**Medication Assisted Treatment (MAT) Provider Guidance: Expectations and Responsibilities**

## I. Purpose

This document outlines expectations for LSFHS Network Service Providers delivering medication-assisted treatment (MAT), including office-based programs, mobile units, opioid treatment programs (OTPs), and SOR-funded services. Its goal is to clarify provider responsibilities, clinical and administrative requirements, and documentation standards, ensuring safe, effective, and person-centered care.

Where specific guidance is not available, existing federal guidelines and best practices are used to provide consistent standards across all MAT services. All timeframes included in this document represent minimum standards; providers must continue to use clinical judgment to determine whether more frequent screenings, assessments, or interventions are required based on individual needs.

## II. Provider Responsibilities

All MAT programs must operate under proper licensure and registration. Licensure and registrations must be maintained continuously and verified prior to service delivery. Mobile units must be an extension of a licensed program, and methadone mobile units must maintain registration under an existing OTP.

Providers are accountable for ensuring all MAT services are delivered in accordance with state and federal regulations in addition to contract requirements. This includes maintaining proper licensure, adhering to written policies and procedures, and ensuring staff have the appropriate training and credentials. Confidentiality must be preserved in accordance with 42 CFR Part 2 and other applicable statutes. All practitioners who have a current DEA registration that includes Schedule III authority, may prescribe buprenorphine for opioid use disorder in their practice if permitted by applicable state law.

Providers are responsible for maintaining clear and complete documentation that reflects clinical decisions, individual served engagement, counseling offers, medication administration, monitoring activities, and follow-up actions. Documentation should support both clinical quality and regulatory compliance.

## III. Clinical Expectations

### Intake and Assessment

A comprehensive intake assessment must be completed prior to initiating MAT. Assessments must consider substance use history, medical and mental health status, psychosocial factors, and pregnancy status for individuals of childbearing potential. Assessments must be updated at least annually, including an evaluation of the client's progress in treatment and justification for continued maintenance or medical clearance for voluntary withdrawal or a dosage reduction protocol.

### Treatment Planning

An abbreviated initial treatment plan must be completed upon placement into the MAT program, and an individualized treatment plan must be fully developed within thirty (30) days of admission. Treatment plans must outline medications, counseling, and goals, type and frequency of services to be provided, expected dates of completion, and must document informed consent for all medications, including risks, benefits, and alternatives. Refusals of counseling or medication must be documented, with follow-up plans included. For pregnant individuals, treatment plans must include prenatal counseling and referrals. Treatment plans must be reviewed and updated every ninety (90) days for the first year of treatment, and every six (6) months thereafter, unless clinical judgment requires more frequent updates. The treatment

plan must be signed and dated by the person providing the service and the client. If the staff member is not a qualified professional, the treatment plan must be countersigned by a qualified professional within 10 calendar days of completion.

**Clinical Monitoring**

Monitoring begins at initiation of treatment and continues throughout care. It must include assessment of treatment adherence, toxicology testing, and response to therapy. Changes to treatment, including take-home dosing or extended prescriptions, must be clinically justified, and documented. The frequency of monitoring is determined by stabilization stage and program policy, but providers must use judgment to increase monitoring when clinically indicated.

**Pregnancy Considerations**

Pregnant individuals require enhanced monitoring and support. A prenatal assessment must be completed at intake, dosing adjustments provided as clinically appropriate, and referrals to prenatal care documented. Monitoring must continue throughout pregnancy, with postpartum planning completed prior to delivery to ensure safety and continuity of care for both parent and infant.

## IV. Administrative Expectations

**Policies and Procedures**

Providers must develop and maintain written policies and procedures covering all aspects of MAT delivery. Policies should address medication storage and security, diversion prevention, staff supervision, take-home dosing, and counseling and supportive services.

**Quality Assurance Process**

Providers are expected to implement quality assurance processes to monitor adherence to policies, evaluate program effectiveness, and identify opportunities for improvement. Staff training and competency evaluations should be ongoing to ensure high-quality service delivery.

**SOR Funded Programs**

For SOR-funded programs, providers must verify eligibility, track enrollment, document service delivery, and submit required reporting within designated timeframes. Expenditures must align with allowable services and funding requirements. Policies must be reviewed annually, quality assurance and training activities must occur on an ongoing basis, and reporting must be completed according to grant or contract requirements.

**Best Practices**

Providers are expected to create a recovery-oriented environment, engage in continuous quality improvement, and implement evidence-based practices. Where state or program-specific guidance is not available, existing federal guidelines and best practices must be applied consistently.

All timeframes in this guidance are intended as minimum standards. Providers must exercise clinical judgment and increase the frequency of assessments, toxicology testing, treatment planning, or monitoring whenever necessary to ensure safety, support recovery, and meet the needs of the individual served.

**Resources:**

How to become an Accredited and Certified Opioid Treatment Program (OTP)

https://www.samhsa.gov/substance-use/treatment/opioid-treatment-program/become-otp?utm_

Florida's PDMP Educational Outreach Guide for Prescribing Opioids Safely

https://duval.floridahealth.gov/programs-and-services/preventoverdoseduval/pdmp_guide_florida_od2a_duval_county_web.pdf

Florida Statute Chapter 893 DRUG ABUSE PREVENTION AND CONTROL

https://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&URL=0800-0899/0893/Sections/0893.055.html

Waiver Elimination (MAT Act)

https://www.samhsa.gov/substance-use/treatment/statutes-regulations-guidelines/mat-act

Buprenorphine Telemedicine Prescribing: Questions and Answers

https://www.samhsa.gov/substance-use/treatment/statutes-regulations-guidelines/buprenorphine-telemedicine-prescribing

Bup Quick Start Guide

https://www.samhsa.gov/sites/default/files/quick-start-guide.pdf

TIP 63

https://library.samhsa.gov/sites/default/files/pep21-02-01-002.pdf

STATE PDMP PROFILES AND CONTACTS

https://www.pdmpassist.org/State

Office Based Opioid Minimal Requirements and best practices

https://pcssnow.org/wp-content/uploads/2024/12/Best-Practice-Office-Based-MOUD_2024.pdf

ASAM Pocket Guide

https://www.asam.org/docs/default-source/practice-support/guidelines-and-consensus-docs/asam-national-practice-guideline-pocketguide.pdf