

**Marin County BHS: MHSOAC SUD Pilot Project  
Prescribing Clinician Cost Sharing Start Up Funding Opportunity**

Addiction Medication (MAT) Prescribing Clinician Implementation Plan

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

**I. Agency Information**

Agency Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Email: \_\_\_\_\_

**II. 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 directly prescribe addiction medication for our patients
- Our agency refers patients to external partners who prescribe addiction medication to patients

If so, please describe which partners with whom you coordinate addiction medication services for patients and your process for coordinating this care. Note: you may attach your DHCS-approved MAT Policy to describe how your agency coordinates this care.

*Include additional description / addenda when necessary*

- Our agency has medical clinicians working as members of our treatment team who prescribe addiction medication services directly to patients. If so:
  - These services are billed via medication services claims to Marin DMC-ODS
  - If not billed through Marin DMC-ODS, these services are billed via claims to: \_\_\_\_\_

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	Hours per week
	physician, physician assistant, advanced practice registered nurse	

*Hours per week can be inclusive of direct clinical services and of administrative time. If additional practitioners, include as an addenda when necessary.*

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Please identify which of your agency's Marin DMC-ODS-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 for OUD, AUD and/or Tobacco
	<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	

*Include an addenda with 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 <b>not</b> claimed to Marin DMC-ODS	
Provided directly by our agency and claimed to Marin DMC-ODS	

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

Medication	Approximated Percentage
Sublingual buprenorphine	
Injectable extended-release buprenorphine	
Oral naltrexone	
Injectable naltrexone	
Methadone	
Naloxone (via prescription)	

Medication	Approximated Percentage
Nicotine Patches	
Non-patch nicotine medications (gums/lozenges, etc)	
Varenicline	
Bupropion	
Acamprosate	
Disulfiram	

Please describe any additional information which describes your agency's provision and/or coordination of addiction medication services to patients prior to participating in this pilot project.

*Include additional description / addenda when necessary*

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**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:

Hours per week: \_\_\_\_\_

Projected percentage of addiction medicine services *provided by prescriber(s)*:

- In-Person: \_\_\_\_\_%
- Telehealth: \_\_\_\_\_%

*Note that hours per week can be inclusive of direct clinical services and of administrative time. Start-up funding is available to all Marin-based DMC-ODS contracted treatment agencies at a ratio of \$250,000 per 40 hours per week of addiction medication prescribing clinician time, distributed as \$150,000 (60%) in Year 1 and \$100,000 (40%) 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 \$250,000 per agency.*

Our agency attests that all required medications will be provided as noted below:

**REQUIRED MEDICATIONS FOR OPIOID USE DISORDER (Must be implemented at Implementation)**

- Methadone (for OTP providers only) • Buprenorphine • Naltrexone

**REQUIRED MEDICATIONS FOR ALCOHOL USE DISORDER (Must be implemented by end of Year 1)**

- Naltrexone • Acamprosate • Disulfiram

**REQUIRED MEDICATIONS FOR TOBACCO USE DISORDER (Must be implemented by end of Year 1)**

- Nicotine Replacement Therapy • Varenicline • Bupropion

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 <u>In-Person</u> Addiction Medication Services <sup>1</sup>
		<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	

*Include an addenda with additional rows when necessary*

- Please propose an estimate of how many patients your agency will provide medication services to directly and claimed to Marin DMC-ODS each month: \_\_\_\_\_.

<sup>1</sup> The total number of hours across your agency may not be fewer than 50% of the total number of hours identified on Page 3

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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 following <sup>Error! Bookmark not defined.:</sup>

Medication	Approximated Percentage
Sublingual buprenorphine	
Injectable extended release buprenorphine	
Oral naltrexone for OUD	
Injectable naltrexone for OUD	
Oral naltrexone for AUD	
Injectable naltrexone for AUD	
Naloxone (via prescription)	

Medication	Approximated Percentage
Nicotine Patches	
Non-patch nicotine medications (gums/lozenges, etc)	
Varenicline	
Bupropion	
Acamprosate	
Disulfiram	

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 Marin DMC-ODS. In your response:

- Please describe prescriber recruitment strategies (e.g. increasing FTE of existing part-time prescriber staff; hiring a recruitment firm; outreach to addiction training programs, etc.) and anticipated onboarding timelines; and
- Please describe your plan and timeline for offering medications for OUD, AUD and tobacco use disorder. *Note that it is the expectation that at a minimum, MAT for OUD is available at service implementation.*

*Include additional description / addenda when necessary*

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**IV. Organizational Readiness Plan**

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 Marin DMC-ODS-required meetings designated for addiction medication prescribing clinicians. At present, this is expected to include applicable Learning Collaboratives and other meetings supporting MHSOAC grant implementation.

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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. Grant funds are required to be utilized for the activities outlined in the Implementation Plan and cannot be used to fund existing MAT-related activities. Marin DMC-ODS does not plan to conduct itemized expenditure verification, but to avoid recoupment, provider agencies will need to submit quarterly implementation updates.

Description	Amount
Example: Addiction Medication Clinician staffing (salary, contractual, other)	
Example: Recruitment Costs	
Example: Other practitioner staffing costs (for readiness activities)	
Example: 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.*

By signing, I confirm that the information reported is accurate.

Signature (Authorized Signatory): \_\_\_\_\_ Date \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title \_\_\_\_\_

Submit this implementation plan via email to [HHSSUDAdmin@marincounty.gov](mailto:HHSSUDAdmin@marincounty.gov).