County of Los Angeles
Public Health

# Clinical / Utilization Management / Quality Improvement Updates

Los Angeles County Department of Public Health
November 7, 2022
Substance Abuse Prevention & Control

# Agenda

- **Clinical Updates to Provider Manual 7.0**
  - **Problem Lists for Non-OTP Settings**
  - **Progress Note Timeliness**
- **Authorizations**
- **Clinical Forms Reminder**
- **Appeal and Grievance Form Updates**

# Clinical Updates to Provider Manual 7.0

# Problem List Requirements

1. Problem (minimum one SUD related): may be listed as a diagnosis, illness, social determinant of health, patient-reported symptom/illness/problem, z-code, and/or description of an issue

2. Problem Added By- and credential

3. Practitioner Title

4. Date Added: date the problem was added to the Problem List

5. Date Removed: date the problem was identified for removal

6. Removed By - and credential and title

7. Problem List must be Finalized/Signed by LPHA and dated within the last 30 days of start date for residential reauthorizations or last 90 days for non-residential reauthorizations – in adherence with Provider Manual standards.

8. **This excludes OTPs who will continue to utilize <u>Treatment Plans</u>.**

| Initial Problem List

NOTE: Initial problem lists must be performed as instructed by SAPC on standardized SAGE templates on Sage or on Problem List or Treatment Plan forms approved by SAPC. | All Withdrawal Management LOCs | Must be completed upon intake and signed by an LPHA within the treatment episode |
|---|---|---|
| | Outpatient

Intensive Outpatient | Must be completed 30 calendar days of first service or first intake appointment for adults (21+), including signature by LPHA

OR

Within 60 calendar days of first service or first intake appointment for youth (ages 12-17) and young adults (ages 18-20), and for adults (age 21+) who are documented as experiencing homelessness* including signature by LPHA.

*Documentation of homelessness status must be indicated in a Miscellaneous Note. |
| | Residential | Must be completed upon intake within seven (7) calendar days of first service or first intake appointment for adults (18+), including signature by LPHA

OR

Within 14 calendars days of first service or first intake appointment for youth (ages 12-17) including signature by LPHA. |

Provider Manual 7.0 Table 17, Page 183

| Problem List Review | | |
|---|---|---|
| NOTE: If the review of the Problem List results in a determination that changes to the Problem List are not necessary, a Miscellaneous Note or Progress Note stating that a Problem List Review was completed must be included in the patient's record. When Problem Lists require modification, an updated Problem List should be documented. | Outpatient<br><br>Intensive Outpatient | Every 30 calendar days, at minimum |
| | Residential | Every 15 calendar days, at minimum |

Provider Manual 7.0 Table 17, Page 184

| **Problem List Update**<br><br>NOTE: Problem List updates involve a review, documenting any updates, and the LPHA signing the updated Problem List at the required intervals. of a Treatment Plan. Problem List updates must be completed as instructed by SAPC on LPHA, certified or registered counselor standardized SAGE templates on Sage or on Problem List or Treatment Plan forms approved by SAPC. | Outpatient<br><br>Intensive Outpatient | No later than 90 calendar days after the signing of the initial treatment plan, and no later than 90 calendar days thereafter, or when there is a change in treatment modality or a significant event, whichever occurs first |
|---|---|---|
| | Residential | No later than 30 calendar days after the signing of the initial treatment plan, and no later than 30 calendar days thereafter, or when there is significant event, whichever occurs first |

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## Clinical Trainings

### CalAIM Documentation Requirements Updates  −

**Number of CE credits: 2.0***

*\* Los Angeles County Department of Public Health - Substance Abuse Prevention and Control Division is approved by the California Psychological Association to provide continuing education for psychologists. Continuing education units available to LMFTs, LPCCs, LEPs, LCSWs and Substance Use Disorder Counselors. Unless otherwise indicated, trainings are available free of cost to those who attend. Los Angeles County Department of Public Health - Substance Abuse Prevention and Control Division maintains responsibility for all training programs and content.*

**Description:**

The California Department of Health Care Services has launched California Advancing and Innovating Medi-Cal (CalAIM) to bring significant transformation to improve quality of life and healthcare outcomes for Medi-Cal members. Documentation reform, including changes to clinical documentation requirements effective on July 1st, 2022, are part of these CalAIM efforts. One of the significant changes implemented was related to moving from a Treatment Plan to a Problem list to organize and direct Behavioral Health Services. This specific training will primarily focus on the new documentation requirements related to Problem Lists and how to ensure you are documenting your treatment in accordance with these requirements. During this training, participants will (1) learn both State and local SAPC requirements on the Problem List, (2) learn how to create and modify of a Problem List by using an existing Sage form, (3) examine case examples where a Problem List require updates, and (4) learn documentation of Problem List development, review, and updates. Resources will be provided to support participant in meeting state and local DMC ODS requirements on Problem List. Time will be provided throughout the training for group discussion, polls, and chat questions.

**Frequency:** Twice monthly

Visit the SAPC calendar to register for this training.

http://publichealth.lacounty.gov/sapc/providers/trainings.htm

## CalAIM Documentation Resources

- [SAPC CalAIM Documentation Requirements Training Presentation File](#)
- [SAPC CalAIM Documentation Requirements FAQs](#)
- [Upcoming CalAIM Documentation Requirements Trainings on Nov 9, Nov 17, Nov 29, Dec 6, Dec 13, Dec 28](#)

## Paper-Based Problem Lists for SAGE Downtimes

- Problem List:
  http://publichealth.lacounty.gov/sapc/NetworkProviders/ClinicalForms/TS/ProblemListMain.pdf

- Addendum:
  http://publichealth.lacounty.gov/sapc/NetworkProviders/ClinicalForms/TS/ProblemListAddendum.pdf

# Operationalizing the Problem List in Sage

| Field | Old way of entry | New entry requirements |
|---|---|---|
| **Problem Statement** | Listed as a sentence, often in the patient's own words | Within the scope of the practitioner identifying the **problem**, this can be listed as a diagnosis, Social Determinant of Health, Z-Code, or description of an issue.<br>MUST also include:<br>"**Added by:**"- Practitioner's Name who identified/added the problem AND credential (ex. RADT-I, CACD-II, LCSW)<br>"**Practitioner Title**:" ex. Registered SUD Counselor, Certified SUD Counselor, Licensed Social Worker<br>"**Date Added:**"- Date the Problem was added<br>"**Date Removed:**"- If applicable, add the date the problem was identified for removal.<br>"**Removed by:**" The practitioner, credential, and title that removed the problem. |
| **Long Term Goal** | What the patient wants to achieve by the end of treatment at that level of care | "N/A"<br>This is no longer required, but can still be filled with what the patient identifies as a long-term goal |
| **Treatment Start Date** | The date the patient started treatment | No change. Continue to enter the date the patient started treatment. |
| **Dimension** | Select the dimension(s) associated with the Problem Statement. | No change. Continue selecting the dimension associated with the Problem. |
| **Short Term Goal(s) (SMART)** | Enter a Specific, Measurable, Achievable, Relevant, Time-Bound goal. | "N/A"<br>This is no longer required, but can still be filled in with a SMART goal. |
| **Action Steps** | What staff or the patient are going to do to help meet the goals. | "N/A"<br>This is no longer required as it is expected to be noted in each progress note. |
| **Target Date** | Expected day of completion. | Leave Blank |
| **Complete Date** | Date goal met. | Leave Blank |

# Operationalizing the Problem List in Sage

| | Problem Statement | Long-Term Goal | Treatment Start Date | Dimension | Short Term Goal(s) (SMART) | Action Steps | Target Date | Complete Date |
|---|---|---|---|---|---|---|---|---|
| Select | Problems with Housing ^Problem Added By: John Smith, CADC-II^Practitioner Title: Certified SUD Counselor ^Date Added: 7/3/2022 | "Get housing" | 07/01/2022 | Dimension 3 | N/A | N/A | | |
| Select | Problem with Employment^Problem Added By: Maria Gonzalez, RADT-I^Practitioner Title: Registered SUD Counselor ^Date Added: 7/2/2022^Date Removed: 8/5/2022^Removed by: John Smith, CADC-II, Certified SUD Counselor | N/A | 07/01/2022 | Dimension 3, Dimension 5 | N/A | N/A | | |
| Select | Alcohol use^Problem Added By: Esther Orellana, Ph.D.^Practitioner Title: Licensed Psychologist^Date Added: 7/2/2022 | N/A | 07/01/2022 | Dimension 4 | N/A | N/A | | |

**Treatment Plan Problem(s)** Item 2
 Problem Statement  **Problem with Employment**
**Problem Added By: Maria Gonzalez, RADT-I**
**Practitioner Title: Registered SUD Counselor**
**Date Added: 7/2/2022**
**Date Removed: 8/5/2022**
**Removed by: John Smith, CADC-II, Certified SUD Counselor**
 Long-Term Goal  **N/A**
 Treatment Start Date  **07/01/2022**
 ASAM Dimensions
 1. Acute intoxication and/or Withdrawal Potential; 2.Biomedical (
 4. Readiness to change; 5. Relapse Continued Use, or Continue
 Dimension  **Dimension 3, Dimension 5**
 Short Term Goal(s) (SMART)  **N/A**
 Action Steps  **N/A**
 Target Date  (blank)
 Complete Date  (blank)

Once the form is saved, above is what the Treatment Plan Problem table will look like.

To the left is what the printed treatment plan would look like. Although not in a table format, it has the necessary components of the Problem List.

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# Progress Note Standards

- Progress notes shall include:
  - The type of service rendered.
  - A narrative describing the service, including how the service addressed the patient's SUD and/or related need (e.g., symptom, condition, diagnosis, and/or risk factors) in accordance with the ASAM Criteria.
  - The date that the service was provided to the patient.
  - Duration of the service, including travel and documentation time.
  - Location of the patient at the time of receiving the service.
  - Justification of discrepancy if the level of care provided is not consistent with the ASAM CONTINUUM recommended LOC
  - An appropriate ICD-10 and HCPCS/CPT code(s) needs to be included on the claim, but not in the body of the progress note itself.
  - Next steps including, but not limited to, planned action steps by the provider or by the patient, collaboration with the patient, collaboration with other provider(s) and any update to the Problem List (non-OTP settings) or Treatment Plan (OTP settings) as appropriate.

Provider Manual 7.0 Pages 186-187

# Progress Note Standards

Per BHIN 22-019, the following Progress Notes updates are effective 7/1/2022.

- Providers shall complete progress notes within three (3) business days of providing a service, with the exception of notes for crisis services, which shall be completed within 24 hours.
  - Including co-signatures, if applicable.
- Diagnosis and CPT codes do NOT need to be in the body of the Note but does need to be on the claim.
- Daily summary or encounter-based progress notes (*provided there is not less than one encounter documented each day*) are required for services that are billed on a daily basis, such as residential care. Weekly progress notes are not acceptable.
- Group Services rendered by multiple providers: one progress note with one provider signature is acceptable.

Authorizations and Problem List Timeliness Flexibility

# Authorization Delay & Grace Period Extended to 12/15/202

- **Delay in Authorization Reviews**
  - Please contact UM if you have authorizations that were submitted more than <u>4 weeks ago</u> that are pending response.
  - UM contacts: phone 626-299-3531 and email [SAPC.QI.UM@ph.lacounty.gov](mailto:SAPC.QI.UM@ph.lacounty.gov)
- **Clarification on Flexibilities**
  - Clinical Standard Documentation timeliness requirements remain in place during claims blackouts
  - Flexibility for timeliness of submitting authorizations and the timeliness of finalizing the problem list <u>through 12/15/2022</u>

# Flexibility Period for Problem List Timeliness

- Any authorizations submitted by the provider for dates of service between 7/1/2022 to 12/15/2022:

- Timeliness of completing Problem List will be waived during this grace period

- If a Problem List is submitted but is missing an SUD problem, UM will contact provider and provide 7 calendar days for provider to submit additional information via Updated Problem List.

# Essential Contact Info

- For a specific authorization question, contact the care manager named in SAGE
- UM General number: **(626) 299-3531** and email: SAPC.QI.UM@ph.lacounty.gov
- Netsmart Helpdesk for SAGE technical problems/questions: **(855) 346-2392**
- Phone Number to <u>file</u> an appeal: **(626) 299-4532**
- Providers or patients who have questions or concerns <u>after</u> receiving a Grievance and Appeals (G&A) Resolution Letter should contact the **G&A number** at **(626) 293-2846**

<u>Clarification</u>
- Phone Number to <u>follow-up</u> with an appeal after receiving a resolution letter: **(626) 293-2846**

# Clinical Forms Reminder

# Problem List Forms

- 25 problem lists templates are now approved

- Collaboration with Exym

- LPHA finalization <u>is required</u> for problem lists when submitting re-authorization

- Treatment plan is still required for OTP providers

- Email [SAPC.QI.UM@ph.lacounty.gov](mailto:SAPC.QI.UM@ph.lacounty.gov) with any forms that require review and approval

**Contact the care manager assigned to your authorization if any specific questions involving an authorization request**

# Appeal and Grievance Form Updates

# Updating Grievance and Appeal Forms

- The current Appeal Form is available via the Clinical Forms and Documents section of our Provider Manual and Forms Page:

http://publichealth.lacounty.gov/sapc/NetworkProviders/ClinicalForms/AQI/AppealForm.pdf

Email: SAPCmonitoring@ph.lacounty.gov

Phone: (626) 299-4532

Fax: (626) 458-6692

*Updated forms will be distributed for review prior to 1/1/2023 and published in Winter 2023*

| 1. **(Check One)**: ☐Standard Appeal ☐Expedited Appeal | 2. Date: |
|---|---|

| **INFORMATION ABOUT MEDI-CAL BENEFICIARY FILING APPEAL** | | |
|---|---|---|
| 3. Name (Last, First, and Middle):<br><br>*(required)* | 4. Sage PT ID#:<br><br>*(if known)* | 5. Authorization #<br><br>*(if known)* |

| 6. Date of Birth:<br><br>*(required)* | 7. Medi-Cal #:<br><br>*(if known)* | 8. Street Address<br><br>*(required if there is an address available)* |
|---|---|---|

| 9. City and Zip Code<br><br>*(required if there is an address available)* | 10. Phone Number and/or Email Address:<br><br>*(required if there is a phone number or email address available)* | 11. Do we have your permission to leave a voice message?<br>☐Yes ☐No |
|---|---|---|

| **COMPLETE IF AUTHORIZING A REPRESENTATIVE APPEAL ON YOUR BEHALF** | | |
|---|---|---|
| 12. Name of Representative: | 13. Agency Name/ Relationship: | 14. Email: |
| 15. Street Address: | 16. City and Zip: | 17. Phone: |

18. **If you are authorizing another person or entity to represent you in filing this appeal, please sign below:**

_____          _____
Patient Name (Print)                                    Patient (Signature)

| **INFORMATION ABOUT THE APPEAL** |
|---|
| 19. Did you receive an Adverse Benefit Determination (NOABD) letter? ☐Yes ☐No |
| 20. Did anyone complete this form on your behalf? ☐Yes ☐No |
| 21. Which type of NOABD did you receive:<br>☐ Denial ☐ Termination<br>☐ Payment Denial ☐ Timely Access to Services<br>☐ Other, describe._____ ☐ Notice of Grievance/Appeal Resolution |
| 22. Addition information on your appeal of the NOABD. Attach pages and documentation, if needed. |

# Appeal Reminder

- Appeals filed without the patient's involvement, including appeal forms filed without the patient's written consent, <u>must</u> include a written justification for why the patient was unable to be involved with filing the appeal. Appeals filed without the patient's involvement will be processed as a complaint/grievance in accordance with SAPC complaint/grievance protocols (SAPC Provider Manual 7.0 Pages 191-199).

# Q&A / Discussion

The secret of change is to focus all of your energy, not on fighting the old, but on building the new.

Socrates