



# Youth & Adult Screening and Referral Connection Training for Treatment Providers

Department of Public Health  
Substance Abuse Prevention and Control Division





## Webinar Housekeeping Items

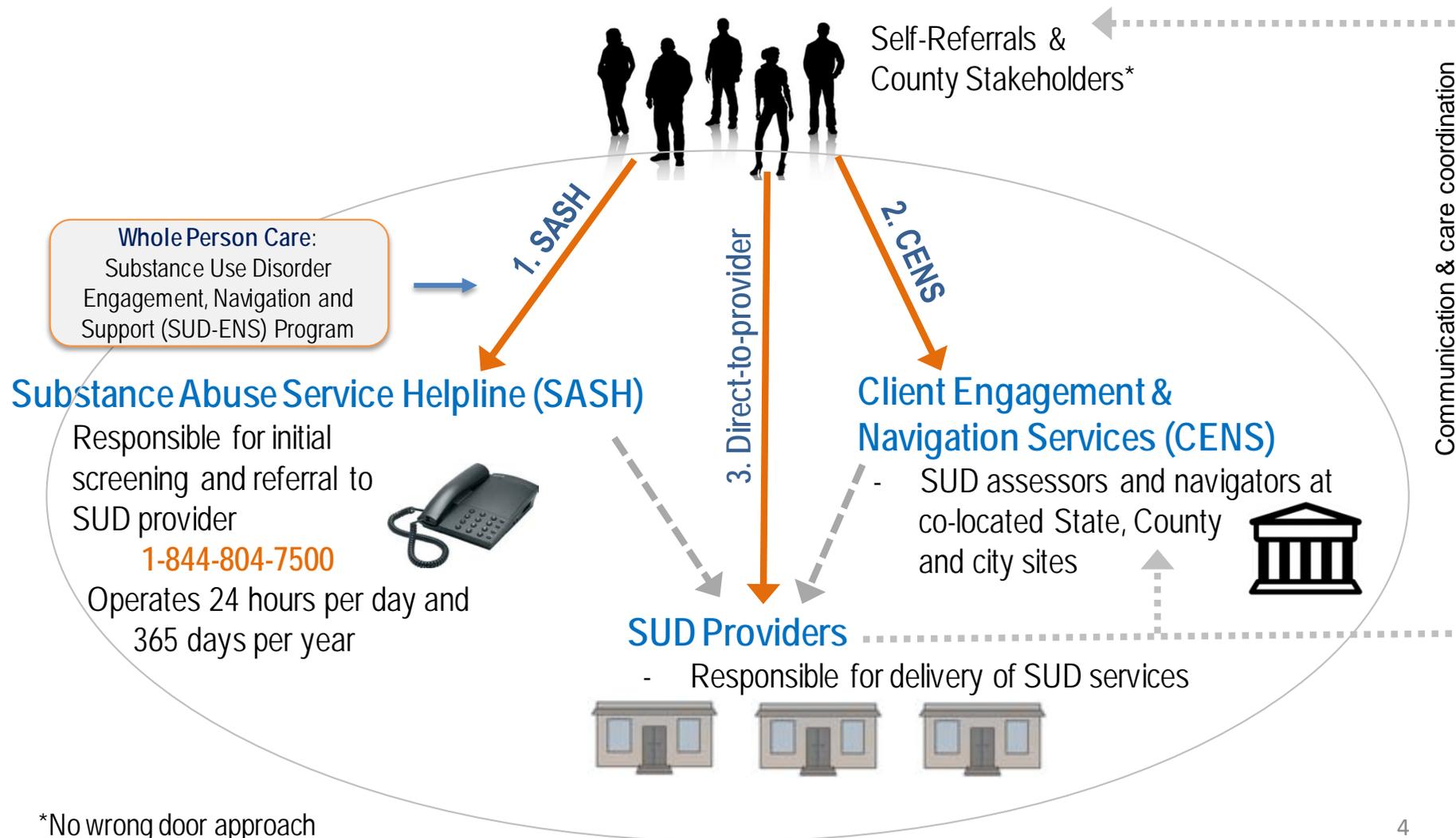
- Please make sure your computer or line is muted, this will reduce background noise and disruptions during the meeting.
- Submit all questions via the Skype Chat function anytime during the Webinar
- Questions will be answered at the conclusion of each section

## Outline

- Referral Connection Background
- Admission
- ASAM Screening
  - Youth Engagement Screener (Ages 12-17)
  - ASAM CO-Triage (Ages 18+)
- Referral Connection Form
- Claiming Using Provider Authorization (PAuth)
- Questions



# Main Entryways into the Specialty SUD System



\*No wrong door approach



## Introduction and Overview

- Why was the Referral Connection Form developed?
  - To document and track Screenings of individuals who access services Direct-to-provider
  - Through SAPC Information Notice 19-03, HCPCS H0049 will allow providers the ability to be reimbursed for screenings completed at contracted service locations
  - **All Treatment Providers (including Secondary Users)** will be required to document screenings within the Referral Connections Form in ProviderConnect

## NEW SCREENING REQUIREMENTS BEGINNING SEPTEMBER 2019

September 2019, all Treatment Network Providers are required to:

- (1) Complete either an ASAM CO-Triage or Youth Engagement Screener for each individual who comes to the facility requesting treatment services (not referred by SASH, CENS, or CORE); and
- (2) Connect the individual to treatment either at your agency or another agency, and document the referral attempt(s) and the scheduled appointment in the Referral Connection Form; and
- (3) Submit a claim when **both** (1) and (2) are completed.



## STEP 1: ADMISSION FORM

Determine if the individual  
has been served in the  
treatment network before and  
then complete the Admission  
Form in Sage





## SCREENING FORM - YOUTH

All individuals who come to  
your agency seeking  
treatment need to be  
screened using the  
appropriate tool





## Youth Screening Form in Sage

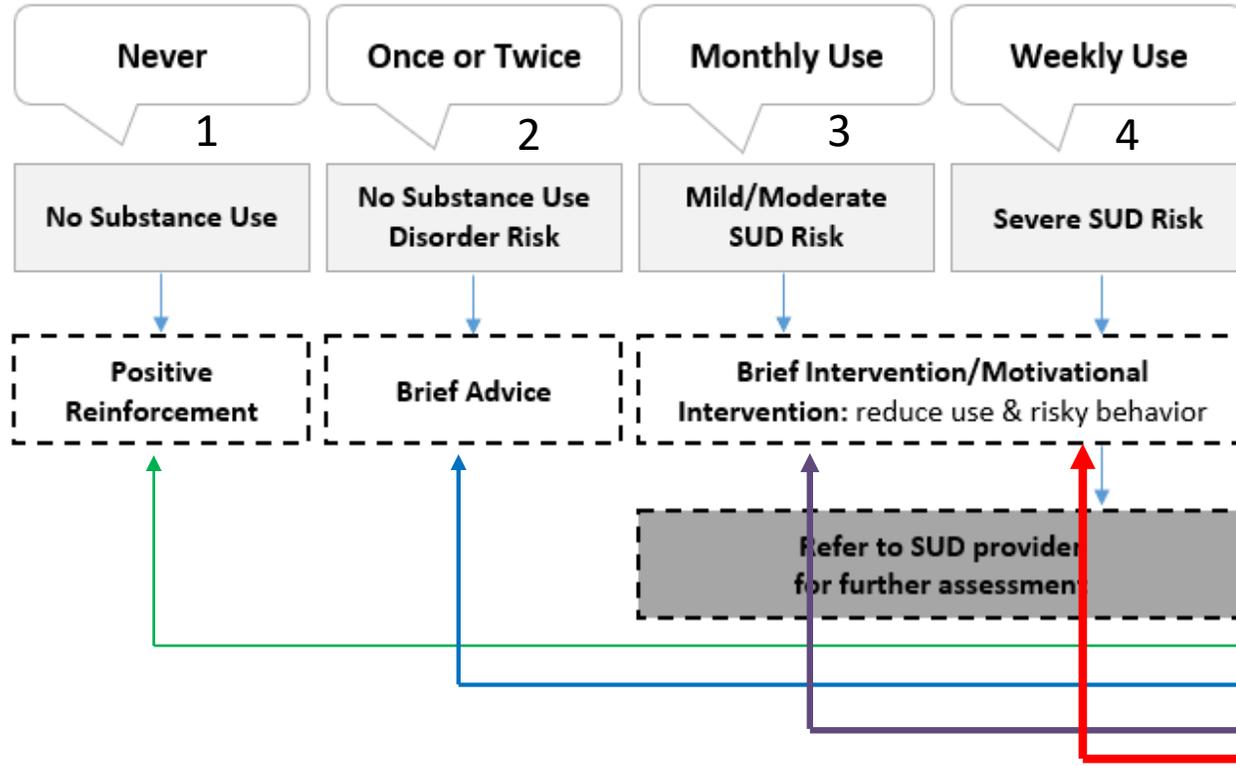
- The SAPC Youth Screener form, previously paper based, is now available through Sage.
  - ✓ The screener questions were transcribed verbatim, but with a different layout.
  - ✓ The S2BI determination algorithm follows the same logic, however has a slightly different layout.
  - ✓ No additional training is necessary to complete this new electronic version.
- The Youth Screener Form in Sage will replace the paper based form from the SAPC website once it is available.

Member ID
3773
Demographic
Cal-OMS Admission
Cal-OMS Annual Update
Cal-OMS Discharge
Financial Eligibility
Real-time 270 Eligibility Request
Client Condition - Pregnancy
Authorizations
Treatment
Provider Admission
Attachments
Provider Diagnosis (ICD-10)
Client Consent
ASAM Assessment
Clinical Contact
Discharge and Transfer Form
Drug Testing
Miscellaneous Note Options
Monthly Activity Report
Patient Medications
Progress Note (BIRP)
Progress Note (GIRP)
Progress Note (SIRP)
Progress Note (SOAP)
Recovery Bridge Housing Discharge
Service Connections Log
Treatment Plan
<b>Youth Screening</b>
Exit to Main Menu

# S2BI Algorithm Comparison



## S2BI Algorithm



Different Format...

Same Old Algorithm!

<b>S2BI Algorithm</b>	
1. "Never" responses indicate no substance use and a recommendation of positive reinforcement. Select: No Substance Use.	
2. "Once or Twice" responses indicate no substance use disorder risk and a recommendation of brief advice. Select: No Substance use disorder risk.	
3. "Monthly Use" responses indicate mild/moderate SUD risk and a recommendation of referral to SUD provider. Select: Mild/Moderate SUD risk.	
4. "Weekly Use" responses indicate severe SUD risk and a recommendation of referral to SUD provider. Select: Severe SUD risk	
<b>Screening Results</b> <input type="radio"/> 1. No Substance Use <input type="radio"/> 2. No Substance use disorder risk <input type="radio"/> 3. Mild/Moderate SUD risk <input type="radio"/> 4. Severe SUD risk	<b>Stop Time</b> <input type="text"/> <b>Current Time</b>
<b>Notes</b>	
<input type="text"/>	
<b>Form Status</b> <input type="radio"/> Draft <input type="radio"/> Final	



## SCREENING FORM - ADULTS

All individuals who come to  
your agency seeking  
treatment need to be  
screened using the  
appropriate tool



# Adult (18+) Screener: Accessing the ASAM CO-Triage



<b>Member ID</b>
<b>159904</b>
<b>Demographic</b>
Cal-OMS Admission
Cal-OMS Annual Update
Cal-OMS Discharge
Financial Eligibility
Real-time 270 Eligibility Request
Client Condition - Pregnancy
Authorizations
Treatment
Provider Admission
Attachments
Provider Diagnosis (ICD-10)
Client Consent
<b>ASAM Assessment</b>

1. Select ASAM Assessment on the left side chart menu
2. Select the episode for your agency

Episode Number	Program
1 <b>Select</b>	Recovery Inc

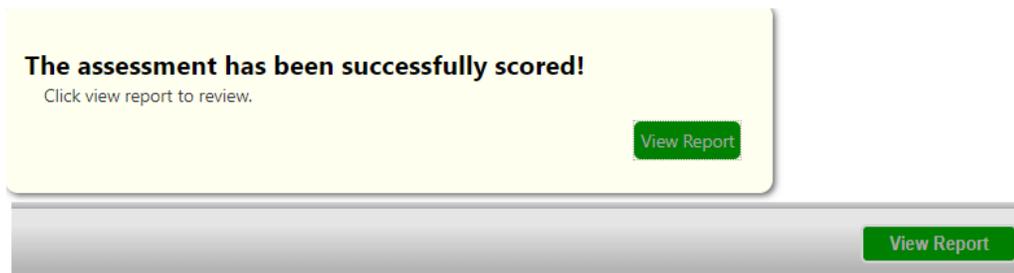
3. On the ASAM form, select "Triage Assessment" under ASAM Type

<b>ASAM Assessment</b>
<b>Refresh ASAM Information</b>
<b>ASAM Type</b> TriageAssessment ▼
<b>Assessment</b> Create New ▼
<b>Launch ASAM</b>
<b>Refresh Assessment Information</b>
<b>Assessment Level of Care Information</b>

4. Select "Create New" under Assessment
5. Select Launch ASAM to begin triage/screening

\*\*\*NOTE: The ASAM Assessment tab in Sage is used to access both the ASAM Continuum and the CO-Triage assessments..

- ❑ The CO-Triage consists of approximately 30 questions, all with simple dropdown answers.
  - Most questions are required.
    - There is a percentage listed on the right side of the screen that will tell you if you have not completed 100% of the required questions.
  - There are free text boxes to elaborate on any additional clinical information.
- ❑ Once completed, you will be able to view the report by clicking “View Report” on the ASAM itself.
  - This report is also available in Sage at any time after completing the ASAM by clicking “View Report” on the Sage ASAM Assessment page.



- ❑ The ASAM Report will provide the provisional Level of Care (LOC) under the last item in the report titled “FINAL SCORING & PROVISIONAL RECOMMENDATION”
- ❑ Enter the provisional LOC on the ASAM form in Sage and on the Referral Connections Form where applicable.
  - **Recommended Level of Care** is what the ASAM report shows as the recommended LOC
  - **Actual Level of Care** is what you and the patient agree is the most appropriate (can be different)

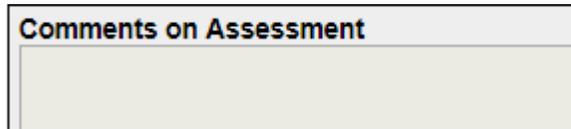
<b>Recommended Level Of Care</b> -Please Choose One- ▼	<b>Level Of Care Override</b> -Please Choose One- ▼
<b>Actual Level Of Care</b> -Please Choose One- ▼	<b>Draft/Final</b> <input checked="" type="radio"/> Draft <input type="radio"/> Final

[Update Assessment](#)

[Return To Episode List](#)

- When the **Actual Level of Care** and **Recommended Level of Care** differ:
  - the **Level of Care Override** is enabled and must be selected as **YES**
- If multiple LOC's are noted, choose the LOC that best meets the patients needs.

- Additionally, after completing the ASAM CO-Triage, the “Comments on Assessment” box in Sage is enabled which allows providers to enter any additional information not accounted for on the CO-Triage itself.



- Information to include:
  - ✓ Reason for the discrepancy between actual and recommended LOC
  - ✓ Behavioral or observational information about the patient during the screening.
- Once all information is completed, including the comments, the form needs to be finalized by clicking the “Final” button AND the “Update Assessment” button needs to be clicked to submit.
  - Please note that SAPC policy allows counselors to finalize the CO-Triage, however only LPHA’s are able to in the current Sage configuration. SAPC is working to address this issue.



Recommended Level Of Care  
-Please Choose One-

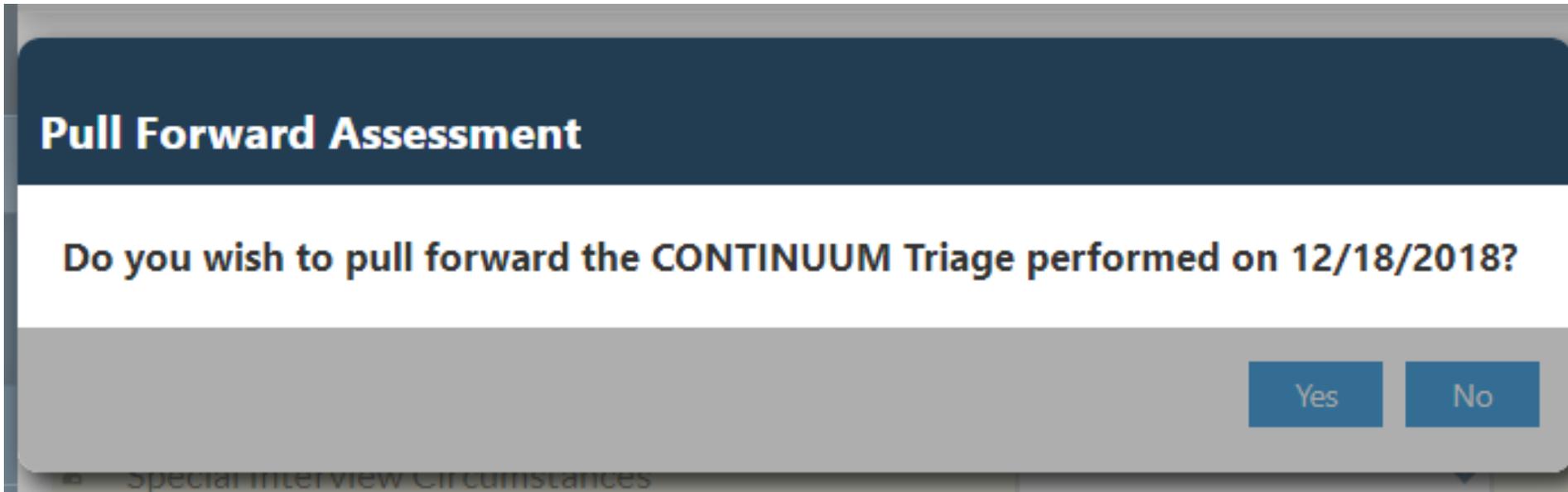
Actual Level Of Care  
-Please Choose One-

Level Of Care Override  
-Please Choose One-

**Draft/Final**  
 Draft  Final

Update Assessment    Return To Episode List

**GOOD NEWS!** If you admit the patient to your treatment agency, the screening information can be imported to the ASAM Continuum.....



**Pull Forward Assessment**

Do you wish to pull forward the CONTINUUM Triage performed on 12/18/2018?

Yes No



## **STEP 3: Referral Connections Form**

**Complete the Referral  
Connection Form for All  
Individuals Screened Using the  
CO-Triage or Youth Screener**



## Referral Connection Form

Once in the client's chart, select Referral Connection Form

Reminder: A CO-Triage and Referral Connection Form are required for all initial patient encounters, except when referred by SASH, CENS or CORE

All Secondary user will need to complete this form in Provider Connect.

Member ID
2432
Demographic
Cal-OMS Admission
Cal-OMS Annual Update
Cal-OMS Discharge
Financial Eligibility
Real-time 270 Eligibility Request
Client Condition - Pregnancy
Authorizations
Treatment
Provider Admission
Attachments
Provider Diagnosis (ICD-10)
Client Consent
ASAM Assessment
Clinical Contact
Discharge and Transfer Form
Drug Testing
Miscellaneous Note Options
Monthly Activity Report
Patient Medications
Progress Note (BIRP)
Progress Note (GIRP)
Progress Note (SIRP)
Progress Note (SOAP)
Recovery Bridge Housing Discharge
<b>Referral Connections</b>
Service Connections Log
Treatment Plan
Youth Screening
Exit to Main Menu



# Referral Connection Form

## 1. Select episode

Episode	Program	Start	End
1	ADDICTION RESEARCH AND TREATMENT INC.	3/9/2016	

## 2. For a new contact select: Add New Record

Referral Connections Items				
	Date of Contact	Data Entry Date	Form Status	Overall Disposition
<b>Add New Record</b>				

## 3. To edit an in progress log: Choose correct episode and press the Select button.

Referral Connections Items				
	Date of Contact	Data Entry Date	Form Status	Overall Disposition
<b>Select</b>	09/18/2019	09/18/2019	Draft	Intake Scheduled

# Referral Connection Form

Date of Contact

Time of Contact

Referral Connection	
<b>Date of Contact</b> <input type="text"/> Today Yesterday	<b>Time of Contact</b> <input type="text"/> Current Time
<b>Referral Source</b> <input type="text"/>	
Specify Other Referral Source <input type="text"/>	

Referral Source: Select the agency or entity that referred the client to your agency

- CDCR (CA Dept of Corrections/Rehab)
- DCFS - (Dept Children/Family Services)
- DHS (Dept Health Services)
- DHS-CHS (Correctional Health Svcs)
- DHS-ODR (Office Diversion/Reentry)
- DMH (Dept Mental Health)
- DPSS (Dept Public Social Services)
- FQHC (Federally Qualified Health Center)
- Health Net
- Housing Provider
- LA Care
- LA City Attorney
- LASD (Los Angeles Sheriff's Dept)
- Managed Care - Other
- Other (Specify in Notes Section)
- Parent/Family Member/Caregiver
- Private Hospital or Clinic
- Probation
- Public Defender
- SAPC Provider
- SASH Call Agent
- School
- Self-Referral
- Superior Court - LA County

**\*All fields in red are required fields\***

# Referral Connection Form

<b>ASAM Provisional Level of Care</b> <input type="text" value=""/>	<b>Level of Care Override Reason</b> <input type="radio"/> 1 Clinical Judgment Disagrees with ASAM <input type="radio"/> 2 Court Mandated - Referred to CENS <input type="radio"/> 3 Patient Preference for other LOC <input type="radio"/> 4 Recovery Support Services Only <input type="radio"/> 5 None - Final Disposition Same as ASAM <input type="radio"/> 99 Other
<b>Override Explanation</b> <input type="text" value=""/>	

- ASAM Provisional Level of Care**
- 0.5 ASAM
  - 1-WM [Outpatient WM]
  - 2.1 [Intensive Outpatient]
  - 3.1 [Low-Intensity Res]
  - 3.2-WM [Res WM]
  - 3.3 [Pop-Specific High-Intensity Res]
  - 3.5 [High-Intensity Res]
  - 3.7 [Medically Monitored Inpatient]
  - 3.7-WM[Medically Monitored Inpatient WM]
  - 4 [Medically Managed Inpatient]
  - 4-WM [Medically Managed Inpatient WM]
  - ASAM 1 [outpatient]
  - Incomplete
  - Negative Screening for SUD
  - OTP [Opioid Treatment Program]
  - Recovery Support Services
  - Refused

ASAM Provisional Level of Care



# Referral Connection Form

Referral to OTP or MAT service made

If the individual indicated frequent heroin or opioid medication use within the past 30 days, a referral may also be made to an Opioid Treatment Program (OTP) and/or Medication for Addiction Treatment (MAT) provider.	
Was a referral to OTP or MAT services made? <input type="checkbox"/> No <input type="checkbox"/> Yes	Referral ID # <input type="text"/>
<i>The provider will need this number to record a No-Show if the patient does not show up for their scheduled appointment.</i>	
CIN <input type="text"/>	Aid Code <input type="text"/>

CIN

Aid Code

# Referral Connection Form

<b>Insurance Coverage</b> <input type="text"/>	<b>Insurance Coverage</b> <input type="text"/>	<b>Overall Disposition</b> <input type="text"/>
<b>Notes</b> <input type="text"/>	<ul style="list-style-type: none"><li>Ineligible</li><li>Medi-Cal Eligible</li><li>Medi-Cal Enrolled (LAC)</li><li>Medi-Cal Enrolled (Non-LAC)</li><li>Medi-Cal Pending</li><li>Medi-Cal/Medicare Enrolled</li><li>My Health LA Eligible</li><li>My Health LA Enrolled</li><li>Private Insurance</li><li>Select County Programs (e.g. AB 109)</li></ul>	<input type="text"/>
<b>Form Status</b> <input type="radio"/> Draft <input type="radio"/> Final		

Insurance Coverage

# Referral Connections

## SUD Referral Provided

**SUD Referrals Provided**

	Referral Treatment Provider	Referral Site Disposition	Appointment Date	Appointment Time	Appointment Status
<input type="button" value="Delete"/>					

Referral Treatment Provider:

Appointment Date:

Appointment Status:

Referral Site Disposition:

Appointment Time:

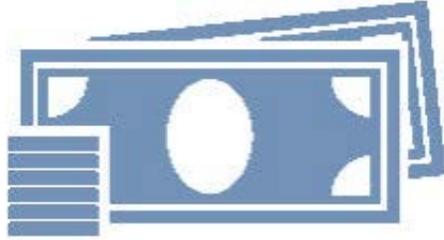
Add New Record

# Referral Connection Form

Overall Disposition: Indicate the Overall Disposition of the client encounter

<b>Insurance Coverage</b> <input type="text"/>	<b>Overall Disposition</b> <input type="text"/>	<b>Overall Disposition</b> Called 911 for Emergency Cannot Complete Intake Scheduled Not Eligible (County of Residence) Not Eligible (Coverage) Other (Specify in Notes Section_) Patient prefers to wait for availability Referred to Next Most Appropriate LOC Referred to Other Services Referred to Whole Person Care Refused Referral or Treatment
<b>Notes</b> <input type="text"/>		
<b>Form Status</b> <input type="radio"/> Draft <input type="radio"/> Final		

Form Status: Draft or Final



# How To Enter Claims for Screening



## Provider Authorizations For All!

- SAPC is setting up a Provider Authorization, or PAuth, for all providers to use when billing for screening.





## Before Billing Is Entered, Be Sure To...

1. Verify that the CO-Triage (18 +) or Youth Screener (17 and under) was completed.
2. Verify the Referral Connection Form was completed and finalized.
  - A. The Referral Connection form will serve as the documentation component of the CO-Triage (i.e. similar to an assessment note for the full ASAM)

NOTE: SAPC is working to add these forms to the Provider Activity Report in Sage for easy tracking.

- ✓ In the interim, it is highly recommended providers develop an internal tracking method as both forms are required to be eligible for reimbursement.

## Additional Billing Requirements: Diagnosis

### ❑ Diagnosis for Screening

- ❖ All claims submitted to SAPC and eventually to DMC require a diagnosis.
- ❖ Screening tools are not intended to provide a diagnosis and are not required to be reviewed by an LPHA

### ❑ Solution:

- ❖ If the patient IS enrolled into treatment at the provider that completed the screening:
  - ❖ The provider would enter the diagnosis from the full ASAM continuum, or Paper Based Youth Assessment as diagnosed by the LPHA.
- ❖ If the patient IS NOT enrolled at the same provider that completed the screening:
  - ❖ On the diagnosis entry, enter **“Screening for Substance Abuse”** which will correspond to the ICD-10 code Z13.89

Ranking	
Primary - 1	Screening for substance abuse - V82.9   Z13.89
	screening for substance abuse

## Additional Billing Requirements: Financial Eligibility

### ❑ Entering the Financial Eligibility for Screened Patients

❖ All claims submitted to SAPC and DMC require the financial eligibility information.

### ❑ Solution:

❖ Whether the patient was admitted or not, providers need to screen for Medical eligibility/enrollment.

❖ Follow same process as for any patient in treatment.

❖ If the patient is a DMC beneficiary, that information must be included on the financial eligibility, guarantor information.

❖ All others should be entered as LA County Non-DMC guarantor.

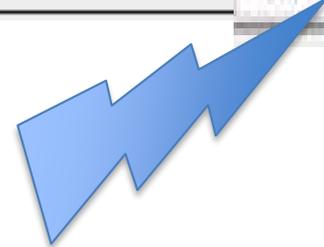
➤ Note: Patients enrolled in DMC, without a CIN number entered in Sage, cannot be billed to the state.

# Where Can Providers Find Their PAuth's?

- For providers that claim through Sage: Pauths are listed on the Treatment page along with all member auths when entering a treatment.
  - Pauths all start with a “P” followed by a number
  - Screening should only be billed using the Pauth, not the member auth.
- For secondary providers who claim using the 837 process: if you do not know your Pauth number, please contact the HelpDesk or your CPA to get that information.
- Billing for screening is similar to billing for incentives.



Authorization:	Auth #, Funding Source, Valid Dates: [Auth Grouping Name], up to 3 sets Procedure Code - Description from Select Authorization to filter CPT Codes
	Select Authorization to filter CPT Codes
CPT Code: 	Auth #: 105616 FS: Drug Medi-Cal 1/1/2019 - 6/30/2019 : Recovery Facility : ASAM 1.0 - 21 and Over - Auth #: 105617 FS: Drug Medi-Cal 1/1/2019 - 6/30/2019 : Recovery Facility : ASAM 1.0 - 12-17 - 90846: Auth #: P5796 FS: Drug Medi-Cal 7/1/2019 - 6/30/2020 : Recovery Facility : H0049:U7 - Screening ▼



# Claiming for Screening for Primary Sage Users



<input checked="" type="radio"/> Single Date:	08/22/2019
<input type="radio"/> Date Range:	
<input type="radio"/> Multiple Dates:	
<input type="button" value="Calendar"/> <input type="button" value="Filter on Multi Dates"/>	
<input checked="" type="checkbox"/> Include Weekends	(check this box to include weekends when adding treatment)
Filter by Funding Source:	All
Authorization:	Auth #, Funding Source, Valid Dates : [Auth Grouping Name], up to 3 sets Procedure Code - Description from Auth Auth #: P5796 FS: Drug Medi-Cal 7/1/2019 - 6/30/2020 : Recovery Facility : H0049:U7 - Screening
CPT Code:	Procedure Code - Description ([Funding Source,] Level of Care, Valid Dates) H0049:U7 H0049:U7 - Screening (, 7/1/2019 - 6/30/2020)
Clinician:	SCHWARZ,GREG SAPC (12/1/2017 - )
Performing Provider License Type:	31 - LPHA
Program:	Recovery Facility
Units / Day:	1 Warning! testing Group based service units have a one minute duration
Is this service a replacement?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Service to replace:	- Please Choose One -

1. Enter the date of the screening
2. Select the screening Pauth from the drop down
3. Enter the correct screening CPT code with the correct modifier that corresponds to the LOC and age group.
4. Enter the performing provider information who conducted the screening
5. Enter the program location where the screening was conducted.
6. Units/Day is always “1” for screening.

# Claiming for Screening for Primary Sage Users



Treatment Details		Additional Information	
Funding Source: Drug Medi-Cal		Start Time: <input type="text"/>	End Time: <input type="text"/>
CPT Code: H0049:U7 - Screening		Duration (minutes per service): <input type="text" value="20"/>	
Num of Days: 1		Location: <input type="text" value="Non Residential Substance Abuse Treatmen"/>	
Units/Day: 1			
Total Units: 1			
Cost/Unit: \$30.00			
Cost/Day: \$30.00			
Total Cost: \$30.00			
Treatment Date(s): 08/22/2019			
Diagnosis Details			
Primary Diagnosis:	<input type="text"/>		
Second Diagnosis:	<input type="text"/>		
Third Diagnosis:	<input type="text"/>		
Fourth Diagnosis:	<input type="text"/>		
Financial Details		Review Eligibility Information	
<small>NOTE: Treatment Service Details (Cost/Day, Billed/Allowed/Paid Amounts, Adjustments, etc.) are per date of service.</small>			
Private Pay Amount Add/Edit:	<input type="text" value="0"/>		
Billed Amount:	<input type="text" value="30.00"/>		

7. Enter the duration in minutes of the total time for conducting the screening.

8. Enter the location type that corresponds to the U code modifier.

- Residential or Non Residential Substance Abuse Treatment

9. Enter Private Pay Amount as “0”

10. Verify the total cost in the “Treatment Details” and “Billed Amount” sections equals \$30

\*If the billed amount shows **ANY** amount other than \$30, do not submit the treatment. Re-enter information, if still showing other amounts, contact the helpdesk.

# Claiming for Screening for 837 Providers

❖ The 837 file should include the same information as any other claim, plus the following data on each screening claim:

- Same Pauth number across all patients being claimed for screening
- Ensure the correct screening H0049 code with the correct U and H modifiers that correspond to the LOC and age group is listed.
- Enter the performing provider information/NPI of the staff who conducted the screening
- Units/Day is always “1” for screening.
- Charge amount is always \$30



# ???Questions???

**Will an agency be able to claim for Screening H0049 if the client is admitted on the same day?**

- An agency can be reimbursed for a flat rate of \$30.00 in all LOCs;
- Exception the screening is not separately reimbursable when also claiming the Clinical Day rate on the same day for residential providers.
- SAPC **requires** a CO-Triage and Referral Connections Form for all self-referred patients accessing the provider agency, not referred by the SASH, CENS, or CORE
  - Including when the patient is admitted to that agency.

**What happens if there is a Sage Outage or I do not have internet access at my FBS location?**

- Refer to SAPC Bulletin 17-11 Sage Outage Procedure and internal agency policies.
- For situations when internet connectivity is limited, such as field based sites, providers will have to complete the electronic copy in Sage in order to bill.
- To claim for H0049 all information will need to be entered into Sage.

## Referral Connection Sage Rollout Timeline

### Referral Connection Sage Timeline:

**September 2019:** Referral Connection Form active in the LIVE Sage environment. This marks the official effective date to claim for any screening occurring on or after September 1, 2019.

**September 2019:** Agencies will document all client Screening information in Sage.

**September 2019:** The Youth Screener Form will be active in the LIVE Sage environment.

**October/November 2019:** ASAM CO-Triage training- Dates and Location TBD



# THANK YOU

For more information, contact:

SAPC System of Care Branch,

Quality of Care Unit

Kyle Kennedy

[kkennedy@ph.lacounty.gov](mailto:kkennedy@ph.lacounty.gov) or 626-299-3234

or

SAPC Clinical Standards & Training (CST) Unit

Greg Schwarz, Psy.D.

[gschwarz@ph.lacounty.gov](mailto:gschwarz@ph.lacounty.gov) or 626-299-3528