



California Medication Assisted Treatment Expansion Project
California Hub & Spoke System
Frequently Asked Questions
January 2018

PROGRAM STRUCTURE

1. What is the California Hub and Spoke System (CA H&SS)?

The CA H&SS is a component of the California Medication Assisted Treatment (MAT) Expansion Opioid State Targeted Response (STR) grant program, and is being implemented as a way to improve, expand, and increase access to MAT services throughout the state. The program will improve access to MAT services, especially in counties with the highest overdose rates. The implementation of the CA H&SS will increase the total number of physicians, physician assistants, and nurse practitioners prescribing buprenorphine, thereby increasing the availability of MAT for patients with Opioid Use Disorder (OUD). All Hubs and Spokes must obtain, or be currently enrolled in, Drug Medi-Cal or Fee-for-Service Medi-Cal. They must also remain in good standing throughout the contract period.

Each CA H&SS consists of a “Hub” and multiple “Spokes.” There are currently 19 funded Hubs in California. The project will begin with approximately 119 Spokes across the state.

2. What is a Hub?

Existing Department of Health Care Services (DHCS) licensed Narcotic Treatment Programs (NTPs) or Medication Units (MUs) may serve as the Hub, and will work closely with other clinical service providers that serve as the Spokes to build a treatment network that meets community needs. Hubs shall serve as a regional resource with a broad public health mission. Patients will be able to move between the Hub and Spokes based on clinical severity.

Hubs are responsible for the following:

1. Outreach;
2. Treatment Services;
3. Data Collection and Performance Measures;

4. Reports;
5. Evaluation;
6. Training;
7. Invoices; and
8. Subcontracting.

Each awarded region in California will have a Hub, serving as the specialized addiction center of expertise. Each Hub is connected to a number of Spokes, described below.

3. What is a Spoke?

Spokes may consist of:

1. A federally waived prescriber who prescribes and/or administers buprenorphine; or
2. One or more federally waived prescribers and a MAT team consisting of a licensed health practitioner and/or licensed behavioral health professional to perform duties that do not require a prescribing license.

Spokes provide ongoing care for patients with milder disorders, managing both induction and maintenance, and have access to a dedicated MAT team. The MAT team consists of one registered nurse and one licensed clinical social worker for every one hundred patients on buprenorphine under Medi-Cal. Spokes have the ability to refer complex patients to the Hub in their region for stabilization. NTPs and MUs cannot be Spokes.

4. Can a hospital be a Spoke?

Yes. A hospital can be a Spoke. However, hospital services are covered and paid for through the physical healthcare system and not through the CA H&SS.

5. Why did DHCS select the Hub and Spoke model?

The project design is an adaptation of the successful model used in Vermont. With implementation support through regionalized Learning Collaboratives, ongoing training, and mentorship opportunities, the CA H&SS aims to deal with the opioid crisis in California through a collaborative effort of relevant stakeholders.

6. What are the primary goals of the CA H&SS?

The primary goals are to prevent overdose and treat OUD as a chronic disease. Additional goals include:

- Improve access to MAT services in at least 30% of counties with the top ten highest overdose rates;
 - Expand access to integrated MAT services in urban areas; and
 - Increase access to NTP and/or MUs in underserved areas by three clinics.
2. Increase the availability and utilization of buprenorphine statewide. In coordination with other statewide efforts, DHCS hopes to:
- Increase the total number of providers waived to prescribe buprenorphine;
 - Increase the statewide average of the number of opioid users served by each waived provider; and
 - Increase the availability of counseling services for buprenorphine patients and a variety of support services for providers in primary care settings.

TELEHEALTH

7. Can Hub and Spoke patients be admitted in-person or via telehealth at MU Hub facilities?

No. Federal law prohibits in-person or telehealth program admissions from occurring at MUs.

8. Can Hub and Spoke patients receive counseling in-person or via telehealth at MU Hub facilities?

No. Federal law prohibits in-person or telehealth counseling from occurring at MUs.

9. Is it possible to do “home inductions” with buprenorphine via telehealth?

Yes, the induction process can be conducted via telehealth as long as a physical examination is performed to determine suitability for MAT.

10. Do patients have to come in-person to the Hub for counseling, or are Hubs able to provide counseling via telehealth?

In counties that do not opt into the Drug Medi-Cal Organized Delivery System (DMC-ODS), counseling must be done in-person. Some counties may have built telehealth into their implementation of the DMC-ODS, so telehealth counseling may be allowable under that program. For non-Medi-Cal beneficiaries, telehealth counseling may be reimbursed under the California MAT Expansion Project Opioid STR Grant.