Policy Title: Criteria for Initiating, Continuing, and Discontinuing Medications (Including MAT)

Effective Date: 08/15/2025

Approved By: Director of Medical and Clinical Services

Review Schedule: Annually or as Needed

Applies To: All Programs — Outpatient MH/SUD, IOP, PHP, and Integrated Primary Care/Behavioral Health

I. Purpose

To ensure consistent, evidence-based decision-making when initiating, continuing, modifying, or discontinuing medications, including medication-assisted treatment (MAT), in compliance with CARF 2025 standards, Ohio regulations, and SAMHSA guidance.

II. Scope

This policy applies to all prescribers, nurses, and behavioral health staff involved in medication management across all REACH for Tomorrow programs, including mental health, SUD, integrated primary care, IOP, PHP, and MAT services.

III. Policy Statement

All prescribing decisions are based on clinical assessment, diagnosis, and evidence-based guidelines. Prescribers must document medical necessity, obtain informed consent, and evaluate risks, benefits, and adherence. Medications are continued only when beneficial and discontinued when risks outweigh benefits or goals are met.

IV. Definitions

- Initiation: Starting a new medication after assessment and diagnosis.
- Continuation: Ongoing prescribing based on efficacy and safety.
- Discontinuation: Tapering or stopping a medication when no longer indicated or unsafe.
- MAT: FDA-approved medications for opioid or alcohol use disorders combined with therapy.

V. Procedure

A. Criteria for Initiating Medications

1. Comprehensive clinical assessment with diagnostic confirmation.
2. Review of current medications, allergies, and history of adverse reactions.
3. Screening for substance use, contraindications, and potential interactions.
4. Risk-benefit analysis and discussion of expected outcomes.
5. Informed consent obtained and documented.
6. MAT-Specific Criteria: DSM-5 diagnosis, readiness for MAT, OARRS verification, UDS prior to induction.
7. Documentation: Diagnosis, rationale, medication choice, and monitoring plan.

B. Criteria for Continuing Medications

1. Evidence of symptom control, stability, or relapse prevention.
2. No significant side effects or adverse reactions.
3. Ongoing adherence and engagement in treatment.
4. Reevaluation every 90 days or per clinical standard.
5. MAT Continuation: Regular UDS, psychosocial stability, compliance with therapy.
6. Coordination with behavioral and primary care providers.

C. Criteria for Discontinuing Medications

1. Treatment goals achieved and sustained remission.
2. Lack of therapeutic benefit after adequate trial.
3. Emergence of adverse reactions or contraindications.
4. Non-adherence, misuse, or diversion concerns.
5. Client request after informed discussion.
6. MAT Discontinuation: Noncompliance, diversion, or instability requiring higher level of care.
7. Process: Gradual taper, documentation, and education on withdrawal or relapse risks.

VI. Documentation Standards

All prescribing decisions include rationale, informed consent, integration into the treatment plan, and communication with other providers. Monitoring data such as labs, UDS, and OARRS reviews are included.

VII. Oversight and Quality Assurance

1. Quarterly peer reviews of prescribing patterns.
2. MMC oversight of initiation, continuation, and discontinuation trends.
3. Integration of metrics into QI performance indicators.

VIII. Roles and Responsibilities

- Prescribers: Evaluate and document medication decisions.
- Nursing Staff: Reconcile medications, monitor side effects, and provide education.
- Behavioral Health Staff: Coordinate care and report clinical observations.
- Medical Director: Oversee compliance and approve MAT protocols. Manage audits, training, and QI reporting.