**Non-OTP** (for agencies who offer levels of care other than opioid treatment program services)

*Please complete all of the following as applicable, and include additional attachments if additional space for documentation is needed.*

1. **Agency Information**

Agency Name: Click or tap here to enter text.

Contact Name: Click or tap here to enter text.

Contact Email: Click or tap here to enter text.

1. **Current State** (prior to the implementation of this workforce incentive program)

*Check the box corresponding to which of the following that apply*

Our agency does not currently provide or coordinate addiction medication services for our patients

Our agency refers patients to external partners who provide addiction medication services to patients

If so, please describe which partners with whom you coordinate addiction medication services for patients and your process for coordinating this care:

|  |
| --- |
|  |

*Include additional description / addenda when necessary*

Our agency has medical clinicians working as members of our treatment team who provide addiction medication services directly to patients. If so:

These services are billed via medication services claims to SAPC

Please identify the following information describing the prescribing clinician(s) you have on your agency’s treatment team who have already been providing addiction medication services to patients at your agency:

|  |  |  |
| --- | --- | --- |
| Practitioner Name | License type  physician, physician assistant, advanced practice registered nurse | Hours per week |
|  |  |  |
|  |  |  |
|  |  |  |

*Hours per week can be inclusive of direct clinical services and of administrative time. Include additional rows when necessary*

Please identify which of your agency’s SAPC-contracted treatment locations offer addiction medication services directly to patient and which modalities medication services are available:

|  |  |  |
| --- | --- | --- |
| Site Name and Address | Modalities Available | List which addiction medication(s) are provided at this site[[1]](#footnote-2) |
|  | In-Person  Telehealth |  |
|  | In-Person  Telehealth |  |
|  | In-Person  Telehealth |  |

*Include additional rows when necessary*

Please approximate a monthly estimate of patients treated with addiction medications (from any source):

|  |  |
| --- | --- |
| Receipt of Addiction Medication Services | Number of Patients  per Month |
| Through referrals to external community partners |  |
| Provided directly by our agency and **not** claimed to SAPC |  |
| Provided directly by our agency and claimed to SAPC |  |

Of these patients who receive addiction medication services, approximately which percentage of these patients are treated with which of the following1:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Medication | Approximated Percentage |  | Medication | Approximated Percentage |
| Sublingual buprenorphine |  |  | Nicotine Patches |  |
| Injectable extended-release buprenorphine |  |  | Non-patch nicotine medications (gums/lozenges, etc) |  |
| Oral naltrexone |  |  | Varenicline |  |
| Injectable naltrexone |  |  | Bupropion |  |
| Methadone |  |  | Acamprosate |  |
| Naloxone (via prescription) |  |  | Disulfiram |  |

Please describe any additional information which describes your agency’s provision and/or coordination of addiction medication services to patients prior to implementing this Workforce Development 1E cost-sharing program.

|  |
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|  |

*Include additional description / addenda when necessary*

1. **Proposed Implementation of Addiction Medication Services**

*Check the box corresponding when the following implementation items apply:*

Use the drop-down menu below to indicate the number of hours per week your agency proposes to increase medical clinicians providing medical assessments and medical management at your agency:

Choose an item. Hours per week

*Note that hours per week can be inclusive of direct clinical services and of administrative time. Start-up funding is available to all SAPC-contracted treatment agencies at a ratio of $200,000 per 40 hours per week of addiction medication prescribing clinician time, distributed as 75% in Year I and 25% in Year 2. The hours indicated via this item above will be matched against your invoicing for verification prior to disbursing start-up funding. At present, the cap on funding is $200,000 per agency (regardless of tier).*

Our agency attests that all required *non-methadone* medications described within [SAPC Information Notice 24-01 - Addiction Medication Access in the SAPC Treatment Network Attachment B - Required Addiction Medications](http://ph.lacounty.gov/sapc/bulletins/START-ODS/24-01/SAPC-IN-24-01-Attachment-B-Required-Addiction-Medications.pdf) will be provided directly to patients at our agency.

Please indicate the date that your agency’s addiction medication policy (referenced in SAPC Information Notice 24-01) was submitted to your SAPC Contracted Program Analyst: Click or tap to enter a date.

Our agency has identified the following medical clinicians who will serve as members of our treatment team who provide addiction medication services directly to patients and which are paid via claims to SAPC.

|  |  |  |
| --- | --- | --- |
| Practitioner Name | License type  physician, physician assistant, advanced practice registered nurse | Proposed hours per week (across all sites) |
|  |  |  |
|  |  |  |
|  |  |  |

*Hours per week can be inclusive of direct clinical services and of administrative time. Include additional rows when necessary*

Our agency has not currently identified which physicians, advanced practice registered nurses, or physician assistants we plan will offer medication services paid via claims to SAPC.

If the table above does not account for the total number of addiction medication prescribing clinician hours identified on Page 3, then please describe your plan to recruit (additional, if applicable) addiction medication prescribing clinicians:

|  |
| --- |
|  |

*Include additional description / addenda when necessary*

1. **Proposed Implementation of Addiction Medication Services** (continued)

*Check the box corresponding when the following implementation items apply:*

Please list which site(s) of care you propose that your addiction medication prescribing clinician(s) will provide addiction medication services directly to patients.

|  |  |  |  |
| --- | --- | --- | --- |
| Site Name and Address | ASAM Level(s) of Care | Modalities Proposed | Proposed Hours/week of In-Person Addiction Medication Services[[2]](#footnote-3) |
|  |  | In-Person  Telehealth |  |
|  |  | In-Person  Telehealth |  |
|  |  | In-Person  Telehealth |  |

*Include additional rows when necessary*

* Please propose an estimate of how many patients your agency will provide medication services to directly and claimed to SAPC each month: Click or tap here to enter text.

Of the patients who you estimate which receive addiction medication services, approximately which percentage of these patients do you estimate will be treated with which of the following1:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Medication | Approximated Percentage |  | Medication | Approximated Percentage |
| Sublingual buprenorphine |  |  | Nicotine Patches |  |
| Injectable extended release buprenorphine |  |  | Non-patch nicotine medications (gums/lozenges, etc) |  |
| Oral naltrexone for OUD |  |  | Varenicline |  |
| Injectable naltrexone for OUD |  |  | Bupropion |  |
| Oral naltrexone for AUD |  |  | Acamprosate |  |
| Injectable naltrexone for AUD |  |  | Disulfiram |  |
| Naloxone (via prescription) |  |  |  |  |

Please include any additional description that describes your agency’s implementation plan for the direct provision of addiction medication services to your agency’s patients that are paid via claims to SAPC.

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*Include additional description / addenda when necessary*

1. **Organizational Readiness Plan**

*Check the box corresponding when the following implementation items apply:*

Our agency is a primary Sage EHR provider who documents our clinical services, including the medication services conducted by our medical practitioners, in Sage. Our agency has or plans to obtain an agency license for 42 CFR Part 2 compliant software to support allergy interaction checking, medication reconciliation, and computerized medication order entry for our medical practitioners. Our agency currently or plans to document medication orders in Sage clinical notes **or** via the Sage *Provider File Attach* document upload functionality. *If your agency is a primary provider who does not already use your own software for electronic order entry, allergy documentation, and medication reconciliation, please estimate the timeline for your obtaining this software needed by your prescribing clinician(s) to provide direct medication services to* *patients*.

|  |
| --- |
|  |

*Include additional description / addenda when necessary*

Our agency is a primary Sage EHR provider who documents our clinical services in Sage. Our proposed prescribing clinician(s) has / have their own 42 CFR Part 2 compliant medical clinician documentation functionality that includes clinical notes, allergy interaction checking, medication reconciliation, and computerized medication order entry. Our agency currently or plans to require our medical clinicians enter clinical notes into Sage **or** upload documentation from their documentation into Sage via the Sage Provider File Attach document upload functionality.

Our agency is a secondary Sage EHR provider who documents our clinical services outside of Sage through a 42 CFR Part 2 platform. We will be using 42 CFR Part 2 compliant medical clinician documentation functionality (including, but not limited to, allergy interaction checking, medication reconciliation, and computerized medication order entry), for our addiction medication prescribing clinician’s documentation.

Each residential level of care (designated as ASAM 3.1, 3.3, and 3.5) where we plan to offer patient addiction medication services directly has been certified by DHCS to offer [incidental medical services](http://www.dhcs.ca.gov/provgovpart/Pages/Incidental-Medical-Services.aspx).

Our agency has not yet obtained, but plans to pursue, DHCS [incidental medical services (IMS) certification](http://www.dhcs.ca.gov/provgovpart/Pages/Incidental-Medical-Services.aspx) for residential sites of care (designated as ASAM 3.1, 3.3, and 3.5) where we propose to provide addiction medication services directly. *If so, please describe the timeline for your pursuit of IMS certification and list which sites you propose to obtain IMS certification.*

|  |
| --- |
|  |

*Include additional description / addenda when necessary*

1. **Organizational Readiness Plan** (continued)

*Check the box corresponding when the following implementation items apply:*

In-Person Field-Based Medication Services**:** Our agency proposes to coordinate patients’ receipt of medication services in-person with our addiction medication prescribing clinician(s) at clinical sites not managed by our agency, and which are not Drug Medi-Cal certified by the California Department of Health Care Services (DHCS), where these services are paid via claims made to SAPC. *If so, please describe which clinicians you plan to utilize for off-site in-person medication services, describe the location(s) your agency proposes to operate these services, and your agency’s plan to obtain community-based Field Based Services approval in accordance with* [*SAPC Information Notice 23-14*](http://publichealth.lacounty.gov/sapc/providers/manuals-bulletins-and-forms.htm)*. Please note that community field based services may apply to prescribing clinicians treating patient’s substance use disorder with medications in clinical settings, such as a private office, and is separate from prescribing clinicians providing in-home medication services where patients live.*

|  |
| --- |
|  |

*Include additional description / addenda when necessary*

Please describe your plan to prepare your staff to support the direct provision of addiction medication services, how you plan to update your workflow to support patients receiving medication services directly, and your plan to update your agency’s policies and procedures to reflect any planned changes for training your staff and managing your agency’s workflow.

|  |
| --- |
|  |

*Include additional description / addenda when necessary*

Our agency attests that our addiction medication prescribing clinicians will participate in all SAPC-required meetings designated for addiction medication prescribing clinicians.

*These currently include a bimonthly Medications for Addiction Treatment action team meeting and a quarterly medical directors meeting.*

1. **Proposed Budget**

Please prepare an annualized budget for how the first year of start-up funding for this incentive program is proposed to be utilized. SAPC does not plan to conduct itemized expenditure verification, but to avoid recoupment, provider agencies will need to submit quarterly implementation updates.

|  |  |
| --- | --- |
| Description | Amount |
| Addiction Medication Clinician staffing (salary, contractual, other) |  |
| Recruitment Costs |  |
| Other practitioner staffing costs (for readiness activities) |  |
| Software Licensing |  |
|  |  |
|  |  |
| Total |  |

*Please modify this budget to reflect your agency’s proposed use of the start-up funding, and add additional lines as necessary.*

Please confirm which other grant funding for addiction medication services have been secured by agency since July 1, 2023.

|  |  |  |
| --- | --- | --- |
| Program | Funder | Amount |
| MAT at DHCS Licensed Facilities | Sierra Health Foundation |  |
|  |  |  |
|  |  |  |
|  | Total |  |

*Please modify and/or add additional rows, as necessary*

By signing, I confirm that the information reported is accurate, and acknowledge that we must adhere and are subject to all reporting, tracking, audits, and recoupment requirements described in SAPC Bulletin 23-07 – Fiscal Year 2023-2024 Rates and Payment Policy Updates.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Submit this implementation plan via email to [sapc-cbi@ph.lacounty.gov](mailto:sapc-cbi@ph.lacounty.gov) with subject line “1E Addiction Medication (MAT) Prescribing Clinician Implementation Plan” along with [Invoice 1: Start Up Funds Attestation](http://publichealth.lacounty.gov/sapc/bulletins/START-ODS/23-07/Invoice1SAPCFY23-24CapacityBuildingStartUpFundsAttestation.pdf) by 4/19/2024.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| \*\*\*For SAPC Use Only\*\*\* | | | | | |
| Clinical Services Division | Approved: | Comments: |  | | |
| Finance Services Division | Approved: |  | | Date of Start Funds Invoice #1 |  |
| Comments |  | | | |

1. The list of medications for this column can be found in [SAPC Information Notice 24-01 - Addiction Medication Access in the SAPC Treatment Network Attachment B - Required Addiction Medications](http://ph.lacounty.gov/sapc/bulletins/START-ODS/24-01/SAPC-IN-24-01-Attachment-B-Required-Addiction-Medications.pdf) [↑](#footnote-ref-2)
2. The total number of hours across your agency may not be fewer than 20% of the total number of hours identified on Page 3 [↑](#footnote-ref-3)