

SAPC Provider Utilization Management Meeting

Los Angeles County Department of Public Health October, 18th 2023 Substance Abuse Prevention & Control



Agenda

- Update: UM Progress on Processing Backlogged Authorizations
- Progress Note
- Intercounty Transfer Process Update
- Reminders
- Essential Contact Info
- Discussions/Questions



LIFT: 9/12/23 Pending authorizations to be assigned

Date	Pending assignment for WM, Residential, RBH	Pending assignment for outpatient, IOP and OTP
9/18/2023	1721	1989
10/16/2023	1868	1249



- Extending work hours/days to the maximum possible
- Flexibility with authorization timelines clarification
 - Clinical Standard Documentation requirement, in place during the blackout
 - Flexibility for submitting authorizations



Progress Note

- For Primary Sage User, these providers will document in one single Progress Note.
- Secondary Sage User can continue to use their SAPC approved documentation.
- Secondary Sage Users onboarding period for Progress Note
- Tips for documenting in new Progress Note form
- Only "One" Form of Progress Note





Please refer to the new form available on SAPC's website

🕽 Translate	A-Z Index		<u>EEGHIJKLM</u>	NOPQRSI	<u>U V W X Y Z ALL</u>		Font Size
COUNTY OF LOS ANGELES Public Health			٩	(nce Abuse n and Control
Program	Home		FAQ		Comment	Contact	
SAPC	About 🔻	Prevention •	 Treatment ▼ 	Recovery	Harm Reduction	Providers 👻	24
Manuals	s, Bulleti	ns, and	Forms				
SAPC Home / Networl To search for a sp			ms box or click on the tabs	below.		Q Search	,
Manuals & Guide		ocuments -	Clinical Treatment Ser		Contracts & Compliance	Finance	CRLA
Subject							Da
Progress Note (New - September 2023)					3 09/11/2		
Checklist of Requ	ired Documenta	ation for Utilizatio	on Management				
- Sage Version 5.0					D3/06/2		
ASAM Assessment Requirements					D3/06/2		
ASAM Screener for Youth and Young Adults					10/20/2		
Problem List-Main							
Problem List Addendum (Additional Problems)							🔀 07/10/2
11001011121017100	lendum (Additio	nal Problems)					D7/10/2
Eligibility Verifica		,					_



For detailed instructions on completing the new Progress Note form please see the Sage-PCNX Progress Note Guide

http://publichealth.lacounty.gov/sapc/providers/sage/sage-pcnx.htm





Secondary Sage Users onboarding period for Progress Note

- Secondary Sage Users will need to work with SAPC to submit and have reviewed for approval a single Progress Note form.
- There will be a 60-day grace period starting from the lift of the blackout (9/12/23) during which SAPC will continue to accept documentation on a previously approved Misc. Note Template.
- Progress Note form submissions may be emailed to <u>sapc.qi.um@ph.lacounty.gov</u> for review.



Tips for documenting in new Progress Note form

*The following Service Types are options listed under the new Progress Note:

- Assessment
- Care Coordination
- Case Conference/Review
- Collateral Contact
- Consultation
- Contingency Mgmt- UDT Stimulant Positive
- Contingency Mgmt- UDT Stimulant Negative
- Counseling
- Discharge Planning/Summary
- Drug Testing
- Education
- Medical Necessity Justification
- Medication Handling/Safeguarding
- Med Services Admin and Observation
- Med Services- Training and Support
- Medication Services (MAT)
- Naloxone Handling/Distribution

- No Show
- Other
- Peer Services- BH Prevention Education
- Peer Services- Self- Help
- Peer Support Services-Plan of Care
- Prenatal Care, at risk assessment
- Problem List-Treatment Plan Development/Review
- Recovery Services- Community support
- Recovery Services- Psychosocial Rehab
- Residential-Mental Health Services
- Residential-Physical Health Services
- Residential- Support Services
- Residential- Therapeutic Services
- Therapy
- Screening



Inter-County Transfer Updates

Key Inter-County Transfer (ICT) Steps **BenefitsCal Counties** Non-BenefitsCal Counties (56 of 58 Counties) (San Francisco, San Luis Obispo as of 10/2023) Assist the patient to create an account, or sign into the Contact DPSS M-F 7:30am-6:30pm) at (866) BenefitsCal website to change the patient's address in 613-3777 (toll free) to update the patient's Contractor LA County AND complete a miscellaneous note. address and request the transfer of county of and Patient responsibility AND complete a miscellaneous Call DPSS at (866) 613-3777 (toll free) to ensure note. transfer of County of Responsibility is processed. DPSS processes this change and uploads the Change DPSS processes this change and mails Report Summary to the patient's BenefitsCal account DPSS Notice of Action (NOA) to the patient reflecting residence in LA County including an generally within 2-3 weeks eligibility date generally within 1-10 days Upload a copy of the Notice of Action (NOA) Take a screenshot of DPSS Change Report Summary to that patient chart under Attachments (CRS) and upload to patient chart under Attachments Contractor Submit service authorization using the Effective Date on the CRS or NOA Select "DMC" as the guarantor and use the Effective Date on the CRS or NOA or claims will be denied Conduct Treatment and Care Coordination services and submit claims on or after Eligibility Date Submit application to enable view of Medi-Cal status in AEVS: within https://www.medical.ca.gov/mcwebpub/login.aspx?ReturnUrl=%2feligibility%2fEligibility.aspxhttps





Counties Participating in Benefits Cal as of July 2023

PARTICIPATING COUNTIES

Alameda	 Humboldt 	 Mendocino 	 Sacramento
 Alpine 	 Imperial 	 Merced 	 San Benito
 Amador 	• Inyo	 Modoc 	 San Bernardino
 Butte 	• Kern	Mono	 San Diego
 Calaveras 	 Kings 	 Monterey 	 San Joaquin
 Colusa 	• Lake	• Napa	 San Mateo
 Contra Costa 	 Lassen 	Nevada	 Santa Barbara
Del Norte	 Los Angeles 	 Orange 	 Santa Clara
 El Dorado 	• Madera	Placer	 Santa Cruz
Fresno	 Marin 	Plumas	 Shasta
Glenn	 Mariposa 	Riverside	 Sierra
			 Siskiyou

PENDING COUNTIES BY DECEMBER 2023

- San Francisco
- San Luis Obispo

Solano

Sonoma

Sutter

Tehama

Trinity

Tulare

Tuolumne

Ventura

 Yolo Yuba

Stanislaus

To see when a pending County joins BenefitsCal, look them up here: https://info.benefitscal.com/

1.*For step-by-step instructions on updating Financial Eligibility in Sage for ICT process, visit (starting on page 4): http://publichealth.lacounty.gov/sapc/NetworkProviders/FinanceForms/FinancialEligibility/DocumentingChangesFinancialEligibilityStatus.pdf





Are you struggling with processing Inter-County Transfers (ICT)?

It is easier than ever to <u>get</u> <u>reimbursed</u> for delivering SUD services to people who need their <u>Medi-Cal transferred to</u> <u>Los Angeles County</u>!

Benefits Cal YouTube Channel: Link (All Videos) https://www.youtube.com/@benefitscal9356/videos

- Welcome to BenefitsCal: Link
- How to Report a Change (Includes Address): Link
- How to Upload a Document: Link

Need more help?

- Contact Nancy (<u>ncrosby@ph.lacounty.gov</u>) for agency-specific technical assistance and training so you can serve more patients and be compensated for that work. Learn:
 - How to complete the transfer using <u>BenefitsCal</u> for participating Counties or via phone or in person with DPSS for non-participating Counties
 - What electronic options are available for verifying Medi-Cal status and if change processed
 - What documentation is needed for the authorization process
- How to enter financial eligibility information in Sage-EHR to ensure payment



Reminders

- 1. Disseminate relevant information from SAPC meetings to staff who creates and submits auths.
- 2. Due to contracts not approved for next fiscal year (July 1, 2024 and on) all OTP authorizations need to be submitted with end date of 6/30/2024. If an authorization is submitted with an end date after 6/30/2024, UM will deny and authorization MUST be resubmitted with correct end date.
- 3. To prevent further delays, please submit all authorizations with required documentation accurately.

Example 1: Some providers selected "Yes" for the Initial Engagement question for RI-CM auths but the correct answer should be "No".

Example 2: RI-CM auths need a completed ASAM for approval.

Example 3: Medical necessity note was not correctly labeled so our care managers need to take more time to find them, etc.



- 4. PCNX Office Hours, sign up via SAPC Training Calendar October: 10/20
- 5. SAPC is working diligently to process the backlog of authorizations. All reasonable attempts are made to assign authorizations to care managers for adjudication in the order of submission dates. Please only contact UM for authorization status if the authorization has been submitted for more than 5 weeks. Please send a secure email to sapc.qi.um@ph.lacounty.gov or call 626-299-3531. We appreciate your patience.



http://publichealth.lacounty.gov/phcommon/public/cal/index.cfm?unit=sapc&prog=pho&ou=ph&cal_id=24

Last Month			Current monut			Next Worth
		C	October 202	3		
SUN	MON	TUE	WED	THU /	FRI	SAT
1	2	3 Foundational Principles of Ethical and Confidential Practice in Substance Use Treatment (09:00 AM - 04:30 PM)	Promoting Self-Care for Substance Use Treatment Providers	5 Care Coordination: Maximizing Success in SUD Treatment Through Integration and Coordination of Care (08:30 AM - 12:30 PM)	6 <u>Provider PCNX Office</u> <u>Hours</u> (10:00 AM - 11:00 AM))
8	9	10 Substance Use Recovery Oriented Housing: Assisting Our Neighbors Experiencing Homelessness (08:30 AM - 11:45 AM)	Assessment of	12 Clinical Documentation for Substance Use Treatment Providers: CalAIM Requirements and Best Practices (09:00 AM - 04:30 PM)	13 <u>Provider PCNX Office</u> <u>Hours</u> (10:00 AM - 11:00 AM)	14
15	16	17	18 Utilizing Naloxone and Other Harm Reduction Strategies?for Substance Use Treatment Providers (01:00 PM - 04:15 PM)	19 CalAIM Documentation Requirements Updates (08:30 AM - 10:45 AM)	20 Provider PCNX Office Hours (10:00 AM - 11:00 AM)	21



Hold Claims/Billing Until Authorization Approval

- Ensure that authorizations are submitted with accurate dates
- SAPC's UM has received a significant number of questions on how to accurately identify the proper authorization duration. To assist, SAPC UM has developed the following guides to assist providers in selecting the appropriate Authorization periods.



Type of Authorization	Authorization Period
0.5, 1.0, 2.1	Start Date to last day of 6th month*
OTP	Start Date to last day of 12 th month*
1WM, 3.2WM, 3.7WM, 4.0WM	Start Date + 13
Initial 3.1, 3.3, 3.5 (21 and over)	Start Date + 59
Initial 3.1, 3.3, 3.5 (20 and under)	Start Date + 29
Re-authorization 3.1, 3.3, 3.5	Start Date + 29
RBH	Start Date + 89
RI-CM	Start Date + 179
Initial Engagement 21 and over	Start Date + 29
Initial Engagement 20 and under and/or PEH	Start Date + 59 17



Authorization Start Date	6 months End Date (Non-OTP)	12 Months End Date (OTP)
January (1-31)	07/31	01/31
February (1-28)	08/31	02/28
March (1-31)	09/30	03/31
April (1-30)	10/31	04/30
May (1-31)	11/30	05/31
June (1-30)	12/31	06/30
July (1-31)	01/31	07/31
August (1-31)	02/28	08/31
September (1-30)	03/31	09/30
October (1-31)	04/30	10/31
November (1-30)	05/31	11/30
December (1-31)	06/30	12/31

Eligibility Dates Reference Tool



Initial Engagement Authorizations for Non-Residential Levels of Care

- Submit a Full (Standard) Authorization When Medical Necessity Has Been Established
 - No <u>need</u> to wait 30/60d before submitting a full authorization request
- For initial engagement authorizations prior to establishing medical necessity
 - Make this explicit via a progress note/misc note
 - Problem List/Treatment Plan should include conducting an ASAM assessment within the initial authorization period timeframe

-Request via Service authorization request

SERVICE ALITHORIZATION REOLIES

Member Service Authorization	×		
FY 23/24+ Authorizations Member Service Authorization 21-40	Initial Engagement * Q		
Care Manager			
Diagnosis	Yes	O No	
Comments	-	0	
Provider Search			
Doc Request Date			
Online Documentation			



Authorization Periods – Patients Aged 20 and Under or PEH



• 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 July 31, 2022)

*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 that are Not Homeless

July 8, 2021 Sept 5, 2021 Initial Engagement Authorization Period 30 days Medical Necessity, Medical Necessity, Should be engaging patient to try to complete ASAM

For **NON-RESIDENTIAL SERVICES**, initial authorizations for patients aged 21 and over who are not homeless will be set at <u>30 days</u> while they are being engaged and medical necessity is being established.

Initial <u>30-Day</u> Engagement Authorization Period

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

 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:

 o 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.

New Authorization Request submitted following initial 30-day authorization. In this example, the second authorization would begin August 7, 2021 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 Jan 31, 2022)
- 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 July 31, 2022)

*Total time will equal 6 months for outpatient services

**Total time will equal 12 months for OTP services



Additional Resources

- See link p. 3 on Non-Residential Initial Engagement Authorization:
 - <u>EligibilityVerificationMemberAuthorizations.pdf (lacounty.gov)</u>
 - See DHCS Behavioral Health Information Notice (BHIN) 23-001: <u>http://www.dhcs.ca.gov/Documents/BHIN-23-001-DMC-ODS-Requirements-for-the-Period-of-2022-2026.pdf</u>



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



Discussions/Questions



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

Socrates

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