQ) for Treatment Planning in MAT:

1. If the physician or physician extender has completed the MAT assessment and the MAT treatment plan, can the RN also bill for providing MAT services and use the same code as the physician or physician or physician extender? **YES, if it is reflected on the treatment plan developed by the prescriber.**
2. Do MAT Treatment Plans need to include the goal for a Physical Exam (PE)? **YES, if the client is solely receiving MAT services and no other treatment because the guidance from the State is that ALL levels of care need the PE goal on the treatment plan if the client has not had a PE in the last 12 months.** However, if

the client is receiving services simultaneously at different programs (for example, ODF at one site and MAT at another), then it would make clinical sense for at least one of those providers to be addressing it and the program that is not, to indicate as such on the treatment plan. This is where documentation of the coordination of care between programs is going to be important.

Ordering

In MAT, the only provider who can provide and bill for Ordering activities is the LPHA Physician (MD) or LPHA Physician Extender (PA or NP). An example of activities that constitute Ordering are as follows:

- Order clinically appropriate lab tests, diagnostics (e.g., EKGs) and referrals to other medical and care providers.

Prescribing

In MAT, the only provider who can provide and bill for Prescribing activities is the LPHA Physician (MD) or LPHA Physician Extender (PA or NP). An example of activities that constitute Prescribing are as follows:

- Prescribe medication(s) for treatment of a substance use disorder(s). This includes providing coverage medications for other prescribing providers within the same SUD/MAT program.

Administering

LPHA Physicians (MD), LPHA Physician Extenders, and LPHA Non-Physicians (RN) can provide activities related to Administering in a MAT program as follows:

LPHA PHYSICIAN (or LPHA Physician Extender):

- Administer or direct the client to take prescribed medications – may include oral or injectable medications.

LPHA NON-PHYSICIAN (RN):

- Administer or direct the client to take prescribed medications (under a prescribing provider's orders) – may include oral or injectable medications.

Frequently Asked Questions (FAQ) in Billing for Administering in MAT:

1. RN giving an injection, administering medication is **BILLABLE**.

Monitoring

LPHA Physicians (MD), LPHA Physician Extenders, and LPHA Non-Physicians (RN) can provide activities related to Monitoring in a MAT program as follows:

LPHA PHYSICIAN (or LPHA Physician Extender):

- Repeat aspects of the physical assessment to monitor for the effectiveness of medication/ treatment. This may also include evaluating interactions of the treatment with other elements of care the client may be receiving from other providers.

LPHA NON-PHYSICIAN (RN):

- Determine medication adherence or obstacles to adherence -- to report to prescribing provider.
- Respond to client inquiries and addresses the issue (if RN, within scope of practice (e.g., re-education on how to take medication or how to obtain refills, etc.) and/or consults with prescribing provider and treatment team

3. Documentation of MAT Care Coordination Services

Care coordination must be provided to coordinate care with treatment and ancillary service providers and facilitate transitions between levels of care.

What Are Care Coordination Activities?

- Consult with treatment team to facilitate treatment goals planning
- Complete discharge/transition planning to ensure follow-up
- Consult with other physicians who may be receiving the case after discharge or who have worked with the case prior to admission to the clinic
- Respond to beneficiary calls with concerns about medication
- Consult with treatment team to facilitate treatment goals planning
- Ensure that discharge plan/transition goals are completed (e.g., link to another medication provider, etc.)
- Troubleshoot any issues with the pharmacy
- Make referrals to primary care or other health providers
- Provide Overdose Prevention Education and resources (including naloxone).

- Consult with outside health care providers as it pertains to MAT and the client's MAT treatment plan, to make sure the other providers are aware of the client's participation in MAT in case of contraindications

Who Can Provide Care Coordination Activities?

LPHA Physicians (MD), LPHA Physician Extenders, and LPHA Non-Physicians (RN) can provide activities related to Care Coordination in a MAT program as follows:

LPHA PHYSICIAN (or LPHA Physician Extender):

- Consult with treatment team to facilitate treatment goals planning
- Complete discharge/transition planning to ensure follow-up
- Consult with other physicians who may be receiving the case after discharge or who have worked with the case prior to admission to the clinic
- Respond to beneficiary calls with concerns about medication
- Consult with treatment team to facilitate treatment goals planning
- Ensure that discharge plan/transition goals are completed (e.g., link to another medication provider, etc.)
- Troubleshoot any issues with the pharmacy
- Make referrals to primary care or other health providers
- Consult with outside health care providers as it pertains to MAT and the client's MAT treatment plan, to make sure the other providers are aware of the client's participation in MAT in case of contraindications
- Provide Overdose Prevention Education and resources (including naloxone)

LPHA NON-PHYSICIAN (RN):

- Respond to beneficiary calls with concerns about medication and to convey these concerns to the LPHA Physician or LPHA Physician Extender
- Consult with treatment team to facilitate treatment goals planning
- Ensure that discharge plan/transition goals are completed (e.g., link to another medication provider, etc.)
- Troubleshoot any issues with the pharmacy
- Facilitate referrals from the LPHA Physician or LPHA Physician Extender to a primary care provider or other health providers
- Consult with outside health care providers as it pertains to MAT and the client's MAT treatment plan, to make sure the other providers are aware of the client's participation in MAT in case of contraindications
- Provide Overdose Prevention Education and resources (including naloxone)

Frequently Asked Questions (FAQ) in Billing for Care Coordination in MAT:

1. If the RN is coordinating with client's PCP for exchange of records, advising of MAT care, etc., can the RN bill for MAT Care Coordination? **YES**
2. Physician or physician extender conversations with or phone calls with the care coordinator, pharmacy, board and care, family member OR an extensive review of existing records (for medication services), OR an extensive chart summary (for medication services) are **BILLABLE MAT Care Coordination**.
3. Under the direction of the LPHA Physician or the LPHA Physician Extender, the LPHA Non-Physician (RN) assists in refilling prescription(s), has conversations with or participates in phone calls with the care coordinator, and calls the pharmacy or board and care (for medication services). All these services completed by the LPHA Non-Physician (RN) are **BILLABLE MAT Care Coordination**.

4. Progress Note Documentation in MAT

Required Elements of Progress Notes for MAT

The Medical Director or LPHA working within their scope of practice who provided the treatment service shall record a progress note that includes the following:

1. Client's name.
2. The purpose of the service.
3. Date, start and end times of each service and documentation start and end times.
4. A description of how the service relates to the client's treatment plan problems, goals, action steps, objectives, and/or referrals. The progress note should also include:
 - what the client says about the health problem;
 - records of the observations made after physically assessing the client;
 - a brief summary of your diagnosis of the client's existing conditions;
 - the treatment plan and healthcare and lifestyle recommendations for the client.
5. Identify if services were provided face-to-face, by telephone or by telehealth.
6. The Medical Director or LPHA shall type or legibly print their name and licensed credential, and sign (with their licensed credential) and date the progress note within seven (7) calendar days of the service. The signature shall be adjacent to the typed or legibly printed name.

The State does not dictate the format that Progress Notes must be written in, as long as all the required elements are documented!

Important Reminders for Progress Notes

- Must be written within 7 calendar days of the date of service to bill. Date of service counts as Day 1.
- Any notes completed outside of the 7 days must be made non-compliant.
- Clearly document the clinical need for the activities or interventions provided.
- Documentation Time is solely the time it takes to write the Progress Note
- This is particularly important if your Progress Note is going to include the assessment and/or treatment planning within the content of the note. Time spent on formulating/developing the assessment and/or treatment planning with the client is *Service Time*.

Frequently Asked Questions (FAQ) for Progress Notes in MAT:

1. Can the Physician, Physician Extender, or RN provide services for both perinatal and non-perinatal services in both the ODF and IOT programs? **YES**. Although a physician can provide individual counseling, group counseling, patient education, crisis intervention, family therapy and collateral services, these services are likely to be infrequent as a provider may have the physician dedicate their time to other services.
2. Do the RN progress notes need a co-signature? **NO**

Sample Progress Notes

Sample Content for Assessment Progress Note for LPHA Non-Physician (RN)

- **Reason for Visit:** Client states, “I’m here to get back on Suboxone. I’m tired of relapsing.” Client is 46-year-old Caucasian female with history of Opiate Use Disorder, referred by Outpatient provider.
- **New History or Information:** Checked vitals. Gathered information on client’s history of use, past treatment, medical/psychiatric, family/social/economic status to inform the physician as part of assessment. Noted for signs of intoxication/withdrawal to relay to the physician.
- **Treatment Adherence Assessed:** Client expresses desire to stay sober and appears motivated and was forthcoming with information.
- **Psychoeducation Provided:** Client encouraged to address potential impact of medication on current health issues with the physician at the physical assessment appointment.
- **Plan:** Initial assessment with the physician scheduled 3/16/22 at 1pm. RN to consult with physician to provide information obtained.

Sample Content for Assessment Progress Note for Physician or Physician Extender

- **Reason for Visit:** Client reports, “I want to be able to stay sober...I keep relapsing, but I did a lot better when I was on Suboxone.” Client is 46-year-old Caucasian female with history of Opiate Use Disorder, multiple treatment episodes, recent return to use after release from incarceration.
- **New History or Information:** Observed for signs of intoxication/withdrawal; assessed substance use (current/history); reviewed RN’s assessment with client and inquired further about family, medical, psychiatric, social/legal; completed ROS.
- **Performed Today:** Client meets criteria for Opioid Use Disorder based on daily use (last use 2/25/2022), complaints of cravings daily, with use impairing areas of life such as family relationship and employment, multiple attempts to stop on own without success. Client motivated and consents to medication treatment.
- **Plan:** Reviewed Buprenorphine treatment agreement, medication consent. Induction scheduled 3/18/22 at 10:30am. Suboxone 8/2, 1 strip BID SL, #14. Ordered routine labs (CBC, CMP, Hepatitis Panel, RPR). Routine/random UDS.

Sample Content for Care Coordination Progress Note for LPHA Non-Physician (RN)

- **Reason for Visit:** Client is 46-year-old Caucasian female presenting to clinic for MAT assessment. Referred by Outpatient program at ABC.
- **New History or Information:** Met and consulted with physician to prepare for client’s scheduled physical assessment appointment with the physician. RN provided information on client’s substance use history, treatment history, current presentation, vitals, medical/psychiatric history, social/family issues. RN also alerted physician to client’s concerns about current medical issues being impacted by the medication and that client was encouraged to address this at appointment with the physician.
- **Performed Today:** Physician inquired about past withdrawal experiences and circumstances surrounding client’s return to treatment. Based on client’s last use on 2/25/2022, complaints of cravings daily, failed treatment attempts, with use impairing current areas of life such as family relationship and employment, Physician reported client likely appropriate for MAT and Opioid Use Disorder. Physician briefly discussed possible areas of concerns and follow up coordination with PCP on client’s health issues.
- **Plan:** RN to follow up with physician after client’s scheduled physical assessment appointment for next steps.