County of Los Angeles Public Health

Service Authorization Requests: Two Sides of the Same Coin

Substance Abuse Prevention and Control
County of Los Angeles Department of Public Health

QI & UM Provider Meeting: April 30, 2019

COUNTY OF LOS ANGELES Public Health

Objectives

- Obtaining information from providers about how they view/process service authorization requests
- Providing reminders of key steps that can help the authorization process
- Highlight tips for documentation submission that can facilitate review for approval

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Contact Information for Service Requests

- How do you determine who you will list in the Clinical Contact information section?
- Who are the key people at the provider agency that SAPC QI & UM needs to contact?
- What are some of the agency challenges in updating the information in the Clinical Contact section?

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Reminder #1: Include Updated Clinical Contact Information

- Before submitting:
  - Check that current staff member is listed
  - Having a clinical contact person listed is key
- Ensure that the following is included:
  - Staff name
  - Treating Facility Address
  - Phone number (including extension)

Submitting Service Requests When Complete

- When do you submit your service requests?
- Which staff are involved in submitting the requests?

Reminder #2: Submitting Service Requests When They are Complete

- What does complete mean?
  - All necessary documents
  - All necessary signatures
- Review the "Checklist of Required Documentation for Utilization Management" on the SAPC website

Reminder #3: Timeframes for Documentation Completion

- Per the *Provider Manual*:
  - ASAM Assessment
    - 7-days (Adults) and 14-days (Youth)
    - Must include LPHA signature
  - Treatment Plan (Initial)
    - 7-days (Adults) and 14-days (Youth)
    - Must include patient, counselor, <u>and</u> LPHA signature

Reminder #3: Time frames for Documentation Completion (cont'd)

- Treatment Plan Update
  - At least every 90 days (Outpatient, Intensive Outpatient, OTP)
  - At least every 30 days (Residential)
  - Must include patient, counselor, <u>and</u> LPHA signature

Using Miscellaneous Notes to Justify Level of Care Selection

- How do you approach documenting the level of care you have chosen for a client?
- What information do you include or not include in your justification?

Reminder #4: What Goes into Justifying a Level of Care When Writing a Miscellaneous Note?

- Description of the level of care in which patient will receive treatment
- Other levels of care considered
- Specific reasons why level of care requested was selected

Sample Template for Level of Care Justification

Given the patient's history and condition, the patient is determined to be appropriate for ___ [INSERT APPROPRIATE LEVEL OF CARE IN WHICH PATIENT WILL BE PLACED]. *While the other level(s) of care of ___* [ENTER OTHER CONSIDERED LEVEL(S) OF CARE] *were considered, the patient was ultimately determined to be most appropriate for ___* [ENTER LEVEL OF CARE PATIENT WAS REFERRED TO] *because ___* [DESCRIBE THE SPECIFIC REASONS WHY THE REFERRED TO LEVEL OF CARE IS BEST FOR THE PATIENT, INCLUDING IF AND WHY PATIENT IS BEING STEPPED UP/DOWN LEVEL OF CARE].

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Summary

- QI & UM and provider network collaboration is key for the authorization process.
- Submitting complete and timely documentation is essential for successful authorizations.
- Your Miscellaneous Notes provide insight into your work with patients and level of care justifications.

Upcoming CST Trainings

SAPC website:

- http://publichealth.lacounty.gov/sapc/Event/event.htm

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