

#### SAPC Provider Utilization Management Meeting

Los Angeles County Department of Public Health April 17th, 2024 Substance Abuse Prevention & Control



#### Agenda

- Residential Re-Authorizations for Patients Experiencing Homelessness
- Reminder: Obtaining Authorizations for Contingency Management
- Essential Contact Info/SAPC Referrals Process
- Reminder: Addiction Medication Services
- Discussions/Questions
- Adjourn



#### **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.



### **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 (<u>RecoveryIncentives@dhcs.ca.gov</u>). The earliest possible date is 5/1/2023.
- Eligible providers should select the <u>RI Program- Contingency Management Authorization</u> <u>Grouping</u> 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 <u>RI Program Contingency Management as a Benefit Plan</u> under the Funding Source & Benefit Plan Information section:

Funding Source & Benefit Plan Information	
Funding Source: Drug Medi-Cal	Benefit Plan:
	- Please Choose One -
Program: Recovery Facility 2 V	- Please Choose One -     DMC SUD Services     RI Program- Contingency Management



## **CM Authorization Requirements**

- 1. LA County Residency with active <u>Medi-Cal</u> or clients who are in the ICT process confirmed to have a <u>county</u> <u>residence showing as LA County</u>
  - 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



#### **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.



#### **Essential Contact Info**

- For a specific authorization question, contact the care manager named in SAGE
- UM General number: (626) 299-3531 and email: <u>SAPC.QI.UM@ph.lacounty.gov</u>
- 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

#### **Clarification**

Phone Number to <u>follow-up</u> 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



#### Reminder: Addiction Medication Services



January 5, 2024

SAPC INFORMATION NOTICE 24-01 Supersedes IN 22-04

TO:	Substance Use Disorder
	Contracted Treatment Provider Agencies
	<b>h</b> 7
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/manu als-bulletins-and-forms.htm?tm#bulletins



#### COUNTY OF LOS ANGELES Public Health



Provide Information About Addiction Medications





#### Ask About Problem Substance Use

- <u>Opioid, Alcohol, Tobacco</u>, 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 24 hours of initial DOS.



#### COUNTY OF LOS ANGELES Public Health

#### 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: <u>http://losangelesmat.org</u>
  - 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





# CLINIC DIRECTORY

#### Medications for Addiction Treatment (MAT) Clinic Searchable Directory

http://LosAngelesMAT.org



Find Clinic   Complete One Required Field   S-digit Zip Code   Enter Zip Code   OR   - Select -   Optional Fields   Search Radius (OPTIONAL)   S miles   Medications (OPTIONAL)	Js: LAMAT@dhs.lacounty.gov
Complete One Required Field S-digit Zip Code Enter Zip Code OR - Select -  Optional Fields Search Radius (OPTIONAL) S miles	Canada
Acamprosate tabs ( Campral ) Buprenorphine long acting injection ( Sublocade ) Buprenporphine / Naloxone Sublingual ( Suboxone ) Disulfiram ( Antabuse ) Naltrexone long acting injection ( Vivitrol ) (AUD) Naltrexone long acting injection ( Vivitrol ) (OUD)	United States Mexico

# http://LosAngelesMAT.org



**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

Sponsored by LAC+USC Medical Center Foundation, Inc in partnership with Los Angeles County and CA Bridge



#### **Addiction Medication Prescribing Clinician Funding Opportunity**

- <u>New</u> R95 Capacity Building 1E Payment: Optional and strongly recommended. This project is for start-up funds. Providers will be paid once an addiction medication (MAT) prescribing clinician implementation <u>plan</u> has been submitted and approved and can be paid before the implementation has been initiated / completed.
- To receive advance funds, complete and submit the designated invoice **along with** the required implementation plan.
- Agencies will need to submit quarterly addiction medication (MAT) prescribing clinician implementation updates for approval to avoid recoupment. Expenditure verification is not required.



#### Addiction Medication Prescribing Clinician Funding Opportunity

- R95 1E start-up funding is available to all SAPC-contracted treatment agencies
  - Ratio of \$200,000 per 1.0 Full Time Equivalent Prescribing Clinician
  - \$200,000 per FTE one-time start up funding spread over two years:
    - \$150,000 per FTE during Year 1 (FY23-24)
    - \$50,000 per FTE during Year 2 (FY24-25)
- Designed to be combined / matched with local agency funds, and sustained beyond two years through SAPC billing for medication services
- Currently capped at a max of \$200,000 (1.0 FTE) per agency (regardless of Tier)



#### **Addiction Medication Prescribing Clinician Requirements**

- Prescribing clinician(s) works as a member of the agency care team
- Can include more than one practitioner
  - For example, 1.0 FTE can include two 0.5 FTE eligible practitioners
- The clinicians' medication services are billed through SAPC (not through a managed care plan or other payer)
- Must provide the full range of *applicable* <u>addiction medication services</u> as described within <u>SAPC Information Notice 24-01</u>
  - Methadone cannot be prescribed through pharmacies; non-OTP clinicians are not expected to provide prescriptions for methadone to treat OUD



#### **Forthcoming Dates**

- Draft Invoice and Implementation Plan template released for comment by 2<sup>nd</sup> week of March
- Finalized / published week of March 25, 2024
- April 12, 2024 due date for R95 1E Addiction Medication Prescribing Clinician Funding Invoice and Implementation Plan
  - Extensions available on request and
  - Goal is first round of 1E start-up funds disbursed prior to June 30, 2024



#### **Technical Assistance**

- SAPC will publish suggested duty statement for addiction medication prescribing clinicians and recommendation for implementation plan components
- Recruitment resources:
  - CSAM Career Center <a href="http://careers.csam-asam.org">http://careers.csam-asam.org</a>
  - ASAM Career Center <a href="http://careers.asam.org">http://careers.asam.org</a>
- IMS Resources Published through SAPC-IN 24-01 <u>Attachment G Incidental Medical</u> <u>Services</u>
- Additional funding for external consultants forthcoming, and technical assistance is available upon request



## Discussions/Questions



# "The opposite of addiction is not sobriety; the opposite of addiction is connection."

- Johann Hari