

MEDICATION-ASSISTED TREATMENT (MAT) POLICY AND COST CAPS

Modality	Cost Cap	Required Service Components
Medication Assisted Treatment (MAT)	Oral Naltrexone \$37/day Vivitrol injection \$65/day Buprenorphine \$37/day Sublocade injection \$90/day Methadone \$30/day Acamprosate \$40/day Disulfiram \$35/day UA lab confirmation \$200/test	Maximum paid units: <ul style="list-style-type: none"> • 548 days per court case Components: <ul style="list-style-type: none"> • Use of FDA-approved medications in combination with counseling and behavioral therapies • Must be billed concurrently with another level of care (i.e. social detox, intermediate/residential, reintegration, therapeutic community, intensive outpatient, outpatient, or relapse prevention) • May be short term (e.g., to manage withdrawal) or part of client’s long-term recovery • Approved providers may bill for each day client benefits from medication

Medication-Assisted Treatment (MAT)

Medication-assisted treatment is defined by the Substance Abuse and Mental Health Services Administration (SAMHSA) as “the use of FDA-approved medications, in combination with counseling and behavioral therapies, to provide a ‘whole-patient’ approach to the treatment of substance use disorders (SUDs)”. Funding for MAT ensures that Senate Bill 123 (SB 123) participants receive comprehensive and evidence-based care that improves recovery outcomes, reduces recurrences of use, lowers the risk of overdose, and reduces recidivism. References to SB 123 throughout this document shall be assumed to apply to SB 123, RAFT, and SB 123+ unless otherwise noted. Providers who are currently KSSC-certified and wish to receive funding for facilitating MAT shall submit an Implementation Plan Addendum, which will then be approved or denied. If approved, the Implementation Plan Addendum can be recertified on the same 4-year cycle as the agency’s KSSC recertification. All individuals and entities operating pursuant to this policy shall adhere to the Health Insurance Portability and Accountability Act of 1996 (HIPAA), federal confidentiality laws and regulations, including 42 C.F.R. Part 2, and all state laws and regulations that protect relevant health information.

- **Eligibility and Access**
 - **SB 123 Eligibility:** To be eligible for KSSC-funding, participants must be sentenced to SB 123/123+ or have entered into a RAFT diversion agreement.
 - **Criteria for MAT Access:** To be eligible for MAT, SB 123 participants must have a diagnosis of alcohol use disorder (AUD) or opioid use disorder (OUD).
 - **Non-Discriminatory Access:** MAT should be offered as an option when clinically appropriate without discrimination. In some cases, this may mean using telehealth in a manner and scope previously approved by the Kansas Sentencing Commission. Participation shall not be denied to any individual who is assessed as having AUD or OUD and who wishes to participate.
 - **Decision to participate:** The decision to receive MAT shall be voluntary and made by the SB 123 participant. Informed consent and patient choice are key components of a successful treatment program.
 - 1. A SB 123 participant shall not receive any incentives nor be subject to a probation violation solely due to a decision to begin MAT, not begin MAT, or discontinue MAT.
 - 2. Participants may elect to undergo screening and, if clinically indicated, commence participation in MAT at any time during their SB 123 treatment and supervision.
 - 3. A SB 123 participant may elect to discontinue MAT. In such cases, discontinuation shall adhere to a medically appropriate tapering protocol.

- **Approved Medications**
 - MAT services for SB 123 participants shall be in accordance with accepted medical standards; therefore, medications approved by KSSC represent those that are FDA approved for the treatment of OUD and AUD. The lists below and cost caps and relevant forms will be updated as needed.
 - 1. **Opioid Use Disorder (OUD) Medications:** Vivitrol injection, buprenorphine, Sublocade injection, and methadone
 - 2. **Alcohol Use Disorder (AUD) Medications:** oral naltrexone, Vivitrol injection, acamprosate, and disulfiram

- **Treatment Structure**
 - **Comprehensive Treatment:** MAT shall be provided as part of a holistic treatment plan that combines medication with another approved treatment modality (i.e. social detox, intermediate/residential, intensive outpatient, outpatient, or relapse prevention). MAT facilitation and the approved treatment modality may be delivered by the same provider or by separate providers. When delivered by separate providers, providers must coordinate care, including communication regarding treatment planning and ongoing clinical progress, to ensure integrated service delivery in the best interest of the SB 123 participant.
 - **Treatment Plans:** For SB 123 participants receiving MAT, providers shall incorporate the use of medication(s) into the participants' treatment plan. Each plan shall identify the medication(s) prescribed and reflect an appropriate level of counseling and recovery support.

- **Treatment Structure:**
 1. Following the SUD assessment, an individual sentenced to SB 123 and assessed as having an OUD or AUD shall be advised of their eligibility to receive MAT as clinically appropriate.
 2. Potential MAT recipients shall be provided access to a qualified health care practitioner for the following purposes:
 - To perform a medical examination to determine if the potential recipient is a candidate for any or all medication to treat for OUD or AUD.
 - To explain the risks and benefits of such medication.
 - To administer and oversee the induction phase of initiating MAT, if applicable; and
 - To monitor the recipient's response.
 3. Prior to initiating MAT, the provider shall ensure that the Client Placement Agreement (CPA) indicates that the SB 123 participant will receive MAT and is signed by the supervision officer.
- **Continuity of Care:** Funding for MAT is available for the duration of a participant's time in KSSC-funded treatment (up to 18 months). It is the provider's responsibility to be aware of the participant's KSSC eligibility expiration date. This expiration date may be a relevant factor for a SB 123 participant when deciding whether to begin MAT. Participants should be informed of their eligibility expiration date and supported in making a clinically sound decision with this date in mind. As soon as a SB 123 participant begins receiving MAT, providers shall start working collaboratively with the participant to develop a plan to ensure they have continued access to MAT upon expiration of their eligibility for KSSC funding. If MAT is discontinued for any reason, providers shall taper the participant off MAT in a manner consistent with best practices to reduce chances of withdrawal, recurrences of use, or other adverse outcomes that may be the result of prematurely ending MAT or tapering too quickly.
- **Provider Requirements**
 - Providers who wish to facilitate MAT for SB 123 participants shall complete the relevant portion of the Implementation Plan. Providers who are KSSC-certified at the time MAT funding takes effect and who would like to facilitate MAT must complete and submit an Implementation Plan Addendum (attached) to KSSC for review. Providers agree to follow all federal and state guidelines related to MAT and/or the specific medication being provided, including the Certification of Opioid Treatment Programs (42 CFR Part 8) and Federal Guidelines for Opioid Treatment Programs (42 CFR Part 9), etc. where applicable.
 - **Role of Treatment Provider:** It is the role of the KSSC certified treatment provider to make treatment decisions, including clinical assessments, diagnosis, and treatment, including MAT, in collaboration with SB 123 participants. Treatment providers shall determine the appropriate response when a SB 123 participant is found to be diverting medication or noncompliant with prescribed medication. Such diversion or noncompliance shall be reported to the participant's supervision officer.

- **Provider Facilitation:** Providers may choose to facilitate MAT in a variety of ways, including:
 1. Full or part time staff who meet all state and federal requirements to prescribe MAT, keeping in mind these requirements may be different for different medications.
 2. Contract or formal affiliation with other provider(s) that have full or part time staff who meet all state and federal requirements to prescribe MAT.
 3. Informal collaboration with a primary care provider or clinic that has staff who meet all state and federal requirements to prescribe MAT.

- **Collaboration with supervision officers**
 1. Communication between treatment providers and supervision officers is a critical element in the success of the SB 123 program. For SB 123 participants receiving MAT, monthly communication standards as outlined in the Senate Bill 123, RAFT, and Senate Bill 123+ Alternative Sentencing Policy Operations Manual (“Operations Manual”) apply. Monthly communication may not be sufficient for SB 123 participants receiving MAT. Providers who are approved to facilitate MAT for SB 123 participants shall be proactive in communicating with supervision officers. This communication shall include the medication the participant is receiving, their progress or lack thereof in meeting their treatment goals, the results of all drug screens, and any other information that is relevant to the effective supervision of individuals sentenced under SB 123.
 2. Multi-Disciplinary Team meetings (MDTs) have been demonstrated to be an integral part of successfully facilitating MAT services for people on community supervision and/or diversion. Treatment providers and supervision officers shall participate in MDTs as needed, in addition to, or, when appropriately documented, as a replacement for other forms of communication such as emails or Monthly Progress Reports.

- **Provider audits**
 1. Providers approved to facilitate MAT services for SB 123 participants are subject to the KSSC provider auditing policy. Participant files for those receiving MAT and personnel files for prescribers employed by approved providers must be provided to KSSC within seven calendar days of a request by the SB 123 Program Director. The auditing policy in its entirety is located on the [KSSC website](#).

- **Data Reporting:** Providers approved to facilitate MAT must send the following to the Kansas Sentencing Commission by July 15 of each year: the number of SB 123 participants who received MAT during the prior state fiscal year (July 1-June 30), the diagnosis for which the medication was prescribed, the name of the medication prescribed, and the outcome of treatment (ongoing, successful, unsuccessful, or unknown).

- **Supervision of SB 123 participants receiving MAT**
 - **Role of supervision officer:** Supervision officers are responsible for making case management decisions related to the participant's probation supervision or RAFT diversion agreement. No SB 123 participant shall be removed from or denied participation in MAT as a result of supervision violation(s).
 - **Collaboration with treatment providers:** Supervision officers shall collaborate with treatment providers regarding the successes and ongoing risks and needs of SB 123 participants receiving MAT.
 - **Jail sanctions:** If a SB 123 participant on MAT is required to serve a jail sanction, supervision officers must collaborate with the MAT provider and local jail to ensure that receipt of MAT is not negatively impacted by the jail sanction. Suddenly discontinuing a participant's MAT can result in a multitude of adverse consequences, including precipitated withdrawal, recurrences of substance use, increased chances of overdose, and destabilization of physical and mental health.
 - **Probation and diversion revocations:** If a SB 123 participant on MAT is facing the revocation of their diversion or probation, supervision officers must communicate this to the treatment provider as soon as they are aware that a motion to revoke diversion or probation has been filed with the court. Every effort shall be made to ensure that the participant is either able to continue receiving MAT or be tapered off in a way that is medically appropriate and reduces the chances of adverse consequences.

- **Monitoring and Oversight**
 - **Urine Drug Screens:** SB 123 participants receiving MAT are subject to a minimum once monthly urine drug screen to ensure medication compliance and prevent diversion. If possible, providers are encouraged to use drug screens which differentiate between prescribed medications and illicit opioids. If such a test is not available, and a participant on MAT tests positive on a urine drug screen, and either provider or participant believes this positive test to be a result of the prescribed MAT, the provider may send the test to a lab of their choice for confirmation. This test may be reimbursed at the rate indicated on the [KSSC Cost Caps](#).
 1. Results of all drug screens shall be reported to the SB 123 participant's supervision officer.
 2. SB 123 participants shall not face probation violations or revocation of RAFT diversion agreements due to the presence of MAT medications in drug screens.
 3. No SB 123 participant shall be denied eligibility for MAT or discontinued on MAT solely based on a positive drug screen. Treatment providers shall address any positive drug screens as clinically appropriate within the participant's treatment.

- **Diversion Prevention:** Providers who are approved to offer MAT onsite must make all reasonable efforts to prevent diversion of medication. These efforts may include, but not be limited to, the following: monitoring the dispensation of medications, spot audits and incident reports, secure storage of medications, multidisciplinary team meetings, medication level monitoring, and pill counts. Providers agree to adhere to all applicable federal and state standards regarding the prescribing, storage, and dispensation of MAT.
- **Insurance, Medicaid Coverage and Billing**
 - **Reimbursement:** All fees and cost caps listed are the negotiated rates and limitations for the program. Providers will be required to bill any applicable insurance the client may have. KSSC is the payer of last resort. For participants with insurance, invoices are to be submitted within 45 calendar days from issuance of Explanation of Benefits (EOB). SB 123 participants shall not be charged a fee for provider's facilitating MAT or for their medication. The only exception to this is for participants who have insurance and are subject to a copay at pharmacy pickup.
 - **Billing Requirements:** Providers may bill the daily rate as listed in the cost caps for the prescribed medication for each day a participant benefits from the medication. In doing so, providers are attesting to the fact that the SB 123 participant received the medication in accordance with medical standards, the agency's approved Implementation Plan, and the participant's treatment plan. Payment for services under SB 123 is made from state funds. Therefore, any false claims, statements, documents, or concealment of a material fact may be prosecuted under applicable federal and state law. The submission of false documentation, including, but not limited to, charging for services not performed, or giving or receiving a monetary incentive or bribe in relationship to treatment services for SB 123 participants, are crimes subject to prosecution under applicable federal and/or state law and applicable consequences from licensing bodies. When billing for MAT, providers are required to retain any and all records in accordance with relevant federal and state laws and licensing standards.

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