*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. **Amended Proposal for Implementation of Addiction Medication Services**

Please identify the number of hours per week your agency proposed to increase medical clinicians providing medical services in your agency’s Implementation Plan and the amended number per this addendum:

|  |  |  |
| --- | --- | --- |
|  | # of Hours per Week proposed in the previously approved implementation plan | Increased total # of Hours per Week proposed through this addendum |
| Hours per week of prescribing clinician services |  |  |

*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*

Please check the box corresponding to the items that apply to your agency’s original plan for its medical clinicians as outlined in your agency’s Implementation Plan and your amended plan:

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) | Amended 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 MAT prescribing clinician hours, then please describe your agency’s plan to recruit (additional, if applicable) MAT prescribing clinicians *if different* than what was proposed in your agency’s Implementation Plan. If there are no changes, please write “No Updates”:

|  |
| --- |
|  |

*Include additional description / addenda when necessary*

Please identify the monthly number of patients treated with addiction medications through prescribing clinicians working at your agency and billed through SAPC.

|  |  |  |
| --- | --- | --- |
| Receipt of Addiction Medication Services | # of patients per month proposed in the previously approved implementation plan | Increased total # of patients per month proposed through this addendum |
| Provided directly by our agency and claimed to SAPC |  |  |

Please identify the percent of increased prescribed/distributed addiction medications proposed in your agency’s Implementation Plan and the amended amount[[1]](#footnote-2):

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Medication | Initially proposed percentage | Percentage proposed through this addendum |  | Medication | Initially proposed percentage | Percentage proposed through this addendum |
| 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 list *all* site(s) of care you propose that your addiction medication (MAT) prescribing clinician(s) will provide MAT services directly to patients and the amended number of hours of MAT services if applicable.

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

*Include additional rows when necessary*

☐ Our agency attests to participating in all SAPC-required implementation components, including submitting of all required reporting (including the quarterly reports designated by SAPC through CIBHS), workflow development, organizational readiness self-assessments, technical assistance trainings and meetings, as well as attending the SAPC bimonthly Medications for Addiction Treatment action team meeting and the SAPC quarterly medical directors meeting.

1. **Proposed Revised Budget**

Please provide a revised annual budget for how the amended 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 progress updates.

|  |  |  |
| --- | --- | --- |
| Description | Originally Proposed Amount | Amended 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, 2025.

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

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

Provider agencies may request additional start-up cost-sharing funding at a ratio of $200,000 per additional 40 hours per week of MAT prescribing clinician time, distributed as 75% in FY24-25 and 25% in FY25-26. There is no per-agency limit on funding available through this opportunity, so agencies can request as much funding as is supported by their implementation of additional prescribing clinician hours (for example, an agency adding an additional 200 hours per week of MAT prescribing clinician time could submit an implementation plan addendum requesting an additional $1,000,000 of start-up funding beyond what was approved prior to 9/1/2024).

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 addendum via email to [sapc-cbi@ph.lacounty.gov](mailto:sapc-cbi@ph.lacounty.gov) with subject line “[*Agency Name*] 1-G MAT Prescribing Clinician Implementation Plan Addendum” along with [Invoice: Workforce](http://publichealth.lacounty.gov/sapc/docs/providers/payment-reform/Invoice-%20Workforce%20_09.05.24.pdfby) by 3/31/2025.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| \*\*\*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 1 [↑](#footnote-ref-3)