

1115 Substance Use Disorder System Reform Demonstration Project: Medication-Assisted Treatment Policy Statement

Purpose: the purpose of this policy statement is to state the Minnesota Department of Human Services' (DHS) formal medication-assisted treatment (MAT) policy for participating 1115 demonstration providers.

Summary: Minnesota DHS supports and encourages the use of all U.S. Food & Drug Administration (FDA) approved MAT medications as part of an evidence-based person-centered approach to treating opioid use disorder (OUD). Due to the chronic nature of addiction, there is no recommended time limit on pharmacotherapy for OUD. MAT should be given as long as the patient finds benefit, including as maintenance treatment (American Society of Addiction Medicine (ASAM), 2020; Substance Abuse and Mental Health Services Administration (SAMHSA), 2020). People properly using MAT are considered to be in abstinence-based recovery and therefore should not be required to taper off in order to continue treatment or participation in a specific program or facility (ASAM, 2020; SAMHSA 2020).

1115 Demonstration Background:

In 2017, the U.S. Department of Health and Human Services and the Center for Medicare & Medicaid Services (CMS) announced a new opportunity to combat the ongoing opioid crisis through Section 1115 demonstrations. The purpose of these demonstrations is to help states implement and expand “access to high quality, clinically appropriate treatment for OUD and other substance use disorders (SUD).” As part of the demonstration, states must show “how they are implementing evidence-based treatment guidelines, such as those published by the American Society of Addiction Medicine (ASAM)” (CMS, 2017). Treatment types in the guidelines include “outpatient, intensive outpatient, medication assisted treatment (MAT), residential, inpatient, and medically supervised withdrawal management” (CMS, 2017).

Minnesota’s Substance Use Disorder System Reform demonstration seeks to create a person-centered, clinically guided, and evidence-based treatment system for people experiencing addiction. DHS is creating this system through two components of the Demonstration: 1) Using the ASAM’s continuum of care guidelines to decide the proper level of treatment for patients’ needs including for OUD; and 2) Expanding Medical Assistance coverage to institutions for mental disease (IMDs).

Policy:

DHS supports and encourages the use of all FDA approved MAT medications as part of an evidence-based, person-centered approach to treating OUD. DHS is dedicated to providing high-quality, effective individualized care to all Minnesotans seeking treatment. Access to all forms of MAT is an essential component for equitable access and success of treatment and recent research shows evidence that access to methadone and buprenorphine may be racialized (Goedel et al., 2020) (see supplemental document: “Racial Disparities and Inequities in Medication Assisted Treatment”). In order to increase access to evidence-based treatment and promote equitable treatment, DHS encourages providers to accept clients receiving any FDA approved MAT.

In accordance with ASAM's 2020 update, all three FDA approved MAT medications used for the treatment of OUD (methadone, buprenorphine, and naltrexone) should be available to all clients diagnosed with OUD, unless there are medical contraindications. In recent randomized controlled trials, methadone, buprenorphine, and extended-release injectable naltrexone were more effective than no medication for reducing illicit opioid use and increasing patient retention in treatment (SAMHSA, 2020). Additionally, the World Health Organization (WHO) considers methadone and buprenorphine essential medications for psychoactive substance use in adults (WHO, 2017).

Due to the chronic nature of addiction, there is no recommended time limit on pharmacotherapy for OUD. Patients should be permitted MAT, including as maintenance treatment, for as long as they find benefit (Crotty et al., 2020; SAMHSA, 2020). People properly using MAT are considered to be in abstinence-based recovery and therefore should not be required to taper off in order to continue treatment or participation in a specific program or facility (ASAM, 2020; SAMHSA, 2020). Recent ASAM guidelines state, "Maintenance medications can be part of an individual's treatment plan in abstinence-based recovery activities or can be a part of harm reduction strategies" (ASAM, 2020, p.5). Maintenance treatment is designed to sustain clinical remission and symptoms of OUD and support recovery without an endpoint, similar to standards of care for other chronic diseases. By alleviating cravings and other symptoms of addiction, MAT allows people to manage and thrive in "other aspects of their life, such as parenting, school, or working" and thus reach their full potential (SAMHSA, 2020, p. 1-9).

Licensed SUD providers in Minnesota are required to provide clients identified as having an OUD with educational information, including the risks and benefits of all FDA approved MAT (Minnesota Statutes, 245G.05, subd. 1b). Often patients form initial preferences regarding medication without a full understanding of the risks and benefits; a patient cannot give informed consent until all treatment options are presented objectively (SAMHSA, 2020). Licensed providers and prescribers can help inform a patient's treatment plan, but the final plan should reflect a patient's individual needs and preferences, not the requirements of a program or facility (Crotty et al., 2020; Kamppan et al., 2015; SAMHSA, 2020). Psychosocial treatment is recommended with MAT, however if a patient declines psychosocial treatment or if psychosocial treatment is not available, MAT should not be delayed. MAT prescribers should also consider past treatment history, current state of illness, and treatment setting (SAMHSA, 2020).

The decision to discontinue or taper off MAT must be a patient led decision, made in collaboration with the medical provider and documented in the patient's file. Throughout the taper process, patients should be monitored closely, offered other treatment options, and made aware of the increased risk of overdose and death associated with returning to opioid use (SAMHSA, 2020). Other treatment options include but are not limited to other medications and recovery services. If they return to opioid use, they should be advised to resume treatment with medication (Crotty et al., 2020; SAMHSA, 2020).

Next Steps

If you have questions or concerns regarding MAT in the 1115 demonstration, please email 1115demonstration.dhs@state.mn.us. We will be developing FAQs from emails to inform future training opportunities.

References

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World Health Organization (WHO) (2017). WHO Model List of Essential Medicines. <https://www.who.int/medicines/publications/essentialmedicines/en/>