SAPC Provider Utilization Management Meeting

Los Angeles County Department of Public Health

February 21st, 2024

Substance Abuse Prevention & Control

Agenda

- Initial Engagement Authorizations
- Inter-County Transfer of benefits
- Reminder: Obtaining Authorizations for Contingency Management
- Provider Manual 8.0 UM related updates
- Essential Contact Info/SAPC Referrals Process
- Discussions/Questions
- Adjourn

Reminder: Initial Engagement Authorizations for Non-Residential Levels of Care

Initial Engagement Authorizations for Non-Residential Levels of Care

- **Submit a Full (Standard) Authorization When Medical Necessity Has Been Established**
  - No need to wait 30/60d before submitting a full authorization request, but provides flexibility for patients
- **For initial engagement authorizations prior to establishing medical necessity**
  - Make explicit via designated PCNX radio button
  - Conduct an ASAM assessment when the patient is ready to participate, prior to submitting the auth request for the balance of the authorization duration

See DHCS Behavioral Health Information Notice (BHIN) 23-001: http://www.dhcs.ca.gov/Documents/BHIN-23-001-DMC-ODS-Requirements-for-the-Period-of-2022-2026.pdf

Authorization Periods – Patients Aged 20 and Under or PEH

For **NON-RESIDENTIAL SERVICES**, initial authorizations for patients **aged 20 and under** and **People Experiencing Homelessness (PEH)** will be set at 60 days *while they are being engaged and medical necessity is being established.*

Providers:

- Should engage patient to try to complete ASAM assessment and establish medical necessity throughout the initial 60-day authorization, but if this is not possible, the timelines for ASAM assessments and establishing medical necessity are the same as previously:
  - 7- or 14-days to complete ASAM assessment upon the end of the initial 60-day authorization period depending on clients who are 21 and over (7-days) or aged 20 and under (14-days); and
  - 30 days to submit all documentation to establish medical necessity and submit complete member authorization.

1 **Initial 60-Day Engagement Authorization Period**

- Patient must be LA County Resident
- Must meet SAPC Financial Eligibility requirements
- **Must meet age requirement of being 20 or under**
- **Documentation of homelessness status is required (if applicable)**
- Does NOT need to meet medical necessity

2 **New Authorization Request** submitted following initial 60-day authorization. In this example, the second authorization would begin Dec 22, 2023 and provider will have 7- or 14-days (depending on age of patient) to finalize the ASAM assessments and 30 days to submit all necessary documentation to establish medical necessity, as per current requirements.

Total Authorization Length

- **Outpatient Services* → 2 months for the initial authorization period for those aged 20 and under and PEH, and then 4 months for the new authorization once medical necessity is established** (in this example, it would end on April 22, 2024)
- **OTP Services** → 2 months for the initial authorization period for those aged 20 and under and PEH, and then 10 months for the new authorization once medical necessity is established** (in this example, it would end on Oct 22, 2024)

*Total time will equal 6 months for outpatient services

**Total time will equal 12 months for OTP services

Authorization Periods – All Other Patients Aged 21 and Over Who Are Not Experiencing Homelessness

For **NON-RESIDENTIAL SERVICES**, initial authorizations for patients aged 21 and over who are not experiencing homelessness will be 30 days *while they are being engaged and medical necessity is being established.*

Providers:

- Should be engaging patient to try to complete ASAM assessment and establish medical necessity throughout the initial 30-day authorization, but if this is not possible, the timelines for ASAM assessments and establishing medical necessity are the same as previously:
  - 7- or 14-days to complete ASAM assessment upon the end of the initial 60-day authorization period depending on clients who are 21 and over (7-days) or aged 20 and under (14-days); and
  - 30 days to submit all documentation to establish medical necessity and submit complete member authorization.

1 **Initial 30-Day Engagement Authorization Period**

- Patient must be LA County Resident
- Must meet SAPC Financial Eligibility requirements
- Does NOT need to meet medical necessity

2 **New Authorization Request** submitted following initial 30-day authorization. In this example, the second authorization would begin November 22, 2023 and provider will have 7- or 14-days (depending on age of patient) to finalize the ASAM assessments and 30 days to submit all necessary documentation to establish medical necessity, as per current requirements.

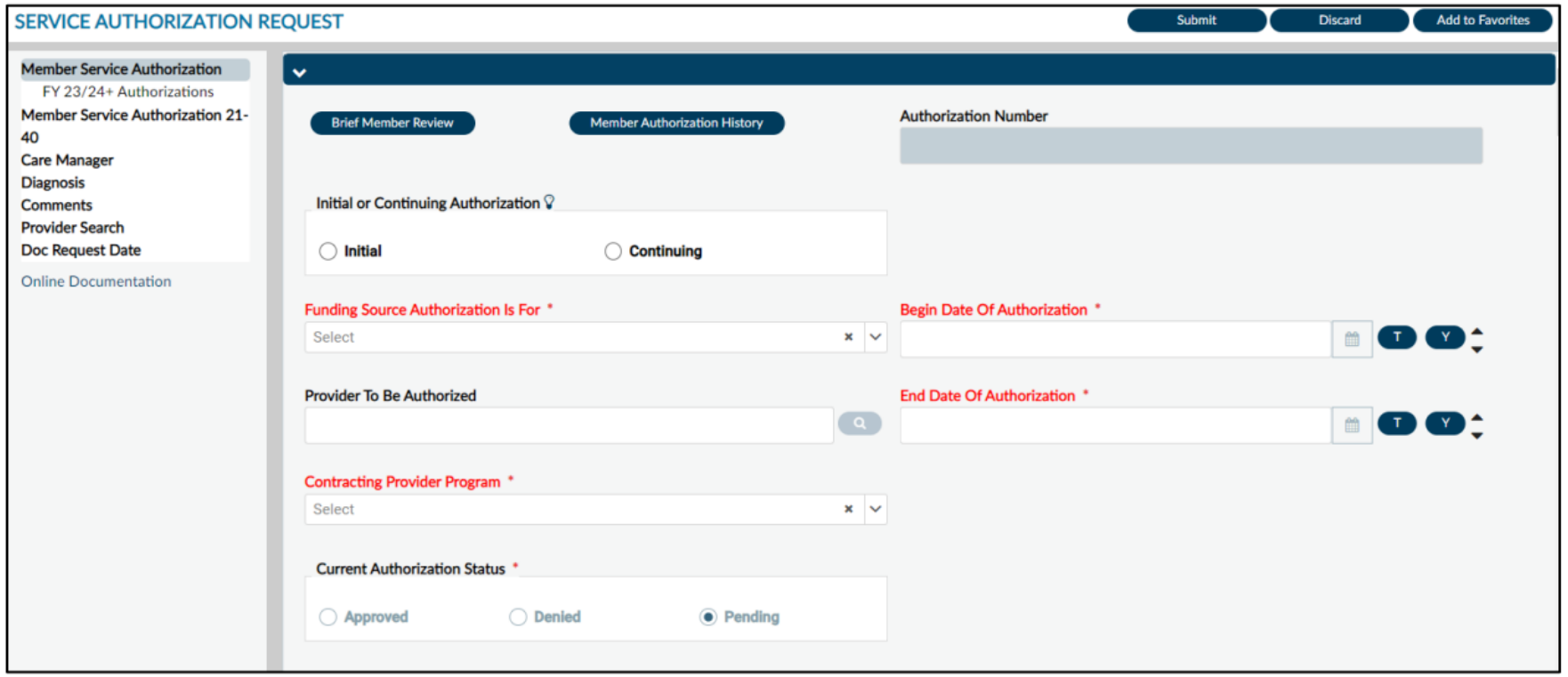
Total Authorization Length

- **Outpatient Services* → 30 days for the initial authorization period for those aged 21 and over who are not homeless, and then 5 months for the new authorization once medical necessity is established** (in this example, it would end on April 22, 2024)
- **OTP Services** → 30 days for the initial authorization period for those aged 21 and over who are not homeless, and then 11 months for the new authorization once medical necessity is established** (in this example, it would end on Oct 22, 2024)

*Total time will equal 6 months for outpatient services

**Total time will equal 12 months for OTP services

PCNX Authorization Requests



http://publichealth.lacounty.gov/sapc/providers/sage/sage-pcnx.htm
Sage-PCNX Service Authorization Request Guide

PCNX Authorization Requests

Doc Request Date	
Initial Engagement	Required. • Select **Yes** if the authorization is a Non-Residential initial authorization where the patient is in the initial assessment period and medical necessity has not yet been established.
	• Select No if 1. This is a Residential Authorization 2. This is a Withdrawal Management Authorization or 3. Medical necessity has been established

http://publichealth.lacounty.gov/sapc/providers/sage/sage-pcnx.htm
Sage-PCNX Service Authorization Request Guide

Diagnosis Code During Initial Engagement Authorization Period

- If an SUD diagnosis is evident for a patient during an initial engagement authorization and confirmed by an LPHA prior to the completion of an ASAM assessment, providers agencies can document the patient's SUD diagnosis during the initial engagement authorization period.
- If there an SUD diagnosis is not known during the initial engagement authorization period, LPHAs can document the diagnosis code: Z03.89, "Encounter for observation for other suspected diseases and conditions ruled out" which is a placeholder diagnosis until the SUD diagnosis is established.
- Any eligible practitioners can document one or more of the ICD-10 codes Z55-Z65, "Persons with potential health hazards related to socioeconomic and psychosocial circumstances." These codes may be used by all practitioners during the initial engagement authorization period prior to diagnosis and do not require certification as, or supervision of, a Licensed Practitioner of the Healing Arts (LPHA). This Z-code would also serve as a placeholder diagnosis until the SUD diagnosis is established.
- For a list of the available ICD-10 codes Z55-Z65, see Table 1 in Attachment A beginning Page 5 of the DCHS All Plan Letter 21-009: http://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2021/APL21-009.pdf

InterCounty Transfers (ICT):

Medi-Cal (MC) transfer of benefits from one county to their new county of residence ensuring no interruption or overlap of MC benefits

Are you struggling with processing InterCounty Transfers (ICT)?

Contact Nancy (ncrosby@ph.lacounty.gov) for help!

- A training is available including:
  - How to complete a Medi-Cal ICT for a new admission
  - Selection of Guarantor
  - Documentation supporting transfer to Los Angeles County effective date
    - Change Report Summary
    - Notice of Action
  - Electronic methods of verification of Residency
    - What is available to providers vs SAPC
  - BenefitsCal
    - When it can and cannot be used
  - Department of Health Care Services (DHCS) Information Notices pertaining to ICT

What is an ICT?

Medi-Cal transfer of benefits that allows uninterrupted coverage as the beneficiary moves from one County to their new County of Residence within California.

*For step-by-step instructions on updating Financial Eligibiity in Sage for ICT process, visit:
http://publichealth.lacounty.gov/sapc/NetworkProviders/FinanceForms/FinancialEligibility/DocumentingChangesFinancialEligibilityStatus.pdf

ICT through Benefits CAL

Agency & Patient

- If coming from a County that is available in BenefitsCal, assist patient with creating an account, change the patient address to LAC
- Agency writes a Miscellaneous Note for the steps taken

DPSS

- Once DPSS processes this change (approximately 1-7 days) a Change Report Summary will be uploaded to the patient's BenefitsCal account including a benefit Effective Date

Agency

- Agency screenshots the Change Report Summary and uploads to patient chart under Attachments and writes a MISC note for steps taken, updates FE, and bills for Care Coordination
- Take note of ELIGIBILITY Date and submit Treatment Authorization (they will be approved starting on the date the patients benefit became active in LAC)

BenefitsCal link

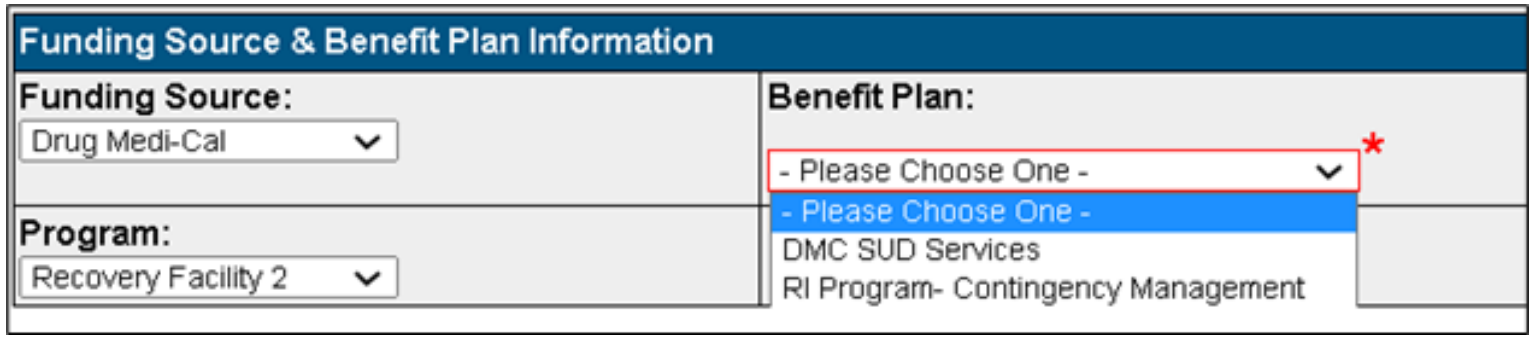
- ALL COUNTIES are currently in benefitscal.

- Mismatch: Service Authorization has been approved based on the Change Report Summary with Effective Date of _____. The DPSS electronic system does not reflect that eligibility effective date.

Authorizations for Contingency Management

CM Authorization Submissions

- Only providers that have completed CM onboarding should submit CM auths. The start date for auths cannot be earlier than their CM onboarding date confirmed by the DHCS Recovery Incentives Program Liaison (RecoveryIncentives@dhcs.ca.gov). The earliest possible date is 5/1/2023.
- Eligible providers should select the RI Program- Contingency Management Authorization Grouping which is an auth specific to CM claims. *CM claims cannot be submitted to other auth groups, and other auth groups do not include CM-specific claim codes.*
- For CM auths, select RI Program – Contingency Management as a Benefit Plan under the Funding Source & Benefit Plan Information section:



CM Authorization Requirements

1. LA County Residency with active Medi-Cal or clients who are in the ICT process confirmed to have a county residence showing as LA County
   - *Patients without Medi-Cal are not eligible to participate in the CM program.*
2. A **Finalized ASAM** that includes diagnosis for Stimulant Use Disorder with Moderate or Severe specifiers
3. Clients in residential services can be enrolled in CM on the day of transition and admission to non-residential LOCs.
4. Participants in CM are encouraged to participate in additional non-residential services but it is not a requirement to receive non-residential services in order to be receiving CM.
5. Miscellaneous note is required (*LPHA finalization* on miscellaneous note is not required)
   - Indicate the authorization is for CM benefit
   - Client meets criteria for moderate or severe Stimulant Use Disorder
   - Previous discharge date and re-enrollment date if applicable
6. CM Authorizations will be approved for up to 180 days

QI/UM Updates

- Sunsetting MHLA Program
- Initial Engagement Authorizations
- ICD-10 Codes for Early Intervention Services
- Withdrawal Management Standards
- Medical Necessity Determinations
- Timeliness of Authorization Submissions
- Residential Treatment for Patients Experiencing Homelessness
- Sage Outage Procedures

Sunsetting My Health LA (MHLA) Program

- The MHLA Program ended on January 31, 2024.
- On January 1, 2024, the State of California expanded Medi-Cal to all ages regardless of immigration status, and SAPC provider agencies should enroll all Medi-Cal eligible individuals in Medi-Cal to ensure their coverage for health services are continued.

***MHLA Program sunset date is referenced throughout the PM.**

SUD Treatment Services PM 8.0: Section 2. Patient Service Standards, The Substance Use Disorder Package (pg. 13-17)

Initial Engagement Authorizations

(this process supported since 2021, clarified in PM 8.0)

- Initial Engagement Authorizations allow providers to submit 30 day (Adult Non-PEH) and 60 day (Youth and/or PEH) Non-Residential Authorizations before establishing medical necessity.
- To submit an Initial Engagement Authorization, select Yes if the authorization is a Non-Residential initial authorization where the patient is in the initial assessment period and medical necessity has not yet been established.
- The authorization end date should reflect 30 or 60 days based on patient's age and housing status.

***Please note: This snapshot of Provider Manual 8.0 updates which impact Provider authorization submission and UM review process is meant to highlight the below changes and does not replace careful and thorough review of Provider Manual 8.0.**

SUD Treatment Services PM 8.0: Section 2. Patient Service Standards, Access to Care (pg. 42-43)

ICD-10 Codes for Early Intervention Services

- Early intervention services **require** an ICD-10 code.
- While a SUD diagnosis is not required to provide Early Intervention services, claims for Early Intervention services **must include** a CMS approved **ICD-10 diagnosis code**.
- LPHAs can document the diagnosis code: Z03.89, "Encounter for observation for other suspected diseases and conditions ruled out" which is a placeholder diagnosis for Early intervention services (and can also be used for initial engagement authorizations between the patient's admission when a SUD diagnosis is established).
- Any eligible practitioners can document one or more of the ICD-10 codes Z55-Z65, "Persons with potential health hazards related to socioeconomic and psychosocial circumstances." These codes may be used by all practitioners during the initial engagement authorization period prior to diagnosis and do not require certification as, or supervision of, an LPHA.

For a list of the available ICD-10 codes Z55-Z65, see Table 1 in Attachment A beginning Page 5 of the DCHS All Plan Letter 21-009: http://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2021/APL21-009.pdf

SUD Treatment Services PM 8.0: Section 2. Patient Service Standards, Service Benefit and Levels of Care (LOCs) (pg. 70-71)

Withdrawal Management Standards

Withdrawal Management 3.7 & 4.0 Authorizations – Updated Language

- Complications of alcohol, sedative, and/or opioid withdrawal that cannot be adequately managed in the outpatient setting due to:
  a. Presenting with persistent vomiting and diarrhea from withdrawal.
  b. Dehydration and electrolyte imbalance that make managing withdrawal in a lower LOC unsafe.
- Stimulant intoxication complications that impair patient stability or significantly reduce the patient's ability to safely participate in treatment at a lower LOC.
- Recent history of severe withdrawal symptoms.

SUD Treatment Services PM 8.0: Section 2. Patient Service Standards, Service Benefit and Levels of Care (LOCs) (pg. 78)

Medical Necessity Determinations

- The initial DMC eligibility verification may be performed by trained support staff and/or registered or certified SUD counselors.
- However, medical necessity determinations must be performed by an LPHA and must be established regardless of the patient's insurance and funding status.

SUD Treatment Services PM 8.0: Section 4. Clinical Process Standards, Eligibility Verification (pg. 165-170)

Timeliness of Authorization Submissions

Added 4th exception to the 30 day rule

- Four exceptions to the 30 days rule – authorization submissions should be held pending the establishment of financial eligibility in the following circumstances:
    1. An individual who applied for Medi-Cal but has not established DMC benefits yet.
    2. Awaiting receipt of an Other Health Coverage denial.
    3. Pending resolution of Sage technical issue that prevented authorization submission (providers must document Sage Help Desk Ticket Number related to the technical issue).
    4. Pending inter county transfer of Medi-Cal benefit.
- 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.

SUD Treatment Services PM 8.0: Section 4. Clinical Process Standards, Eligibility Verification (pg. 170)

Residential Treatment for Patients Experiencing Homelessness

- SAPC criteria for approval of authorization requests for continued residential admissions for patients experiencing homelessness who do not have a place to stay includes the following:
  - The patient's homelessness status is appropriately documented in CalOMS, on a current problem list finalized/signed by an LPHA (required every 30 days) and documented within the clinical record.
  - The patient agrees to ongoing residential admission and treatment.
  - The provider has documented their efforts to establish a post-discharge housing plan for the patient.
  - The above is documented within a Miscellaneous Note/Progress Note that is submitted alongside the request for residential level of care reauthorization.

SUD Treatment Services PM 8.0: Section 4. Clinical Process Standards, Pre-Authorized Services (pg. 172-174)

Sage Outage Procedures

(NEW SECTION)

- In the event of a planned outage, providers will receive a notice from SAPC.
- If you are experiencing technical issues and unable to chart in real time; contact Netsmart Helpdesk and document helpdesk ticket in Progress Note.
- Find approved forms under the “Clinical” tab: http://publichealth.lacounty.gov/sapc/NetworkProviders/Forms.htm

SUD Treatment Services PM 8.0: Section 4. Clinical Process Standards, Sage Outage Procedure (pg. 179-180)

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 file an appeal: **(626) 299-4532**
- Providers or patients who have questions or concerns after receiving a Grievance and Appeals (G&A) Resolution Letter should contact the **G&A number** at **(626) 293-2846**

Clarification

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

UNIT/BRANCH/CONTACT	EMAIL/Phone Number	Description of when to contact
Sage Help Desk	Phone Number: (855) 346-2392 ServiceNow Portal: https://netsmart.service-now.com/plexussupport	All Sage related questions, including billing, denials, medical record modifications, system errors, and technical assistance
Sage Management Branch (SMB)	SAGE@ph.lacounty.gov	Sage process, workflows, general questions about Sage forms and usage
QI and UM	SAPC.QI.UM@ph.lacounty.gov UM (626)299-3531- (No Protected Health Information PHI)	All authorizations related questions, Questions about specific patient/auth, questions for the office of the Medical Director , medical necessity, secondary EHR form approval
Systems of Care	SAPC_ASOC@ph.lacounty.gov	Questions about policy, the provider manual, bulletins, and special populations (youth, PPW, criminal justice, homeless)
Contracts	SAPCMonitoring@ph.lacounty.gov	Questions about general contract, appeals, complaints, grievances and/or adverse events. Agency specific contract questions should be directed to the agency CPA if known.
Strategic and Network Development	SUDTransformation@ph.lacounty.gov	DHCS policy, DMC-ODS general questions, SBAT
Clinical Standards and Training (CST)	SAPC.cst@ph.lacounty.gov	Clinical training questions, documentation guidelines, requests for trainings
Phone Number to file an appeal	(626) 299-4532	
Grievance and Appeals (G&A)	(626)293-2846	Providers or patients who have questions or concerns after receiving a Grievance and Appeals Resolution Letter or follow up with an appeal.
CalOMS	HODA_CalOMS@ph.lacounty.gov	CalOMS Questions
Finance Related Topics	SAPC-Finance@ph.lacounty.gov (626) 293-2630	For questions regarding Finance related topics that are not related to billing issues
Out of County Provider	Nancy Crosby (ncrosby@ph.lacounty.gov)	Out of county provider requesting assistance in submitting authorization for LA County beneficiary & resident Intercounty Transfer / Medi-cal eligibility (MEDS- acceptable aid codes) / Applying for Medi-cal general questions
SASH	(844) 804-7500	Patients calls requesting for service

Discussions/Questions

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

- Johann Hari