

# Addiction Medication (MAT) Prescribing Clinician Cost Sharing Start Up Funding Opportunity

New R95 Capacity Building 1E Workforce  
Development Capacity Building Start-Up  
Funding

Los Angeles County Department of Public Health  
March 1, 2024  
Substance Abuse Prevention & Control

## Addiction Medication Prescribing Clinician Funding Opportunity

- Start-up funding is available to all SAPC-contracted treatment agencies
  - Ratio of \$200,000 **per** 1.0 Full Time Equivalent Prescribing Clinician
  - \$200,000 **per** FTE one-time start up funding spread over two years:
    - \$150,000 **per** FTE during Year 1 (FY23-24)
    - \$50,000 **per** FTE during Year 2 (FY24-25)
- Designed to be combined / matched with local agency funds, and sustained beyond two years through SAPC billing for medication services
- Currently capped at a max of \$200,000 (1.0 FTE) per agency (regardless of Tier)

## Addiction Medication Prescribing Clinician Funding Opportunity

- **New** R95 Capacity Building 1E Payment: **Optional and strongly recommended**. This project is for start-up funds. Providers will be paid once an addiction medication (MAT) prescribing clinician implementation plan has been submitted and approved and can be paid before the implementation has been initiated / completed.
- To receive advance funds, complete and submit the designated invoice **along with** the required implementation plan.
- Agencies will need to submit quarterly addiction medication (MAT) prescribing clinician implementation updates for approval to avoid recoupment. Expenditure verification is not required.

## Addiction Medication Prescribing Clinician Requirements

- Implementation Plan must include integrating prescribing clinician(s):
  - Physician, Advanced Practice Registered Nurse, Physician Assistant
    - Clinical Pharmacist's scope of practice does not include SUD dx and clinical pharmacists do not independently meet clinician requirements for this incentive program
  - Full Time Equivalent is 40 hours per week
    - 1.0 FTE = 40 hours/week
    - 0.5 FTE = 20 hour/week
    - 0.25 FTE = 10 hour/week
    - 0.10 FTE = 4 hours/week
- Start up funding is available as a ratio to FTE
- Example: 0.5 FTE =  $\frac{1}{2}$  of \$200,000 = \$75,000 year 1, \$25,000 year 2

# Addiction Medication Prescribing Clinician Requirements

- Prescribing clinician integration requirements
  - Prescribing clinician(s) works as a member of the agency care team
  - Can include more than one practitioner
    - For example, 1.0 FTE can include two 0.5 FTE eligible practitioners
  - The clinicians' medication services are billed through SAPC (not through a managed care plan or other payer)
  - Must provide the full range of *applicable* addiction medication services as described within [SAPC Information Notice 24-01](#)
    - Methadone cannot be prescribed through pharmacies; non-OTP clinicians are not expected to provide treatment with methadone directly

- Manuals & Guides
- Bulletins
- Clinical
- Beneficiary
- Contracts & Compliance
- Finance
- CRLA

Contract Bulletins <http://publichealth.lacounty.gov/sapc/providers/manuals-bulletins-and-forms.htm?tm#bulletins>

Open All

Bulletins 2024

Subject	Date
24-01 - Addiction Medication Access in the SAPC Treatment Network <i>(New - January 2024)</i>	 01/05/24
– Attachment A - Patient Information About Addiction Medications <i>(New - January 2024)</i>	 01/05/24
– Attachment B - Required Addiction Medications <i>(New - January 2024)</i>	 01/05/24
– Attachment C - Patient Eligibility for Addiction Medications <i>(New - January 2024)</i>	 01/05/24
– Attachment D - Administration, Storage, and Disposal of Addiction Medications <i>(New - January 2024)</i>	 01/05/24
– Attachment E - Addiction Medication Training Requirements for Staff <i>(New - January 2024)</i>	 01/05/24
– Attachment F - Accessing Addiction Medications in Los Angeles County <i>(New - January 2024)</i>	 01/05/24
– Attachment G - Incidental Medical Services <i>(New - January 2024)</i>	 01/05/24
– Optional Policy Template A for Non-Residential Non-OTP Treatment Sites <i>(New - January 2024)</i>	 01/05/24
– Optional Policy Template B for Residential and Inpatient Treatment Sites <i>(New - January 2024)</i>	 01/05/24
– Optional Policy Template C for Opioid Treatment Program Sites <i>(New - January 2024)</i>	 01/05/24

## Addiction Medication Prescribing Clinician Requirements

- Prescribing clinician needs to be registered through PAVE as a SAPC-contracted agency practitioner
- Medical evaluation and management care can be provided in-person, through telehealth, and through telephone based on the **patient's** needs
- Medical care provided to patients on-site can be in-person or through telehealth/telephone
- Medical care provided to patients who are off-site can proceed through telehealth/telephone modalities **without** Field Based Services approval
- Medical care provided to patients who are off-site can proceed in person **with** Field Based Services approval

## Addiction Medication Prescribing Clinician Requirements

- Prescribing clinician must provide medication services for not less than 20% of their FTE on-site and in-person:
  - 20% of 1.0 FTE = 8 hours/week in-person, on-site
  - 20% of 0.5 FTE = 4 hours/week in-person, on-site
  - 20% of 0.25 FTE = 2 hours/week in-person, on-site
  - 20% of 0.1 FTE ~ 1 hour/week in-person, on-site
- Agencies are able to adapt the requirements for prescribing clinician time to meet agency and site-specific clinical needs (such as requiring more in-person, on-site prescribing clinician time)



## Implementation Plan Components

- Agency current state
  - # and FTE prescribing clinicians currently providing SAPC-funded medication services (unrelated to this incentive program)
  - Current state of which addiction medications are available on-site and approximation of the count / percentage of patients receiving medication services on-site
  - Confirmation of which residential sites of care (if agency offers residential LOC) already have been licensed to offer Incidental Medical Services (IMS)

## Implementation Plan Components

- Proposed future state
  - Proposed FTE prescribing clinicians to be recruited / integrated (as part of this incentive program)
    - Proposed timeframe for recruitment / implementation of prescribing clinician medication services
  - Delineation of prescribing clinician time allocated to which agency site(s) of care
  - Confirmation that the full range of applicable medications for alcohol, tobacco, and opioid use disorders will be available
  - Estimation of count / percentage of patients who are proposed to receive medication services
  - Plan for applying for Incidental Medical Services for any residential LOCs that don't already have IMS approval

## Implementation Plan Components

- Planned implementation steps that include
  - Proposal staff trainings
  - Workflow development
  - Updating P&Ps
  - Documentation plan
- Medical Clinician Participation in SAPC-required meetings, which may include
  - Bimonthly MAT Action Team Meetings
  - Quarterly Medical Director's Meetings

## Implementation Plan Components

- Proposed budget for cost-sharing
  - One-time start-up funds are designed to be matched against agency funds
  - Options for cost-sharing funds:
    - Recruitment costs
    - Medical Clinician compensation
    - Licensing needed software and related tools needed to operationalize medication services
    - Staff time needed to complete readiness activities (updating P&Ps, trainings, completing IMS)
  - Confirmation of other funding for medication services secured by agency
    - For example: Sierra Health Foundation's MAT Access Points grant for residential sites of care
  - Expenditure verification will not be required, but to avoid recoupment, provider agencies will need to submit quarterly implementation updates
  - SAPC's rates for medication services permit significant opportunity for revenue to keep services sustainable

## Documentation Plan

- Medical practitioners should document through agency's existing documentation systems
- Billing is through existing SAPC billing process in accordance with the latest version of the rates and standards matrix
- For primary providers this may include uploading documentation from a practitioner's existing and external documentation system into PCNX
- Agencies should confirm practitioners either:
  - Have existing 42 CFR Part 2 compliant platform for documentation, computerized prescription / order entry, laboratory report review used to deliver integrated medication services
  - Develop their own 42 CFR Part 2 compliant capabilities for medical clinician documentation, computerized prescription / order entry, laboratory report review

## Forthcoming Dates

- Draft Invoice and Implementation Plan template released for comment by 2<sup>nd</sup> week of March
- Finalized / published week of March 25, 2024
- April 12, 2024 due date for R95 1E Addiction Medication Prescribing Clinician Funding Invoice and Implementation Plan
  - Extensions available on request **and**
  - Goal is first round of 1E start-up funds disbursed prior to June 30, 2024

## Technical Assistance

- SAPC will publish suggested duty statement for addiction medication prescribing clinicians and recommendation for implementation plan components
- Recruitment resources:
  - CSAM Career Center <http://careers.csam-asam.org>
  - ASAM Career Center <http://careers.asam.org>
- IMS Resources Published through SAPC-IN 24-01 [Attachment G - Incidental Medical Services](#)
- Additional funding for external consultants forthcoming, and technical assistance is available upon request

UNIT/BRANCH/CONTACT	EMAIL/Phone Number	Description of when to contact
Sage Help Desk	Phone Number: (855) 346-2392 ServiceNow Portal: <a href="https://netsmart.service-now.com/plexussupport">https://netsmart.service-now.com/plexussupport</a>	All Sage related questions, including billing, denials, medical record modifications, system errors, and technical assistance
Sage Management Branch (SMB)	<a href="mailto:SAGE@ph.lacounty.gov">SAGE@ph.lacounty.gov</a>	Sage process, workflows, general questions about Sage forms and usage
QI and UM	<a href="mailto:SAPC.QI.UM@ph.lacounty.gov">SAPC.QI.UM@ph.lacounty.gov</a> UM (626)299-3531- (No Protected Health Information PHI)	All authorizations related questions, Questions about specific patient/auth, questions for the office of the Medical Director , medical necessity, secondary EHR form approval
Systems of Care	<a href="mailto:SAPC_ASOC@ph.lacounty.gov">SAPC_ASOC@ph.lacounty.gov</a>	Questions about policy, the provider manual, bulletins, and special populations (youth, PPW, criminal justice, homeless)
Contracts	<a href="mailto:SAPCMonitoring@ph.lacounty.gov">SAPCMonitoring@ph.lacounty.gov</a>	Questions about general contract, appeals, complaints, grievances and/or adverse events. Agency specific contract questions should be directed to the agency CPA if known.
Strategic and Network Development	<a href="mailto:SUDTransformation@ph.lacounty.gov">SUDTransformation@ph.lacounty.gov</a>	DHCS policy, DMC-ODS general questions, SBAT
Clinical Standards and Training (CST)	<a href="mailto:SAPC.cst@ph.lacounty.gov">SAPC.cst@ph.lacounty.gov</a>	Clinical training questions, documentation guidelines, requests for trainings
Phone Number to file an appeal	(626) 299-4532	
Grievance and Appeals (G&A)	(626)293-2846	Providers or patients who have questions or concerns after receiving a Grievance and Appeals Resolution Letter or follow up with an appeal.
CalOMS	<a href="mailto:HODA_CalOMS@ph.lacounty.gov">HODA_CalOMS@ph.lacounty.gov</a>	CalOMS Questions
Finance Related Topics	<a href="mailto:SAPC-Finance@ph.lacounty.gov">SAPC-Finance@ph.lacounty.gov</a> (626) 293-2630	For questions regarding Finance related topics that are not related to billing issues
Out of County Provider	Nancy Crosby ( <a href="mailto:ncrosby@ph.lacounty.gov">ncrosby@ph.lacounty.gov</a> )	Out of county provider requesting assistance in submitting authorization for LA County beneficiary & resident Intercounty Transfer / Medi-cal eligibility (MEDS- acceptable aid codes) / Applying for Medi-cal general questions
SASH	(844) 804-7500	Patients calls requesting for service



# Discussions/Questions



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