





MEDICATIONS FOR ADDICTION TREATMENT (MAT) READINESS AND IMPLEMENTATION CHECKLIST

TOOL PURPOSE: This tool is designed to be a helpful guide for leadership at any health care provider considering providing medications for addiction treatment. The questions in this document can assist in determining organizational readiness to implement MAT, though there may be others depending on the design and make up of your organization. The questions are organized into five key sections:

- Organizational readiness
- Economic and regulatory readiness

- Workforce readiness
- Community readiness

• Patient and caregiver readiness

Each section includes a series of questions regarding areas to be considered before implementing a successful and sustainable MAT program. These sections and questions reflect consensus from interviews and discussions with experts (see <u>Acknowledgements</u>) as well as representatives of organizations that have successfully implemented MAT.

TOOL COMPLETION: This tool can be completed by key staff at any agency considering implementing MAT.

DIRECTIONS: Each section includes a series of questions regarding key areas for implementing a successful and sustainable MAT program. Review each question in consideration of the following scale:

- Not Ready = You do not have this information and you do not have a plan to obtain it.
- In Progress = You do not have this information, but you have a plan to obtain it.
- Ready = You have the information needed and/ or a plan to address the questions cited.

For each set of questions, place a checkmark in the category that best describes your current status. Count the totals from each category. Questions and sections with high numbers of responses of "Not Ready" or "In Progress" should be prioritized as items to be addressed while moving forward with MAT implementation.

ORGANIZATIONAL READINESS

An organization's readiness to take on such an initiative is critical to the successful implementation of any new initiative. When implementing MAT services, organizations must have significant administrative support and clear organizational processes in place.

QUESTION/AREA OF CONSIDERATION	NOT READY	IN PROGRESS	READY
Does your organizational leadership, including your board of directors, support the use of MAT?			
Could they benefit from gaining further information about MAT?			
Are there opportunities for sharing this information with your organization's board?			
Do you have data that demonstrate the potential benefits of offering MAT to the people you serve, including information on comorbid conditions and medication use?			
Have you decided what MAT services you will offer?			
Opioid use disorder			
Alcohol use disorder			
Smoking cessation			
Have you decided who you will offer services to?			
All patients			
Those with comorbid mental health disorders			
Those with comorbid chronic medical conditions			
Other special populations (e.g., pregnant women)			
Do you have integrated primary/behavioral health services?			
 Have you developed workflows to successfully connect patients to appropriate counseling and other behavioral health services? 			
 Have you developed workflows to successfully connect patients to appropriate primary care services? 			
Do you have appropriate <u>screening</u> and <u>assessment</u> practices to identify/diagnose substance use disorders?			
Do you have quality assurance protocol and appropriate data collection to support and maintain these new practices?			



QUESTION/AREA OF CONSIDERATION	NOT READY	IN PROGRESS	READY
Does your infrastructure support requirements (e.g., appropriate clinical space, storage) to offer MAT services?			
Do you know how <u>42 CFR</u> or state-based confidentiality laws would apply to your organization and patient populations?			
Do you have the proper consent forms in place?			
 Do you have the proper memorandums of understanding (MOU), qualified service organization agreement (QSOA) or other agreements in place to appropriately share information related to MAT? 			
 Are you aware of <u>resources</u> that are available to you if you have questions or concerns about 42 CFR or <u>confidentiality</u>? 			
TOTAL (COUNT)			

FINANCIAL AND REGULATORY READINESS

Coverage and reimbursement for MAT varies from state to state for both the public sector and private insurance marketplaces. Many states and commercial health plans require some form of preauthorization and some require that providers begin treatment with certain medications (step therapy). As coverage and policies may change over time, it is important to stay informed about your state's policies and private insurance options to find out where reimbursement is possible.

QUESTION/AREA OF CONSIDERATION	NOT READY	IN PROGRESS	READY
 What do Medicaid and commercial insurers require for the use of MAT in your state? Are there limitations on who can prescribe MAT, the length of time patients can use MAT and/or the type(s) of formulations patients may receive? 			
Does your state's Medicaid plan cover the MAT formulations that you would like to start offering (e.g., injectable naltrexone, sublingual buprenorphine)?			





QUESTION/AREA OF CONSIDERATION	NOT READY	IN PROGRESS	READY
Does your state view the use of MAT as an evidence-based practice? (Some states require that clinicians follow evidence-based practices to be reimbursed under Medicaid and private insurance.)			
Do you have a process in place to identify grant or foundation funding for MAT-related costs?			
Are you aware of the typical out-of-pocket cost for the medications and are your patients able to afford these costs? • If not, are you aware of ways you may be able to offset these costs for patients who need			
assistance?			
Have you done an analysis of the financial cost/benefit of providing MAT services? • If so, have you identified the most relevant billing codes to the provision of MAT?			
 Are clinicians eligible to receive Medicaid or commercial insurance reimbursement? Are they on preferred provider lists for commercial insurers and Medicaid managed care programs? Has your organization engaged in any financial assessment of additional revenue from the utilization of other behavioral/physical health services by patients receiving MAT services? 			
 If <u>financing MAT</u> is a challenge in your area: Do you have a plan for how you will work with legislators to educate them on the benefits and important of MAT as a service? 			
Will clinicians be reimbursed for clinical services required for MAT, such as physical examinations and urinalysis and other laboratory services?			
TOTAL (COUNT)			





WORKFORCE READINESS

An organization's readiness to take on such an initiative is critical to the successful implementation of any new initiative. When implementing MAT services, organizations must have significant administrative support and clear organizational processes in place.

QUESTION/AREA OF CONSIDERATION	NOT READY	IN PROGRESS	READY
How do current employees view MAT?			
How supportive are they?			
 Do they need <u>education</u> to understand the benefits of adding medication to current substance use disorder treatments? 			
Are there <u>attitudinal barriers</u> to the use of MAT in your state and community? If so, what are they and do you have a plan to address those barriers?			
Are you aware of the <u>federal guidelines</u> and <u>requirements</u> for the provision of MAT (especially, medications for opioid use disorder)?			
Does your agency have an appropriately trained team (physician, physician assistant, nurse practitioner, nurse, care coordinator, behavioral health specialist, peer support specialists) to administer medication and the associated behavioral health services?			
How will you access prescribers?			
Will the prescribers be internal or contracted?			
Will they be full- or part-time?			
How will you train them?			
How will you retain them in the practice?			
What are your state's regulations required to implement a MAT program, particularly scope of practice and necessary certifications? (For instance, some states require that physicians conduct the clinical assessment rather than nurses or social workers.)			
Do you know how you will provide on going training and supervision to staff? • Are you aware of training resources such as the Opioid Response Network or PCSS?			
Do your prescribers have access to <u>mentorship</u> and support related to the provision of MAT?			
TOTAL (COUNT)			



COMMUNITY READINESS

In addition to robust internal policies and procedures, sustaining MAT over the long term requires access to other community resources to enhance the services your organization provides.

QUESTION/AREA OF CONSIDERATION	NOT READY	IN PROGRESS	READY
How will you work with consumer groups and advocates to increase demand for and knowledge of MAT in the broader community?			
Do you have relationships with other organizations that can provide additional treatment supports and resources? • Are you able to contract with any of these other providers as a referral resource?			
Do you know and have relationships with hospitals, emergency rooms, or other providers and settings (jails, prisons, etc.) in the community that could benefit from your work providing MAT?			
Does your organization partner with organizations that provide <u>harm reduction services</u> (e.g., naloxone services, needle exchange etc.)?			
Is your organization affiliated with any local or national organizations that support the use of medications (e.g., primary care associations, <u>National Alliance for Medication Assisted Recovery</u>)?			
Is your organization affiliated with any peer, 12-step or <u>mutual support groups</u> that support the use of MAT?			
Are key community leaders and stakeholders aware of the evidence and benefits of MAT? • If not, do you have a plan to educate them?			
Do you have a plan for <u>outreach and engagement</u> of all community members who are at high risk for substance use disorders and could benefit from MAT? • How will you ensure <u>equitable access</u> to MAT services?			
TOTAL (COUNT)			



PATIENT/CAREGIVER READINESS

Education and engagement of patients and families on the use of MAT is key to sustaining treatment services beyond the organization's walls. Providing patients and families with proper information helps involve them in the self-management of their treatment.

QUESTION/AREA OF CONSIDERATION	NOT READY	IN PROGRESS	READY
Are there patient or caregiver barriers to the use of MAT? (These may include attitudinal barriers, out-of-pocket costs, barriers regarding transportation to/from appointments and difficulties with the side-effects of taking the medication.) • Who will provide leadership to develop and implement plans to overcome these barriers?			
How do you assess patient and caregiver knowledge or understanding of substance use disorders and MAT?			
How will you educate patients and caregivers about the <u>risks and benefits of MAT</u> and its place within the treatment continuum?			
 How do you assess a patient's support network? Are you aware of the options for mutual support groups in your community that support the use of MAT? Do you assess the patient's <u>recovery capital</u> as part of your overall care for the patient? 			
Is there a mechanism for you to receive feedback from patients and caregivers regarding the quality of your services?			
TOTAL (COUNT)			

NEXT STEPS: MOVE FROM READINESS TO ACTION

Take a look at where your responses fall in each section. They should give you a clear picture of where you have knowledge gaps and point out potential barriers to success. Depending on what gaps you have identified, your next step may be to share further information with staff or your agency leadership or form a plan to educate community members and leaders.



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