Clinical Services Division: Utilization Management & Quality Improvement Updates

Los Angeles County Department of Public Health
All Provider Meeting January 8, 2024
Substance Abuse Prevention & Control

Agenda

- Submitting Authorization Requests When Financial Eligibility Lapses
- Addiction Medication Access Policy
  - SAPC Information Notice 24-01

Timing for Submission Auth Requests When Financial Eligibility Lapses

- Providers should hold request for authorization until the patient's financial eligibility has been re-established.
- For Medi-Cal members who became disenrolled, provider agencies should use care coordination to re-enroll patients in Medi-Cal and hold the auth submission until the patient's Medi-Cal eligibility has been re-established.
- Establishing financial eligibility is one of the permitted exceptions to the 30 days rule governing timeliness of authorization submissions.

Timeliness of Authorization Submissions

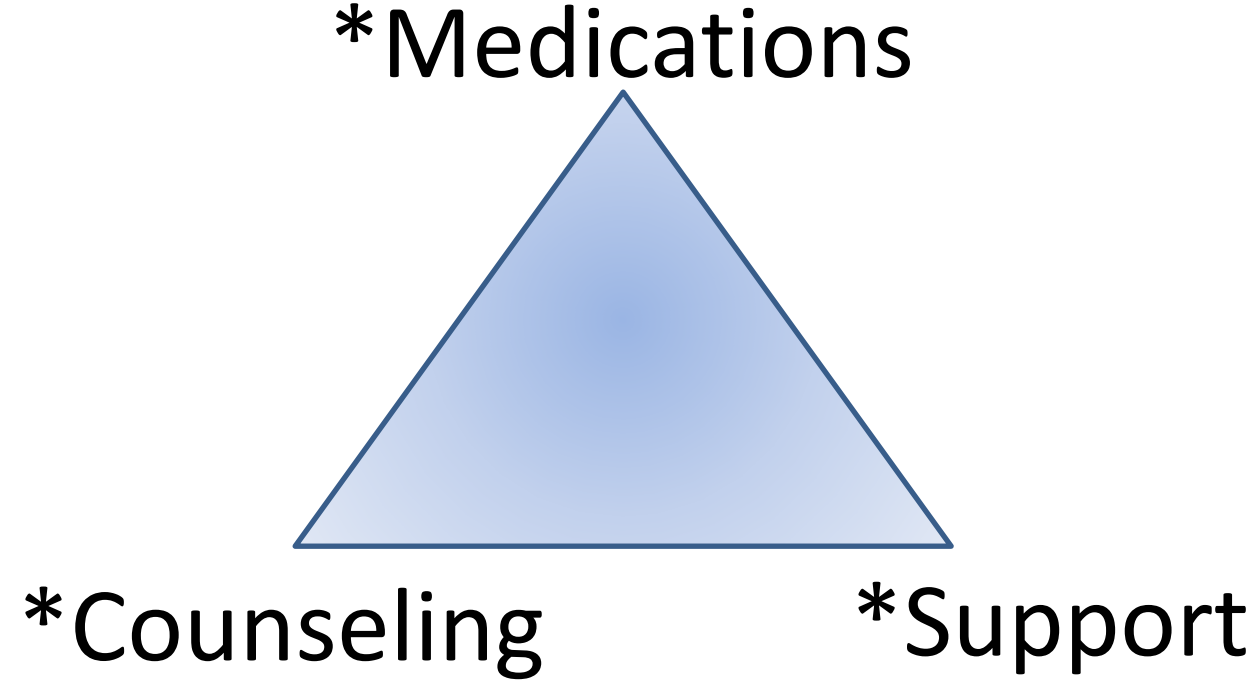
- Member authorizations and reauthorizations must be submitted to the SAPC Quality Improvement and Utilization Management Unit within thirty (30) calendar days of admission or within thirty (30) calendar days of the first date of service.
- Four exceptions to the 30 days rule – authorization submissions should be held pending the establishment of financial eligibility in the following circumstances:

1. Outside Los Angeles county beneficiary pending transfer
   - *Prospective policy change if LA County Residency following transfer is sufficient*
2. An individual who applied for Medi-Cal but has not established DMC benefits yet
3. Awaiting receipt of an Other Health Coverage denial
4. Pending resolution of SAGE technical issue that prevented authorization submission (providers must document SAGE Help Desk Ticket Number related to the technical issue)

- All service authorization requests, including those delayed due to establishment of financial eligibility, must adhere to and meet Medi-Cal standards and requirements for timelines of clinical assessment.

30d Timeliness of Authorization are required as of 11/1/2020:
http://publichealth.lacounty.gov/sapc/bulletins/START-ODS/20-11/SAPCIN20-11MemberAuthorizationSubmission.pdf

Core Components of Substance Use Treatment



*When appropriate

Source: http://www.samhsa.gov/treatment

January 5, 2024

SAPC INFORMATION NOTICE 24-01
Supersedes IN 22-04

TO: Substance Use Disorder
Contracted Treatment Provider Agencies

FROM: Gary Tsai, M.D., Bureau Director
Substance Abuse Prevention and Control Bureau

SUBJECT: **Addiction Medication Access in the SAPC Treatment Network**

The Department of Public Health's Bureau of Substance Abuse Prevention and Control (SAPC) is releasing this Information Notice to update our requirements for contracted substance use treatment provider agencies (subsequently referred to as treatment agencies) to provide services related to addiction medications (also known as Medications for Addiction Treatment or MAT) for all patients, either directly or through referral. Addiction medications treat substance use disorders (SUDs), are an evidence-based treatment option, and are a key component of the full spectrum, biopsychosocial approach to the treatment of SUDs.

Treatment agencies are required to create and update as necessary active policies and procedures related to the provision of addiction medications either directly to their patients or via linkage with other providers (e.g., federally qualified health centers [FQHCs], primary care providers) that offer addiction medication services. SAPC encourages formal arrangements such as memorandums of understanding (MOUs) between agencies in order to optimize referral relationships and processes.

This information notice updates prior guidance in accordance with California Health and Safety Code Sections 11831.1 and 11834.28 and California Department of Health Care Services (DHCS) Behavioral Health Information Notice 23-054.

Treatment agency practitioners shall provide patients and any adult collateral contacts (including but not limited to adult family members) with information about addiction

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

SAPC Information Notice 24-01 Components

- Provide patients and adult collateral contacts with information about addiction medications
- Patient eligibility is based on DSM-5 problems with substance use
- Provide addiction medications, either directly or through referral
  - Procedures must include methadone and buprenorphine
  - Referrals must be care coordinated (warm handoff)
- Procedure for Patient's Use of Addiction Medications
- Must have policy for administration, storage, and disposal of addiction medications
- Addiction Medication Training Requirements for Staff

Provide Information About Addiction Medications

Ask About Problem Substance Use

- **Opioid, Alcohol, Tobacco**, Stimulants, Cannabis
- DSM-5 Checklist
- Within 24 hours of initial date of service

Offer Addiction Medication Evaluation

- Directly
  OR
- Through Coordinated Referral
- If accepted, plan should be in place within 48 hours of initial DOS.

If Patient is Currently Treated with a Controlled Substance

- Schedule for medication evaluation (directly or through referral)
- Medical treatment should be adjusted based upon an individualized determination of the risk/benefits for each patient

Policies and Procedures for Administering / Storing / Disposing of Controlled Substances

- All agencies should support treatment with all addiction medications, including methadone and buprenorphine, when medically appropriate (based upon the patient's individualized medication evaluation)

Staff Training Requirements

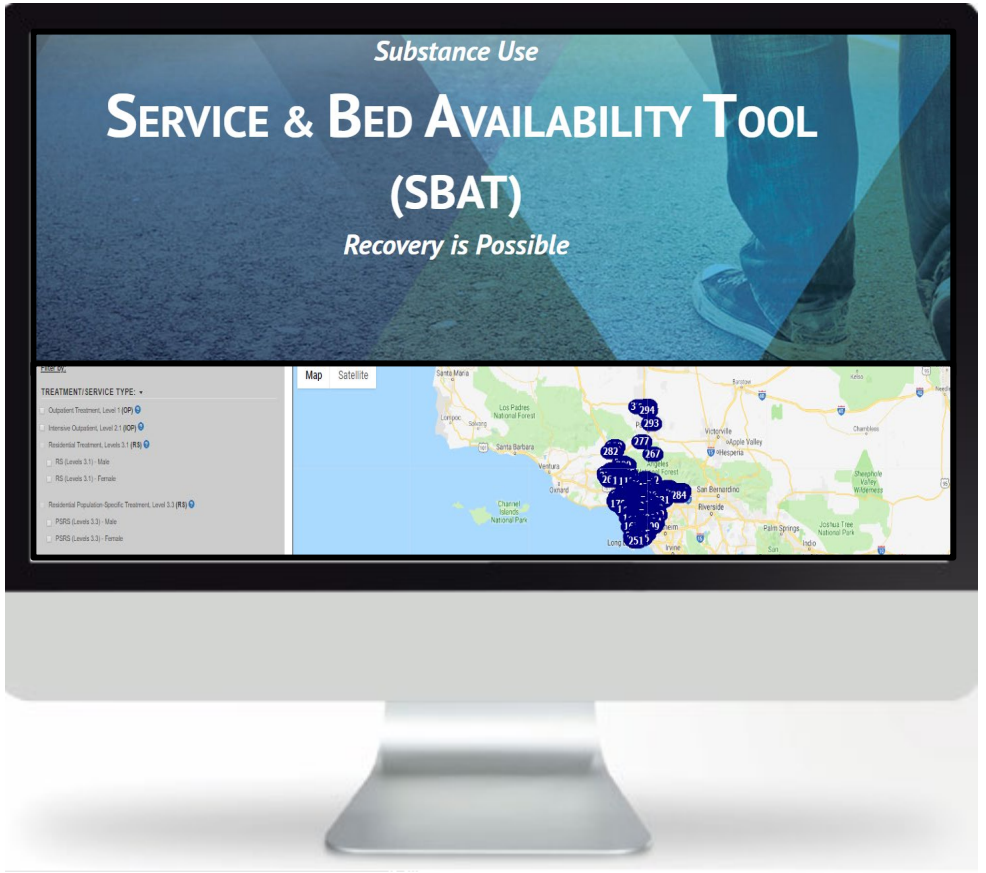
- All agencies are required to educate staff about addiction medications and about their addiction medication policies

Referral Options for Off-Site Addiction Medication Evaluation

- Service and Bed Availability Tool: Lists all SAPC-Contracted OTPs (which offer medications for opioid use disorder)
- MAT LA Clinic Directory: http://losangelesmat.org
  - Lists Community Health Centers that offer addiction medications
- LA County MAT Consultation Line: **213-288-9090** (open from 8a-12a seven days a week, on-demand addiction medication evaluation)

Service & Bed Availability Tool (SBAT)

The SBAT Website allows anyone with an Internet connection to find SUD treatment services and site contact information.



Filter by:

- Distance
- Treatment/Service Type
- Languages Spoken
- Clients Served (e.g. youth, perinatal, disabled, LGBTQIA, homeless, re-entry, etc.)
- Night/Weekend availability

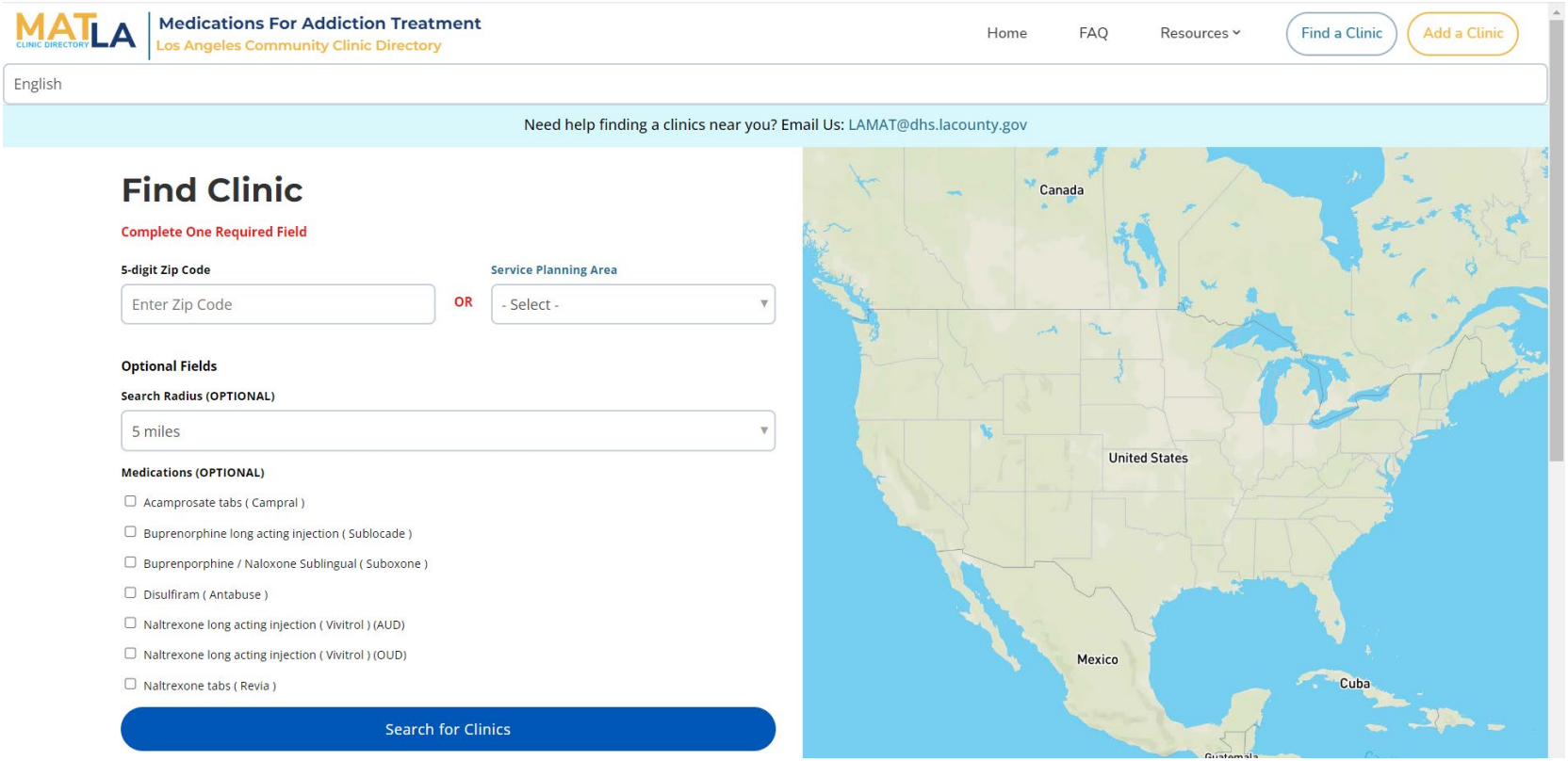
http://sapccis.ph.lacounty.gov/sbat

MATLA

CLINIC DIRECTORY

Medications for Addiction Treatment (MAT)
Clinic Searchable Directory

http://losangelesmat.org



http://LosAngelesMAT.org

Ambulatory Care Network
HEALTH SERVICES • LOS ANGELES COUNTY

Addiction Medication (MAT) Consultation

Support Available 7 days per week, 8a-12a

- *Addiction medications can be started in any setting. Safe via telehealth. Save lives, improve health and social functioning.*
- *On-call providers help you start MAT for patients with alcohol/opioid/meth/cannabis/tobacco use*
- *Patients benefit, even if not yet ready to quit using*
- *Reminder: offer Narcan/Naloxone to everyone that uses drugs*

MAT Consult Line:

(213) 288-9090

Health Services
LOS ANGELES COUNTY

1/9/2024

Sponsored by National Health Foundation for MAT Access Points Project, in partnership with Los Angeles County and CA Bridge

Policies due to BOTH DHCS and SAPC by Today

- *Treatment agencies shall return a copy of their addiction medication policy to both the assigned SAPC Contract Program Auditor and to your assigned DHCS licensing analyst on or before **January 9, 2024**. Any subsequent changes in a treatment agency's addiction medication policy requires a written notice to both the assigned SAPC Contract Program Auditor and to the assigned DHCS licensing analyst.*

Contract Bulletins

Open All

Bulletins 2024

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

Patients with opioid use disorder are informed about the scientific evidence base, effectiveness, associated risks and benefits, and clinical considerations for treatment with buprenorphine. All patients with opioid use disorder who are not currently receiving medication for opioid use disorder are offered addiction medication services either directly or through referral to external partners where treatment with buprenorphine is available. Our agency coordinates continuing clinically beneficial treatment with buprenorphine on intake, throughout the admission, and at discharge. This includes the coordination of medication services arranged prior to discharge to ensure that a sufficient supply of buprenorphine is available until the next scheduled follow-up appointment.

EFFECTIVE PERIOD

This guidance is effective beginning July 1, 2022.

Attachments

I. Attachment A: Information About Addiction Medications
II. Attachment B: Applicable Addiction Medications
III. Attachment C: Patient Eligibility for Addiction Medications
IV. Attachment D: Administration, Storage, and Disposal of Addiction Medications
V. Attachment E: Addiction Medication Training Requirements for Staff
VI. Attachment F: Accessing Addiction Medications in Los Angeles County
VII. *[Include any agency-specific existing engagement policies or procedures not otherwise included in the above]*

Complete and return your agency's engagement policy via an email titled "Addiction Medication (MAT) Policy" sent to both your Contract Program Auditor and to your assigned DHCS licensing analyst on or before January 9, 2024. Any subsequent changes in a treatment agency's addiction medication policy requires a written notice to both the assigned SAPC Contract Program Auditor and to the assigned DHCS licensing analyst.

- Opioids
  - Methadone
  - Buprenorphine
  - Naltrexone
  - **(Naloxone)

- Alcohol
  - Disulfiram
  - Naltrexone
  - Acamprosate

- Tobacco
  - Nicotine
  - Bupropion
  - Varenicline

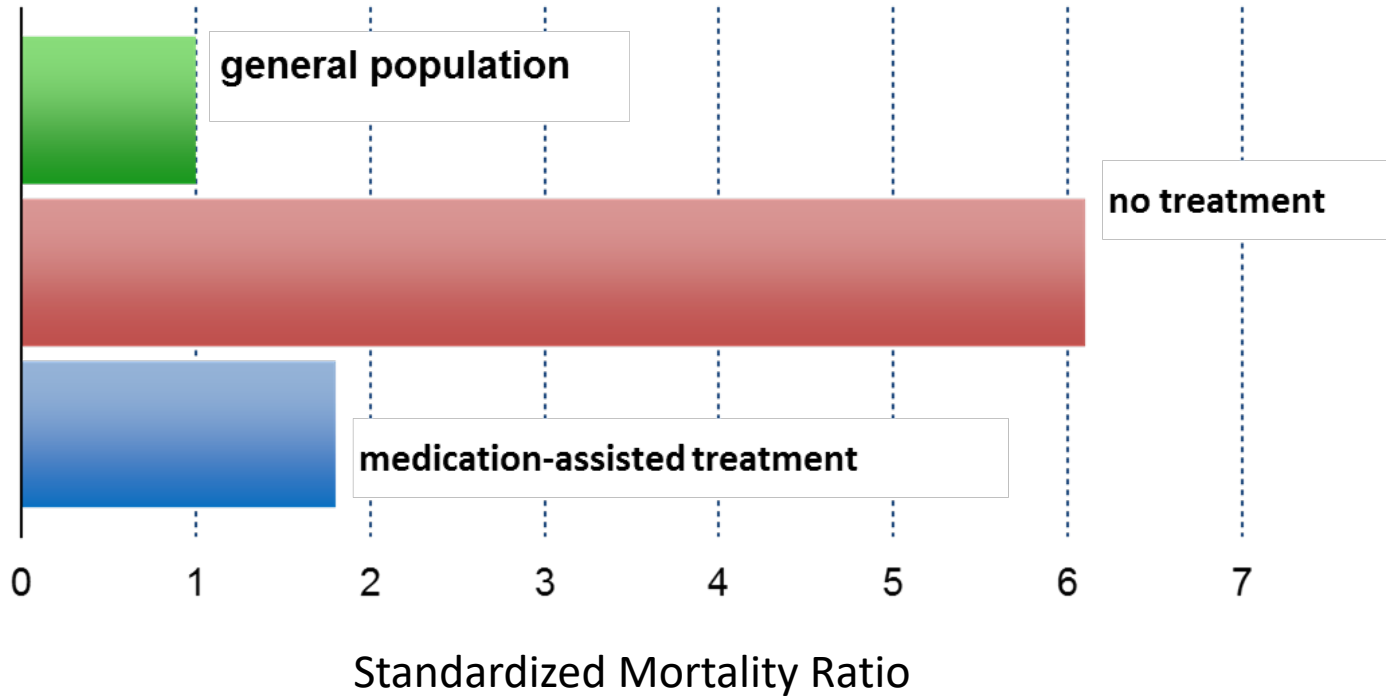
- Opioids
  - Methadone → METHADONE
  - Buprenorphine → SUBOXONE
  - Naltrexone → VIVITROL (Or ReVia)
  - **(Naloxone) → NARCAN

- Alcohol
  - Disulfiram → ANTABUSE
  - Naltrexone → VIVITROL (Or ReVia)
  - Acamprosate→ CAMPRAL

- Tobacco
  - Nicotine → NICOTROL, NICODERM, NICORETTE, etc
  - Bupropion → (ZYBAN or Wellbutrin)
  - Varenicline → CHANTIX

Benefits of Medication for Opioid Use Disorder: Decreased Mortality

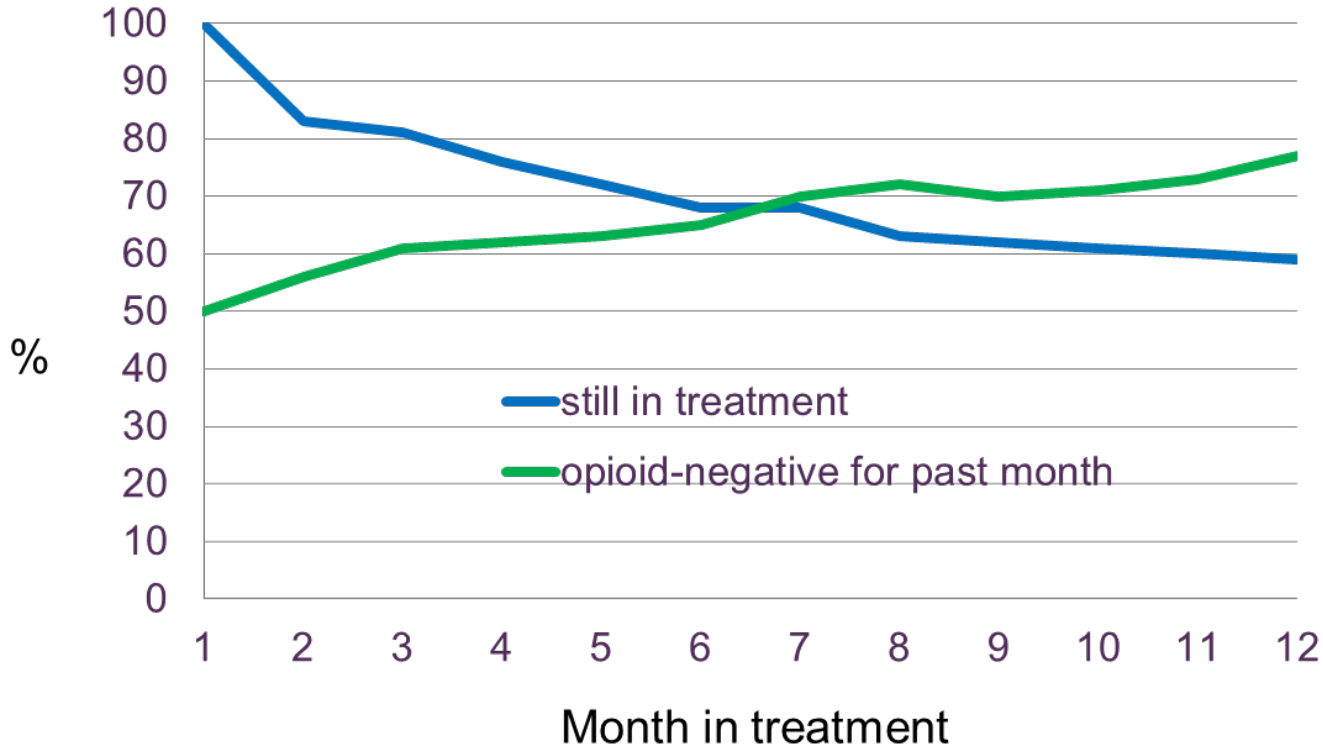
Death rates:



Dupouy et al., 2017
Evans et al., 2015
Sordo et al., 2017

Treatment Retention and Decreased Illicit Opioid Use on MOUD

- Buprenorphine promotes retention, and those who remain in treatment become more likely over time to abstain from other opioids



Kakko et al, 2003
Soeffing et al., 2009

Medication FIRST Model

- People with OUD receive pharmacotherapy treatment as quickly as possible, prior to lengthy assessments or treatments planning sessions;
- Maintenance pharmacotherapy is delivered without arbitrary tapering or time limits;
- Individualized psychosocial services are continually offered but not required as a condition of pharmacotherapy;
- Pharmacotherapy is discontinued only if it is worsening the person's condition.

http://www.nomodeaths.org/medication-first-implementation

Medication FIRST Model

- Medication *first* ***does not mean*** Medication *only*
- Medication is contingent upon the pt's benefit, not based upon a timeframe, patient's participation in counseling, an unexpectedly positive test result, etc

http://www.nomodeaths.org/medication-first-implementation


DAT
icians
To
must:
The X-Waiver Has Been Eliminated
Anyone with a standard DEA registration including CIII Medications can prescribed buprenorphine for OUD

Alcohol Pharmacotherapy

- Naltrexone → antagonist at the Mu opioid receptor
- Acamprosate → glutamate receptor modulation
- Disulfiram → irreversibly binds and blocks acetaldehyde dehydrogenase

PHARMACOLOGIC PRODUCT GUIDE: FDA-Approved Medications for Smoking Cessation

	NICOTINE REPLACEMENT THERAPY (NRT) FORMULATIONS					BUPROPION SR	VARENICLINE
	GUM	LOZENGE	TRANSDERMAL PATCH	NASAL SPRAY	ORAL INHALER		
PRODUCT	**Nicorette[1], Generic** OTC 2 mg, 4 mg original, cinnamon, fruit, mint	**Nicorette[1], Generic** **Nicorette[1] Mini** OTC 2 mg, 4 mg; cherry, mint	**NicoDerm CQ[1], Generic** OTC (NicoDerm CQ, generic) 7 mg, 14 mg, 21 mg (24-hr release)	**Nicotrol NS[2]** Rx Metered spray 10 mg/mL nicotine solution	**Nicotrol Inhaler[2]** Rx 10 mg cartridge delivers 4 mg inhaled vapor	**Zyban[1], Generic** Rx 150 mg sustained-release tablet	**Chantix[2]** Rx 0.5 mg, 1 mg tablet
PRECAUTIONS	• Recent (≤ 2 weeks) myocardial infarction • Serious underlying arrhythmias • Serious or worsening angina pectoris • Temporomandibular joint disease • Pregnancy[3] and breastfeeding • Adolescents (<18 years)	• Recent (≤ 2 weeks) myocardial infarction • Serious underlying arrhythmias • Serious or worsening angina pectoris • Pregnancy[3] and breastfeeding • Adolescents (<18 years)	• Recent (≤ 2 weeks) myocardial infarction • Serious underlying arrhythmias • Serious or worsening angina pectoris • Pregnancy[3] and breastfeeding • Adolescents (<18 years)	• Recent (≤ 2 weeks) myocardial infarction • Serious underlying arrhythmias • Serious or worsening angina pectoris • Underlying chronic nasal disorders (rhinitis, nasal polyps, sinusitis) • Severe reactive airway disease • Pregnancy[3] and breastfeeding • Adolescents (<18 years)	• Recent (≤ 2 weeks) myocardial infarction • Serious underlying arrhythmias • Serious or worsening angina pectoris • Bronchospastic disease • Pregnancy[3] and breastfeeding • Adolescents (<18 years)	• Concomitant therapy with medications/conditions known to lower the seizure threshold • Hepatic impairment • Pregnancy[3] and breastfeeding • Adolescents (<18 years) • Treatment-emergent neuropsychiatric symptoms[4] **BOXED WARNING REMOVED 12/2016** **CONTRAINDICATIONS:** • Seizure disorder • Concomitant bupropion (e.g., Wellbutrin) therapy • Current or prior diagnosis of bulimia or anorexia nervosa • Simultaneous abrupt discontinuation of alcohol or sedatives/benzodiazepines • MAO inhibitors in preceding 14 days; concurrent use of reversible MAO inhibitors	• Severe renal impairment (dosage adjustment is necessary) • Pregnancy[3] and breastfeeding • Adolescents (<18 years) • Treatment-emergent neuropsychiatric symptoms[4] **BOXED WARNING REMOVED 12/2016**
DOSING	*1st cigarette ≤30 minutes after waking:* 4 mg *1st cigarette >30 minutes after waking:* 2 mg Weeks 1–6: 1 piece q 1–2 hours Weeks 7–9: 1 piece q 2–4 hours Weeks 10–12: 1 piece q 4–8 hours • Maximum, 24 pieces/day • Chew each piece slowly • Park between cheek and gum when peppery or tingling sensation appears (~15–30 chews) • Resume chewing when tingle fades • Repeat chew/park steps until most of the nicotine is gone (tingle does not return; generally 30 min) • Park in different areas of mouth • No food or beverages 15 minutes before or during use • Duration: up to 12 weeks	*1st cigarette ≤30 minutes after waking:* 4 mg *1st cigarette >30 minutes after waking:* 2 mg Weeks 1–6: 1 lozenge q 1–2 hours Weeks 7–9: 1 lozenge q 2–4 hours Weeks 10–12: 1 lozenge q 4–8 hours • Maximum, 20 lozenges/day • Allow to dissolve slowly (20–30 minutes) • Nicotine release may cause a warm, tingling sensation • Do not chew or swallow • Occasionally rotate to different areas of the mouth • No food or beverages 15 minutes before or during use • Duration: up to 12 weeks	*>10 cigarettes/day:* 21 mg/day x 4–6 weeks 14 mg/day x 2 weeks 7 mg/day x 2 weeks *≤10 cigarettes/day:* 14 mg/day x 6 weeks 7 mg/day x 2 weeks • Rotate patch application site daily; do not apply a new patch to the same skin site for at least one week • May wear patch for 16 hours if patient experiences sleep disturbances (remove at bedtime) • Duration: 8–10 weeks	1–2 doses/hour (8–40 doses/day) One dose = 2 sprays (one in **each** nostril); each spray delivers 0.5 mg of nicotine to the nasal mucosa • Maximum – 5 doses/hour or – 40 doses/day • For best results, initially use at least 8 doses/day • Do not sniff, swallow, or inhale through the nose as the spray is being administered • Duration: 3 months	6–16 cartridges/day Individualize dosing; initially use 1 cartridge q 1–2 hours • Best effects with continuous puffing for 20 minutes • Initially use at least 6 cartridges/day • Nicotine in cartridge is depleted after 20 minutes of active puffing • Inhale into back of throat or puff in short breaths • Do NOT inhale into the lungs (like a cigarette) but "puff" as if lighting a pipe • Open cartridge retains potency for 24 hours • No food or beverages 15 minutes before or during use • Duration: 3–6 months	150 mg po q AM x 3 days, then 150 mg po bid • Do not exceed 300 mg/day • Begin therapy 1–2 weeks **prior** to quit date • Allow at least 8 hours between doses • Avoid bedtime dosing to minimize insomnia • Dose tapering is not necessary • Duration: 7–12 weeks, with maintenance up to 6 months in selected patients	Days 1–3: 0.5 mg po q AM Days 4–7: 0.5 mg po bid Weeks 2–12: 1 mg po bid • Begin therapy 1 week **prior** to quit date • Take dose after eating and with a full glass of water • Dose tapering is not necessary • Dosing adjustment is necessary for patients with severe renal impairment • Duration: 12 weeks; an additional 12-week course may be used in selected patients • May initiate up to 35 days before target quit date OR may reduce smoking over a 12-week period of treatment prior to quitting and continue treatment for an additional 12 weeks

https://www.aafp.org/dam/AAFP/documents/patient_care/tobacco/pharmacologic-guide.pdf

Medications for Methamphetamine Use Disorder

(none are FDA approved)

- ER Naltrexone injection and high dose bupropion
- Mirtazapine (two small studies)
- Bupropion (low-level users who will adhere)
- Topiramate (low-level users)

- Methylphenidate*

*Psychostimulant medications should only be prescribed to treat StUD by physician specialists who are board certified in addiction medicine or addiction psychiatry and by physicians with commensurate training, competencies, and capacity for close patient monitoring.

American Society of Addiction Medicine and the American Academy of Addiction Psychiatry. Clinical Practice Guideline on the Management of Stimulant Use Disorder. 2023. http://www.asam.org/quality-care/clinical-guidelines/stimulant-use-disorders

Medications for Cocaine Use Disorder

(none are FDA approved)

- Bupropion (works best when combined with CM)
- Topiramate (low-level users)
- Modafinil (if the client does not have alcohol use disorder)

- Combination of Mixed Amphetamine Salts-Extended Release* and Topiramate
- Mixed Amphetamine Salts-Extended Release*

*Psychostimulant medications should only be prescribed to treat StUD by physician specialists who are board certified in addiction medicine or addiction psychiatry and by physicians with commensurate training, competencies, and capacity for close patient monitoring.

American Society of Addiction Medicine and the American Academy of Addiction Psychiatry. Clinical Practice Guideline on the Management of Stimulant Use Disorder. 2023. http://www.asam.org/quality-care/clinical-guidelines/stimulant-use-disorders

Medications for Cannabis Use Disorder

- **Topiramate** (though poorly tolerated in adolescents), **Gabapentin, NAC**, and **Naltrexone** have demonstrated reductions in cannabis use and extension in abstinence in small (eg, **Gabapentin**) or age-specific patient samples (eg, **NAC** in adolescents) but **NAC** has not yet shown efficacy in larger trials involving adults

Brezing CA, et al. Am Col of Neuropsychopharm. 2018(43),173-194
http://www.ncbi.nlm.nih.gov/pmc/articles/pmid/28875989

Discussions/Questions

“The opposite of addiction is not sobriety; the opposite of addiction is connection.”

- Johann Hari