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SAPC INFORMATION NOTICE 23-01
Supersedes Information Notice 21-02

January 18, 2023

TO: Los Angeles County Substance Use Disorder Contracted Treatment Providers

FROM: Gary Tsai, M.D., Division Director
Substance Abuse Prevention and Control

SUBJECT: **30-DAY PENDING MEDI-CAL ENROLLMENT**

The Department of Public Health, Division of Substance Abuse Prevention and Control (SAPC) is modifying its 30-Day Pending Medi-Cal Enrollment policy to limit participation to those who are newly applying for Medi-Cal only. This Informational Notice updates the guidance on the use of this policy and describes provider responsibilities when admitting patients that are eligible for Drug Medi-Cal (DMC), but not yet enrolled in Medi-Cal.

In accordance with the Substance Use Disorder Treatment Services Provider Manual (hereafter "Provider Manual") section entitled "Patient Service Standards," paragraph "Eligibility Determination and Establishing Benefits," the County's substance use disorder (SUD) benefit is available to patients with an active SUD who meet the following criteria:

- Resident of Los Angeles (LA) County; and
- Medi-Cal enrolled or in the process of enrollment due to presumed eligibility, including those transferring benefits from another County or State; or
- My Health LA eligible or enrolled; or
- Uninsured patients assigned to Department of Health Services (DHS) for primary care; or

- Participants eligible or mandated to treatment under Assembly Bill (AB) 109, Drug Court, Juvenile Justice Crime Prevention Act (JJCPA), California Work Opportunity and Responsibility to Kids (CalWORKs), and/or General Relief (GR) program.

Individuals deemed eligible or in the process of acquiring Medi-Cal or My Health LA **may NOT be denied admission or services** pending establishment or transfer (for out-of-county beneficiaries) of the benefit. Those eligible for services as defined above may NOT be charged sliding scale fees or flat fees.

Pending Medi-Cal Enrollment Allowance Criteria

The "Pending Medi-Cal Enrollment Allowance" is intended to support the requirement that the SAPC treatment provider network does not deny admission or services to individuals who are presumed to meet the eligibility criteria for Medi-Cal. Under this allowance, providers may receive reimbursement for up to and not to exceed thirty (30) calendar days of medically necessary SUD treatment from the admission date.

This allowance is limited to one time per patient, per fiscal year and does not apply to individuals who were disenrolled from Medi-Cal during the treatment episode or who would not meet Medi-Cal eligibility criteria.

- Pending Medi-Cal Enrollment Allowance Eligibility*:*
  - Persons presumed eligible for Medi-Cal, but not enrolled.
  - Persons ages 25 or under and ages 50 or over, who were previously eligible for My Health LA, but not yet enrolled in Medi-Cal.

Discontinuance of Medi-Cal Transfer Allowance and New Expectations

Per Department of Health Care Services (DHCS) Behavioral Health Information Notices 21-032 and 21-075, "if a beneficiary moves to a new county and initiates an Inter-County Transfer, the new county is immediately responsible for Drug Medi-Cal Organized Delivery System (DMC-ODS) treatment services and can claim reimbursement from the DHCS as of the date of the Inter-County Transfer initiation." In this case, the initiation of Inter-County Transfer (ICT) is effective upon the beneficiary (or provider on beneficiary's behalf) submitting a change of address to the LA County Department of Public Social Services (DPSS), through the local DPSS office or Customer Call Center.

Effective July 1, 2022, the "Pending Medi-Cal Enrollment Allowance" will no longer apply for ICTs. Providers need to assist or confirm change of residence (i.e., Inter-County Transfer initiation) as soon as possible by using Care Coordination to work with patients to conduct a change of address as follows:

- Conduct a change of address on www.BenefitsCal.com; and
- Work with the local DPSS office or DPSS Customer service Call Center.
- DPSS contact info: Toll Free (866) 613-3777 Local Numbers: (310) 258-7400, (626) 569-1399, (818) 701-8200

- Contact the county of origin to initiate the ICT process.
- Please note that ICTs cannot be initiated via the BenefitsCal website at this time. In addition to issuing a change of address using BenefitsCal, you must also contact DPSS directly to initiate the ICT process.

Verification within the Sage System

The following steps need to be completed by treatment providers to verify patient eligibility for the Pending Medi-Cal Enrollment Allowance and obtain authorization for services:

- Verify change of residence:
  - Upload the Change Report Summary from www.BenefitsCal.com that includes the case number and submission date and time, eligibility date, and current Los Angeles County address with the authorization request; or
  - Upload the Notice of Action issued by DPSS that includes the case number, patient name, effective date of eligibility, and local address.
- Document efforts to initiate/confirm the ICT process in the miscellaneous notes, including but not limited to information related to connecting with the county of origin to update the new county of residence.
- Change the primary guarantor to “California Department of Alcohol and Drug Programs”.
- Submit a retroactive request from dates of service 7/1/2022 and beyond that are new authorization requests or previously submitted service authorizations that were denied under service request rescinded, if applicable.
- Submit the authorization for the corresponding dates of service once the required documentation has been uploaded and the date of the ICT was confirmed. Include a miscellaneous note on provider actions taken to transfer benefits.

If there was a previously submitted authorization that was denied due to the county of responsibility not being assigned to LA County (in many cases, the county eligibility file will show LA County residence one to three months prior to the completion date of assigning LA County as the county of responsibility), the provider can appeal this denial for a secondary review. SAPC Utilization Management will verify the dates against the county’s eligibility file and/or attached supporting documentation and miscellaneous note on actions taken to determine whether a retroactive authorization period is warranted.

Medi-Cal Enrollment Requirements

To be eligible for reimbursement under this allowance, SUD treatment providers must determine if individuals meet Medi-Cal eligibility criteria and actively assist in the application process and continued maintenance of Medi-Cal benefits. Providers are required to familiarize themselves with the process of establishing Medi-Cal benefits within LA County. This includes assisting new patients with:

- Completing the application(s) for Medi-Cal and other applicable benefits (e.g., CalFresh, GR, CalWORKs) via www.BenefitsCal.com website; or
- Completing the application(s) for Medi-Cal and other applicable benefits (e.g., CalFresh, GR, CalWORKs) at a local DPSS office or the Customer Service Call Center.
- Applying for benefits and checking application status by registering your organization via the BenefitsCal CBO online registration form.
    - For further information on BenefitsCal including establishing a community-based organization (CBO) account, access, and using BenefitsCal to support the ICT process, please refer to Attachment I.
    - Providers must identify a designated account manager and a representative from DPSS will contact the agency directly to share a user agreement that must be completed and returned for access approval. CBO access will allow a provider to view information for cases initiated by the authorized representatives within the CBO.

Verification of Medi-Cal and Other Benefits

SAPC treatment providers need to have internal Medi-Cal benefit enrollment and renewal processes that support the timely and successful connection of eligible patients. Treatment providers need to use the Care Coordination benefit, as applicable, to assist patients with obtaining and maintaining Medi-Cal or other benefits throughout the SUD treatment and recovery support process. This includes, but is not limited to, the following responsibilities:

- Confirm Medi-Cal enrollment monthly using one of the following methods:
    - Access one of these Medi-Cal Verification System options:
        - Use the Automated Eligibility Verification System (AEVS) to obtain Medi-Cal enrollment verification by calling 1-800-541-5555. You will be instructed to enter a Provider Identification Number (PIN) or be walked through the process of establishing a PIN number.
        - Use the Point of Service (POS) system by swiping the patient's Medi-Cal Beneficiary Identification Card (BIC) through the POS device to receive information about the member's current eligibility status.
        - Use the Medi-Cal transaction website to receive information about the member's current eligibility status.
        - For more information about obtaining access to Medi-Cal related verification systems (i.e., AEVS, POS, Transaction Website), call the Medi-Cal Telephone Service Center at 1-800-541-5555 or visit https://www.medi-cal.ca.gov/.

  - Sage – EHR
    - Utilize the 270/271 Medi-Cal eligibility verification process in Sage to verify Medi-Cal status through the State system. This process automatically updates the Financial Eligibility Form in Sage when the beneficiary is enrolled in Medi-Cal.
    - This step is required for all Medi-Cal beneficiaries regardless of whether the provider used another method to initially verify Medi-Cal.

- Enter the appropriate information in the Finance Eligibility Form. For more information, refer to the *Documenting Changes in Financial Eligibility Status* guide located at ph.lacounty.gov/sapc/NetworkProviders/Forms.
- Submit completed member authorizations in accordance with the timeframe required by the Provider Manual.
- Once the Medi-Cal benefit has been established, or an eligible Non-DMC funding source has been identified, providers must submit a new authorization for continued services and update the Financial Eligibility Form within Sage. For more information, refer to the *Updating Financial Eligibility for Patients Who Obtain Benefits During Treatment* guide.

Initiate the benefit enrollment process as close to the date of first service as possible since providers may bill back to the date the Medi-Cal application was submitted once benefits are established.

To ensure appropriate fiscal accountability, providers need to use the Care Coordination benefit to explore all eligible funding sources including Medi-Cal, My Health LA and other secondary funding sources, such as CalWORKs, GR, JJCPA, Drug Court, and AB109 to support services not reimbursed by Medi-Cal (e.g., Recovery Bridge Housing, room and board) or to be utilized in cases where individuals are deemed ineligible for Medi-Cal.

Pending or Enrolled in My Health LA

Individuals who do not meet the eligibility criteria for Medi-Cal but do meet criteria for DHS' My Health LA program, or who are DHS empaneled and Medi-Cal unenrolled, are eligible to receive the same no-cost SUD treatment services included in the Drug Medi-Cal (DMC) benefit, however, this is billed under the "LA County Non-DMC" guarantor.

As a result of Medi-Cal expansion efforts for those ages 25 and under and for those 50 and older, My Health LA is only available to individuals between 26 and 49 years old who meet other program criteria. Any patient that meets MHLA eligibility criteria, but is not enrolled, should be provided information on the benefits of enrollment. However, enrollment in MHLA must not be a condition of admission to treatment. Providers should use the Care Coordination benefit to assist with enrollment and document if that patient accepted or declined enrollment.

Patient Notification

Providers are required to prominently display signage notifying eligible individuals that they cannot be turned away, denied treatment, or charged fees/dues if they are eligible but not yet enrolled in Medi-Cal. This posting will be monitored via on-going compliance monitoring.

Providers must use the Patient and Provider Orientation Videos to support understanding of the SUD benefit package, including requirements around patient rights to receive treatment services, if they are eligible.

Additional Information

If you have questions or need additional information, please contact your assigned Contract Program Auditor.

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