

Minnesota Department of Human Services 1115 Substance Use Disorder System Reform Demonstration Project: Substance Use Disorder Medications for Opioid Use Disorder Policy Statement

Purpose: this policy statement presents the Minnesota Department of Human Services' (DHS) formal medications for opioid use disorder (MOUD) policy for participating 1115 demonstration providers. State legislation enacted in 2022 updated language used in relation to substance use treatment. This language change aligns with national movement away from the terminology of Medication Assisted Treatment (MAT) toward a less stigmatizing and more accurate naming convention, Medications for Opioid Use Disorder (MOUD). While existing DHS publications may still use the terminology of MAT due to the date they were published, DHS will refer to this treatment as MOUD going forward.

Summary: Minnesota DHS supports and encourages the use of all FDA approved MOUD as part of an evidence-based, person-centered approach to treating opioid use disorder (OUD). Due to the chronic nature of substance use disorders, there is no recommended time limit on pharmacotherapy for OUD. MOUD should be provided if the patient finds benefit, including as maintenance treatment (ASAM 2020; SAMHSA, 2020). People properly using MOUD are in recovery and therefore should not be required to taper off 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, medications for opioid use disorder, 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 American Society of Addiction Medicine's continuum of care guidelines to decide the proper level of treatment for patients' needs; and 2) Expanding Medical Assistance coverage to institutions for mental disease (IMDs).

Policy:

DHS supports and encourages the use of all FDA approved MOUD 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 MOUD is an essential component for equitable access and success of treatment. To increase access to evidence-based treatment and promote equitable treatment,

DHS encourages providers receiving Medical Assistance funds under the 1115 demonstration to accept clients receiving any FDA approved MOUD (CMS, 2020).

In accordance with ASAM's 2020 update, all three FDA approved [MOUD](#) (methadone, buprenorphine, and naltrexone) used for the treatment of OUD 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 considers methadone and buprenorphine essential medications for treating psychoactive substance use in adults (WHO, 2017).

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, like standards of care for other chronic diseases. By alleviating cravings and other symptoms of addiction, MOUD 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, pp. 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 MOUD (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 guide 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 MOUD, however if a patient declines psychosocial treatment or if psychosocial treatment is not available, MOUD should not be delayed. MOUD prescribers should also consider past treatment history, current state of illness, and treatment setting (SAMHSA, 2020).

The decision to discontinue or taper off MOUD must be a patient led decision, made in collaboration with the medical provider and documented in the patient's file. Throughout a 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 the patient returns 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 MOUD in the 1115 demonstration, please email 1115demonstration.dhs@state.mn.us.

References

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