

Department of Public Health, Substance Abuse Prevention and Control Bureau
Value-Based Incentives (VBI), Workforce Development: Addiction Medication (MAT)
Medical Clinician Cost Sharing Start-Up Funding

Workforce Development Value-Based Incentives (VBI) start-up funding is designed to be deployed alongside provider agency's own financial investments to recruit, retain, and utilize medical clinicians, as members of the agency's treatment team to provide addiction medications services – also known as medications for addiction treatment (MAT) – directly to clients served by SAPC contracted provider agencies and paid via claims to SAPC. These start-up funds are provided following SAPC's approval of a **MAT prescribing clinician implementation plan** submitted along with the Year 3 VBI Invoice Form by the due date indicated on the SAPC VBI site.

There are two versions of the MAT prescribing clinician implementation plan; one for treatment provider agencies who offer levels of care other than Opioid Treatment Program (OTP) services and the other for treatment provider agencies who exclusively offer OTP services. Provider agencies should only submit one version of the implementation plan that corresponds with their level(s) of care:

Provider agencies may request **additional** start-up cost-sharing funding at a ratio of \$200,000 per 40 hours per week of MAT prescribing clinician time, distributed as 75% by the end of calendar year 2025 and 25% by the end of FY2025-26 (**SAPC has removed the per-agency limit of \$200,000 for this opportunity**). Requests for additional start-up funding can be made through submitting the applicable implementation plan described below, which will be adjudicated as they are submitted, based upon the remaining funding available for this opportunity.

Provider agencies with existing Implementation Plans *already approved* prior to 7/1/2025 who wish to be considered for *additional* start-up funding to support *expanding additional* prescribing clinician hours beyond what was approved in their Implementation Plan should complete the MAT Prescribing Clinician Implementation Addendum applicable to their setting. Provider agencies new to this initiative should complete a full MAT Prescribing Clinician Implementation Plan to be considered for prescribing clinician start-up cost sharing funding.

- Implementation Plan MAT Prescribing Clinician Start-Up Cost Sharing (Non-OTP)
- Implementation Plan MAT Prescribing Clinician Start-Up Cost Sharing (OTP-only)
- Implementation Plan MAT Prescribing Clinician Start-Up Cost Sharing (Non-OTP)–Addendum
- Implementation Plan MAT Prescribing Clinician Start-Up Cost Sharing (OTP-only)–Addendum

Requirements for participation in this opportunity include the following:

- The MAT implementation plan must include a description of how the provider agency plans on integrating a physician, advanced practice registered nurse, or physician assistant into the provider agency's workforce and/or or expanding the number of hours an agency's existing medical clinicians provide addiction medication services to clients.
- The clinicians utilized for this program must provide the full range of *applicable* addiction medication services as described within [SAPC Information Notice 24-01](#).
- The clinicians' medication services are billed by claims to SAPC (not through a managed care plan or other payer).
- Methadone cannot be prescribed through pharmacies; non-OTP clinicians are not expected to provide treatment with methadone directly.
- Since the scope of practice of clinical pharmacists does not include diagnosing substance use disorder, clinical pharmacists do not independently meet clinician requirements for this incentive program.
- Prescribing clinician needs to be registered through [PAVE](#) as a SAPC-contracted provider agency practitioner.
- Medical evaluation and management care can be provided in-person, through telehealth, and through telephone based on the client's clinical needs, but 20% of the agency's designated total number of medical clinician hours claimed as part of this incentive program are required to be provided to clients in-person and on-site at one or more of the agency's treatment sites.
- Medical care provided to clients who are off-site can proceed in person with Field Based Services approval of sites who meet [SAPC criteria for Field Based Services \(SAPC Information Notice 23-14\)](#).

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- Provider agencies must participate 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 attend the SAPC bimonthly Medications for Addiction Treatment action team meeting and the SAPC quarterly medical directors meeting.

Within these constraints, provider agencies should adapt the requirements for their prescribing clinician(s) to meet agency and site-specific operational needs. The MAT implementation plan may include more than one practitioner to meet the hour requirements, so 40 hours a week could include 20 hours a week each from two medical practitioners or 10 hours per week each from four medical practitioners.

Example: 40 hours/week of addiction medication prescribing clinician time (totaling \$200,000):

- \$150,000 provided during Part 1 (by the end of calendar year 2025)
- \$50,000 provided 40 hours/week during Part 2 (by the end of FY25-26)

Example: 20 hours/week of addiction medication prescribing clinician time (totaling \$100,000):

- \$75,000 provided during Part 1 (by the end of calendar year 2025)
- \$25,000 provided 40 hours/week during Part 2 (by the end of FY25-26)

What follows are two **sample implementation plans** designed to illustrate considerations for completing this implementation plan and a **sample position description** of duties SAPC provider agencies can consider when recruiting medical clinicians to provide medication services as part of their agency's treatment team.

Provider agencies who plan to recruit addiction medication prescribing clinicians can consider the California Society of Addiction Medicine, American Society of Addiction Medicine, American College of Academic Addiction Medicine, and American Osteopathic Academy of Addiction Medicine recruitment resources posted here:

- CSAM Career Center <http://careers.csam-asam.org>
- ASAM Career Center <http://careers.asam.org>
- ACAAM Career Center <http://www.acaam.org/career-center>
- AOAAM Career Center <http://jobs.aoaam.org>

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Sample 1: Addiction Medication (MAT) Medical Clinician Implementation Plan

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

I. Provider Agency Information

Provider Agency Name: Recovery, Inc
Contact Name: Contact Name
Contact Email: contact@recoveryinc.org

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

- ☐ Our agency does not currently provide or coordinate addiction medication services for our clients
- ☒ Our agency refers clients to external partners who provide addiction medication services to clients

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

Recovery Inc. currently directs our clients with OUD to *OTP, Inc* nearby who supports dosing our clients with OUD with methadone or buprenorphine. We don't currently arrange for clients to be treated with medications for alcohol use disorder, but plan to use this opportunity to do so.

- ☐ Our agency has medical clinicians working as members of our treatment team who provide addiction medication services directly to clients. 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 clients at your agency:

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

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

Site Name and Address	Modalities Available	List which addiction medication(s) are provided at this site ¹
We don't currently provide on-site medication services	<input type="checkbox"/> In-Person <input type="checkbox"/> Telehealth	
	<input type="checkbox"/> In-Person <input type="checkbox"/> Telehealth	
	<input type="checkbox"/> In-Person <input type="checkbox"/> Telehealth	

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

Receipt of Addiction Medication Services	Number of Clients per Month
Through referrals to external community partners	10
Provided directly by our agency and not claimed to SAPC	0
Provided directly by our agency and claimed to SAPC	0

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

Medication	Approximate Percentage	Medication	Approximate Percentage
Sublingual buprenorphine	5%	Nicotine Patches	0%
Injectable extended-release buprenorphine	0%	Non-patch nicotine medications (gums/lozenges, etc.)	0%
Oral naltrexone	0%	Varenicline	0%
Injectable naltrexone	0%	Bupropion	0%
Methadone	95%	Acamprosate	0%
Naloxone (via prescription)	5%	Disulfiram	

Please describe any additional information which describes your agency's provision and/or coordination of addiction medication services to clients prior to implementing this Workforce Development 2-E cost-sharing program.

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](#)

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Sample 1: Addiction Medication (MAT) Medical Clinician Implementation Plan

III. Proposed Implementation of Addiction Medication Services

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:

Increase in # of hours per week proposed through this implementation plan	
Hours per week of prescribing clinician services	20 hour/week

- ☒ 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](#) will be provided directly to clients 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 clients 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)

- ☒ 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 4, then please describe your plan to recruit (additional, if applicable) addiction medication prescribing clinicians:

We plan to develop and post a job description for a physician, advanced practice registered nurse, and physician assistant to support recruiting a clinician

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

Site Name and Address	ASAM Level(s) of Care	Modalities Proposed	Proposed Hours/week of In-Person Addiction Medication Services ²
Recovery, Inc – 123 Main Street, Los Angeles, CA, 90004	3.1, 3.5	<input checked="" type="checkbox"/> In-Person <input checked="" type="checkbox"/> Telehealth	8

² The total number of hours across your agency may not be fewer than 20% of the total number of hours identified on Page 4

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Sample 1: Addiction Medication (MAT) Medical Clinician Implementation Plan

- Please propose an estimate of how many clients your agency will provide medication services to directly and claimed to SAPC each month: 30

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

Medication	Approximate Percentage
Sublingual buprenorphine	50%
Injectable extended release buprenorphine	10%
Oral naltrexone for OUD	0%
Injectable naltrexone for OUD	0%
Oral naltrexone for AUD	15%
Injectable naltrexone for AUD	5%

Medication	Approximate Percentage
Nicotine Patches	20%
Non-patch nicotine medications (gums/lozenges, etc.)	20%
Varenicline	5%
Bupropion	5%
Acamprosate	0%
Disulfiram	0%

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

We will be recruiting a prescribing clinician mostly focused on treating OUD, but expect to also use this as an opportunity to treat some clients with AUD and TUD with clinically appropriate medication services.

IV. Organizational Readiness Plan

- ☒ 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 clients.*

Once we recruit our prescribing clinician, we will confirm whether they have their own documentation system or whether they will need for us to provide one; if they need for us to provide one we will use part of their time to assist with identifying appropriate software to support their work.

- ☐ 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

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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 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 client addiction medication services directly has been certified by DHCS to offer [incidental medical services](#).
- ☒ Our agency has not yet obtained, but plans to pursue, DHCS [incidental medical services \(IMS\) certification](#) 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.*

We will utilize our prescribing clinician to confirm the workflows we need to complete our IMS application which we will submit within 60 days of when our addiction medication prescribing clinician has been onboarded.

- ☐ In-Person Field-Based Medication Services: Our agency proposes to coordinate clients' 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](#). Please note that community field-based services may apply to prescribing clinicians treating client'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 clients live.*

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 clients 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.

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Sample 1: Addiction Medication (MAT) Medical Clinician Implementation Plan

We will be asking our prescribing clinician to provide a weekly in-service presentation to staff about addiction medication services for the first two months of this program and then make this a permanent part of onboarding for all new staff. We will work with our prescribing clinician to finalize our policies / procedures and related workflow to ensure that all clients are informed about addiction medications and have access to receive these services directly.

Include additional description / addenda 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.

V. 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)	\$55,000
Recruitment Costs	\$1,500
Other practitioner staffing costs (for readiness activities)	\$6,500
Software Licensing	\$2,000
Total	\$75,000

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, 2024.

Program	Funder	Amount
MAT at DHCS Licensed Facilities	Sierra Health Foundation	\$300,000
	Total	\$300,000

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 Information Notice 25-09 – Fiscal Year 2025-26 Rates and Payment Policy Updates.

Signature: *[Electronically Signed by Contact Name]* Date _____

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Sample 1: Addiction Medication (MAT) Medical Clinician Implementation Plan

Submit this implementation plan along with the VBI Year 3 Invoice Form by 9/30/2025.

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Sample 2: Addiction Medication (MAT) Medical Clinician Implementation Plan
Non-OTP (for provider agencies who offer levels of care other than opioid treatment program services)

I. Provider Agency Information

Provider Agency Name: Remission, Inc
Contact Name: Contact Name
Contact Email: contact@remissioninc.org

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

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

☒ Our agency refers clients to external partners who provide addiction medication services to clients

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

Recovery Inc currently directs client to *OTP, Inc* nearby who supports dosing our clients with OUD with methadone. We treat clients with buprenorphine directly.

☒ Our agency has medical clinicians working as members of our treatment team who provide addiction medication services directly to clients. 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 clients at your agency:

Practitioner Name	License type	Hours per week
	physician, physician assistant, advanced practice registered nurse	
Dr. Bradly Remission	Physician	8

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Sample 2: Addiction Medication (MAT) Medical Clinician Implementation Plan

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

Site Name and Address	Modalities Available	List which addiction medication(s) are provided at this site ¹
Remission, Inc – 123 Main St, Los Angeles, CA, 9000	<input type="checkbox"/> In-Person <input checked="" type="checkbox"/> Telehealth	Buprenorphine and naltrexone
	<input type="checkbox"/> In-Person <input type="checkbox"/> Telehealth	
	<input type="checkbox"/> In-Person <input type="checkbox"/> Telehealth	

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

Receipt of Addiction Medication Services	Number of Clients per Month
Through referrals to external community partners	5
Provided directly by our agency and not claimed to SAPC	30
Provided directly by our agency and claimed to SAPC	0

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

Medication	Approximate Percentage	Medication	Approximate Percentage
Sublingual buprenorphine	75%	Nicotine Patches	0%
Injectable extended release buprenorphine	0%	Non-patch nicotine medications (gums/lozenges, etc)	0%
Oral naltrexone	10%	Varenicline	0%
Injectable naltrexone	5%	Bupropion	0%
Methadone	10%	Acamprosate	0%
Naloxone (via prescription)	5%	Disulfiram	0%

Please describe any additional information which describes your agency's provision and/or coordination of addiction medication services to clients prior to implementing this Workforce Development 2-E cost-sharing program.

We have Dr. Remission who provides telehealth services to clients at our agency; he currently bills through a Medi-Cal managed care plan contract but is interested in providing these services directly with us.

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](#)

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Sample 2: Addiction Medication (MAT) Medical Clinician Implementation Plan

III. Proposed Implementation of Addiction Medication Services

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:

Increase in # of hours per week proposed through this implementation plan	
Hours per week of prescribing clinician services	40 hours/week

- ☒ 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](#) will be provided directly to clients 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 clients 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)
Dr. Remission	Physician	20

- ☐ 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 4, then please describe your plan to recruit (additional, if applicable) addiction medication prescribing clinicians:

To reach 40 hours per week we will need to identify an additional one (or more) prescribing clinicians to reach 20 hours of addiction medication services provided directly to clients.

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

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Sample 2: Addiction Medication (MAT) Medical Clinician Implementation Plan

Site Name and Address	ASAM Level(s) of Care	Modalities Proposed	Proposed Hours/week of In-Person Addiction Medication Services ⁴
Remission, Inc – 123 Main Street, Los Angeles, CA, 90004	1.0, 2.1	<input checked="" type="checkbox"/> In-Person <input checked="" type="checkbox"/> Telehealth	10
Remission, Inc – 321 Commercial Street, Los Angeles, CA, 90004	1.0, 2.1	<input checked="" type="checkbox"/> In-Person <input checked="" type="checkbox"/> Telehealth	8

- Please propose an estimate of how many clients your agency will provide medication services to directly and claimed to SAPC each month: 100

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

Medication	Approximate Percentage
Sublingual buprenorphine	65%
Injectable extended-release buprenorphine	10%
Oral naltrexone for OUD	0%
Injectable naltrexone for OUD	0%
Oral naltrexone for AUD	25%
Injectable naltrexone for AUD	5%
Naloxone (via prescription)	100%

Medication	Approximate Percentage
Nicotine Patches	20%
Non-patch nicotine medications (gums/lozenges, etc)	20%
Varenicline	5%
Bupropion	5%
Acamprosate	0%
Disulfiram	0%

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

We plan to recruit Dr. Remission to provide both on-site in-person medication services and medication services through telehealth, and we will recruit an additional prescribing clinician to ensure 40 hours of medical clinician time is available to our clients each week.

IV. Organizational Readiness Plan

- ☐ 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 clients.*

⁴ The total number of hours across your agency may not be fewer than 20% of the total number of hours identified on Page 4

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Sample 2: Addiction Medication (MAT) Medical Clinician Implementation Plan

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 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 client addiction medication services directly has been certified by DHCS to offer [incidental medical services](#).
- ☐ Our agency has not yet obtained, but plans to pursue, DHCS [incidental medical services \(IMS\) certification](#) 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.*

Not applicable

Include additional description / addenda when necessary

- ☐ In-Person Field-Based Medication Services: Our agency proposes to coordinate clients' 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](#). Please note that community field-based services may apply to prescribing clinicians treating client'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 clients live.*

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Sample 2: Addiction Medication (MAT) Medical Clinician Implementation Plan

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 clients 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.

We will be working with Dr. Remission to run a weekly group with clients and to conduct monthly trainings of staff. We will codify these changes in our policies / procedures and related workflow to ensure that all clients are informed about addiction medications and have access to receive these services directly.

Include additional description / addenda 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.

IV. 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)	\$125,000
Recruitment Costs	\$2,500
Other practitioner staffing costs (for readiness activities)	\$22,500
Total	\$150,000

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, 2024.

Program	Funder	Amount
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Sample 2: Addiction Medication (MAT) Medical Clinician Implementation Plan

Not applicable		
	Total	\$0

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 Information Notice 25-09 – Fiscal Year 2025-26 Rates and Payment Policy Updates.

Signature: *[Electronically Signed by Contact Name]* Date _____

Submit this implementation plan along with the VBI Year 3 Invoice Form by 9/30/2025.

Department of Public Health, Substance Abuse Prevention and Control Bureau
Workforce Development Capacity Building 2-E: Addiction Medication (MAT)
Medical Clinician Cost Sharing Start Up Funding

Sample Position Description: MAT Prescribing Medical Clinician

This is a sample statement that includes a description of position responsibilities that agencies can consider including in any recruitment materials, for internal duty statements, and for any policies and procedures specific to their medical clinicians providing integrated medication services. This is not an exhaustive list of all possible duties and agencies should adapt and modify their MAT prescribing medical clinician position descriptions to including provider agency-specific details and ensure alignment with provider agency-specific standards.

General Duties: The Licensed Medical Clinician (physician, advanced practice registered nurse, physician assistant) in this role works in a Medi-Cal funded substance use disorder (SUD) treatment environment along with a team of licensed clinicians, substance use counselors, and peers specialist practitioners to provide addiction medication services to clients. The successful candidate should have a strong desire to shape the delivery of substance use disorder care, be versed in caring for Medi-Cal members, and demonstrate a command of the principles of harm reduction. The medical clinician performs medical evaluations, counsels clients about and obtains informed consent for addiction medication services, and formulates and documents a plan of care for clients that includes addiction medication services. The medical clinician collaborates with other treatment team members internally, as well as with external practitioners including community health center clinicians, community mental health center clinicians, and hospital clinicians, when clinically needed by the client. Some of this work may be completed remotely via telehealth.

Position Specifications:

- Current license to practice as a [Physician, Advanced Practice Registered Nurse, Physician Assistant] by the applicable California state board [[Medical Board of California](#), [Physician Assistant Board of California](#), [California Board of Registered Nursing](#), respectively]
- Current eligibility to provide Drug Medi-Cal funded substance use treatment services (which does not include individuals identified by the United States Department of Health and Human Services and California Department of Health Care Services as ineligible or restricted from providing Medi-Cal funded services)

Skill Requirements:

- The ability to evaluate clients with substance use disorders for addiction medication needs.
- The ability to provide medication management for the full range of medications clinically effective to treat opioid, alcohol, tobacco, and other substance use disorders.
- The ability to communicate well with both clients and other agency practitioners.
- The ability to work as part of a collaborative interdisciplinary team.
- The ability to provide supportive and non-judgmental medical care to clients being treated for substance use disorder.

Specific Duties:

- Conduct medical evaluation on clients as needed and document the assessment and plan in the designated medical record.
- Order necessary labs and review results with clients.
- Order and interpret urine toxicology tests.
- Access the California Controlled Substance Utilization Review and Evaluation System when necessary.
- Provide counseling and education on medication options for the treatment of opioid, alcohol, tobacco, and other substance use disorders.
- Formulate and initiate treatment plan with client's informed consent. Titrate and adjust medication treatments as needed.
- Use motivational interviewing and active listening to support client's treatment.

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- Address other health concerns as they arise in the context of the medical clinician's scope of practice.
- Complete and sign medical orders as needed.
- Review outside health records when necessary.
- Document the client's diagnosis, type of medication service, and designated appropriate procedure codes using [our agency's] billing protocols.
- Provide support to agency practitioners to address medication concerns and questions.
- Collaborate internally (with agency staff) as conduct care coordination externally (such as but not limited to community health center clinicians, hospital clinicians, community mental health clinicians, street medicine program) as clinically appropriate for the client.
- Support agency leadership in developing and refining agency addiction medication policies and procedures.
- Support agency leadership with training staff about addiction medication services for clients being treated for substance use disorder(s).
- Assure quality of care by adhering to therapeutic standards, measure health outcomes against client care goals and standards, make or recommend clinically appropriate adjustments to the client's plan of care, and follow all applicable agency, Los Angeles County, California State, and Federal policies, procedures, and regulations.
- Place referrals to external agencies as clinically appropriate for the client.
- Additional duties as needed.