

Clinical Services Branch: Utilization Management & Quality Improvement Updates

Los Angeles County Department of Public Health
All Provider Meeting July 11, 2023
Substance Abuse Prevention & Control



Agenda

- **Residential Re-Authorizations for Patients Experiencing Homelessness**
- **Initial Engagement Authorizations for Non-Residential Levels of Care**
- **DEA Training Requirement Reminder**

Residential Re-Authorizations for Patients Experiencing Homelessness



Residential Re-Authorizations for Patients Experiencing Homelessness

- Patients experiencing homelessness at the time of admission to residential treatment are at increased risk of returning to problem substance use if they do not have a place to stay following discharge
- SAPC supports providers avoiding circumstances where patients have a planned discharge to unsheltered homelessness.
- Planned discharges refer to patients who are completing treatment at the residential level of care (not those who leave against treatment advice)

Residential Re-Authorizations for Patients Experiencing Homelessness

- SAPC Utilization Management will consider approving requests for continued residential admissions for patients experiencing homelessness who do not have a place to stay when:
 - The patient's homelessness status is appropriately documented in CalOMS, on a current problem list/treatment plan finalized/signed by an LPHA (required every 30 days), and/or documented within the Patient's EMR
 - 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

Discharge Planning for PEH

Within three (3) calendar days of admission, providers must initiate the following:

1. Develop a housing plan

2. Engage in Problem-Solving

- Identify options of maintaining current housing
- Identify immediate and safe housing alternative within patient's family.

3. Coordinated Entry System (CES)

- Conduct CES Triage Tools if patients have not completed one or existing information needs update
- CES Triage Tools are based on the Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT)

4. Point of Contact in the Homeless Management Information System (HMIS)

5. Assist in Document Readiness

- Begins when treatment planning starts
- The housing plan, notes and updates should be entered in Miscellaneous Notes/Progress Notes in Sage
- Reviewed with the patient at least every 15 days
- The main components include:
 1. List of housing options
 2. Three achievable goals
 3. Plan of how to connect the patient to a list of social and housing programs/services
 4. Any challenges encountered
 5. New goals set once other goals have been achieved



CES

- Began in 2011 in Skid Row and expanded to all 8 service planning areas (SPAs) by 2014
- Connect people to the best fit housing resources in a timely manner
- Teams in each SPA meet regularly
- Integrating Housing First, Harm Reduction and Trauma Informed Care approaches
- Directory, CES Matcher contact list and Survey Packet provided in this presentation (at the end)

VI-SPDAT

- Released to the public in 2010
- Used in the US, Canada and Australia
- Developed as a pre-screening tool
- It is a self-report screener
- Determines if a client has high, moderate or low acuity
- As a screener no special training is required to use the tool
- Versions are available for individuals, families and youth
- Video on how to give the VI-SPDAT
- <https://www.youtube.com/watch?v=4p0jsMrgiP4>

HMIS

- A secure online database via LAHSA
- Coordinated care coordination
- Streamlined referrals
- Unduplicated intake
- Protection of confidential information
- Improved coordination of care
- **Providers must log-in every 30 days to maintain access**
- **HMIS is how you know if your patient has been matched to a housing resource**
- **HMIS Training & Videos**
 - <https://www.lahsa.org/hmis/>
 - <https://www.lahsa.org/videos?v=293-hmis-100-basic-navigation-training->

1. <https://www.lahsa.org/ces/about>

2. http://file.lacounty.gov/SDSInter/dmh/240602_VI-SPDATv2.0FamilyUS.pdf

3. <https://www.lahsa.org/hmis/about>

Department of Mental Health (DMH)

- Homeless Outreach Mobile Engagement (HOME)

Department of Health Services (DHS)

- Housing for Health
- Multidisciplinary Street-based Engagement Teams (MDTs)

LAHSA & Others

- Homeless Engagement Teams (HET)
- County, City, and Community (C3) Teams

If someone is not connected with a homeless outreach team then you can use LA-HOP to submit a request and a team will be assigned to reach out to the patient



For more information visit:
<https://www.lahsa.org/portal/apps/la-hop/>

- Housing subsidies are limited as those with undocumented status are not eligible for Federal housing
- If a patient is worried about their immigration status, where it is impacting their recovery, providers may utilize care coordination to connect the patient to appropriate services.



Coalition for Humane Immigrant Rights

<https://www.chirla.org/resources/all-resources/>

Retrieved 7/13/21



<https://oia.lacounty.gov/>

Retrieved 7/13/21



Los Angeles Homeless Services Authority

Immigration Legal Services Referral List

<https://www.lahsa.org/documents?id=2607-legal-services-referral-list>

Retrieved 7/13/21

Helping Immigrant Clients
with Proposition 47 and
Other Post-Conviction
Legal Options

<https://lccr.com/wp-content/uploads/CSJ-ImmigrationToolkit-FINAL-ONLINE.pdf>

Retrieved 5/5/2020

Housing Agencies/Programs in CA and in L.A. County

U.S. Department of
Housing and Urban
Development (HUD)

[HUD](#)

California
Department of
Housing and
Community
Development

[CA HCD](#)

Los Angeles County
Development
Authority (LACDA)

[LACDA](#)

Housing Authority
of the City of Los
Angeles (HACLA)

[HACLA](#)

DPSS
Housing
Program

[CalWORKS](#)

DHS
Housing for
Health

[Housing for
Health](#)

DMH
Housing and
Job
Development
Division

[Housing and Job
Development](#)

DPH
Recovery
Bridge
Housing

[Service & Bed
Availability Tool](#)

Reminder: Initial Engagement Authorizations for Non-Residential Levels of Care



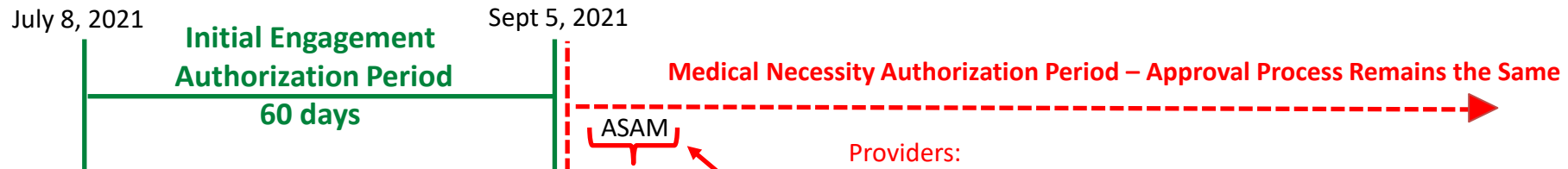
Initial Engagement Authorizations for Non-Residential Levels of Care

- **Submit a Full (Standard) Authorization When Medical Necessity Has Been Established**
 - No need to wait 30/60d before submitting a full authorization request
- **For initial engagement authorizations prior to establishing medical necessity**
 - Make this explicit via a miscellaneous note
 - Problem List/Treatment Plan should include a plan to conduct an ASAM assessment within the initial authorization period timeframe
- See [Eligibility and Member Authorization for details](#).



See DHCS Behavioral Health Information Notice (BHIN) 21-019: <https://www.dhcs.ca.gov/Documents/BHIN-21-019-DMC-ODS-Updated-Policy-on-Medical-Necessity-and-Level-of-Care.pdf>

Authorization Periods – Patients Aged 20 and Under or PEH



For **NON-RESIDENTIAL SERVICES**, initial authorizations for patients **aged 20 and under** and **People Experiencing Homelessness (PEH)** will be set at 60 days while they are being engaged and medical necessity is being established.

Providers:

- Should engage patient to try to complete ASAM assessment and establish medical necessity throughout the initial 60-day authorization, but if this is not possible, the timelines for ASAM assessments and establishing medical necessity are the same as previously:
 - 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.

1

Initial 60-Day Engagement Authorization Period

- Patient must be LA County Resident
- Must meet SAPC Financial Eligibility requirements
- **Must meet age requirement of being 20 or under**
- **Documentation of homelessness status is required (if applicable)**
- Does NOT need to meet medical necessity

2

New Authorization Request submitted following initial 60-day authorization. In this example, the second authorization would begin Sept 6, 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.

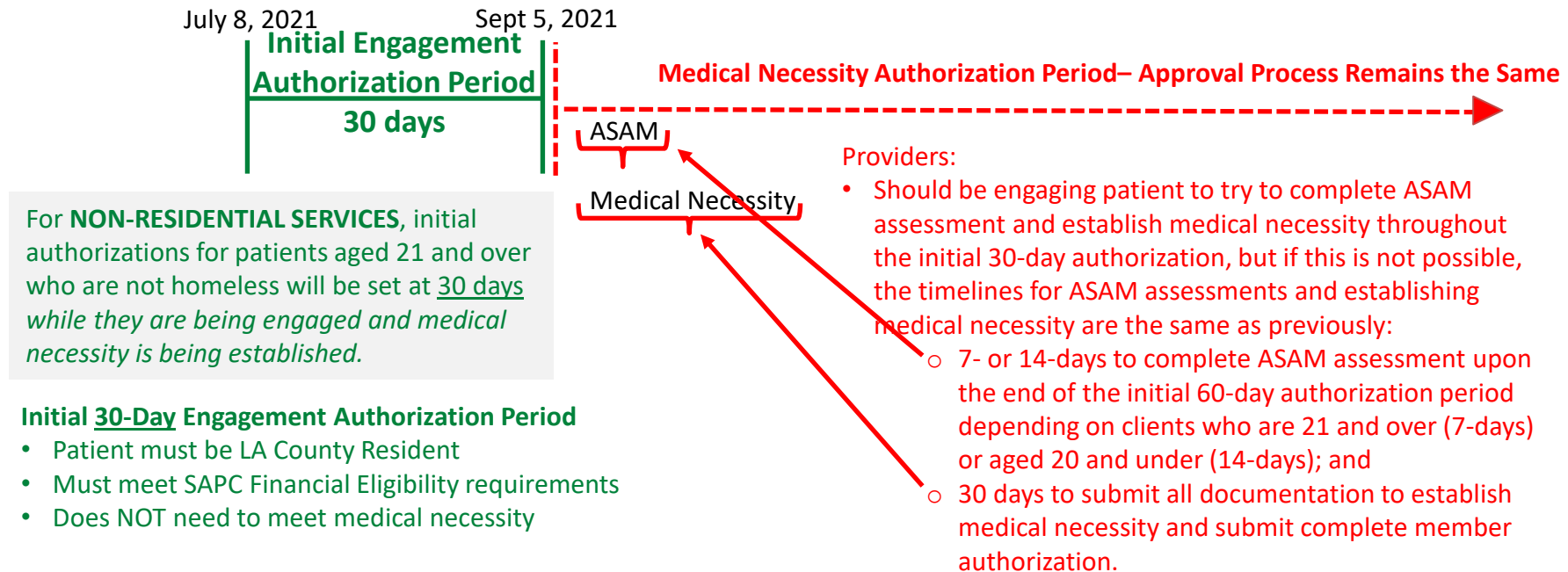
Total Authorization Length

- **Outpatient Services*** → 2 months for the initial authorization period for those aged 20 and under and PEH, and then 4 months for the new authorization once medical necessity is established (in this example, it would end on Jan 31, 2022)
- **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



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

- 1 Initial 30-Day Engagement Authorization Period**

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

- 2 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

Reminder: DEA Training Requirement



DEA Registration: Training Requirement

- Consolidated Appropriations Act of 2023 - one-time, eight-hour training requirement for all Drug Enforcement Administration (DEA)-registered practitioners:
http://www.dea diversion.usdoj.gov/pubs/docs/MATE_Training_Letter_Final.pdf
- 8 Hours of Training
 - Treating and managing patients with opioid or other substance use disorders, including the appropriate clinical use of all drugs approved by the Food and Drug Administration for the treatment of a substance use disorder
- OR
- Safe pharmacological management of dental pain and screening, brief intervention, and referral for appropriate treatment of patients with or at risk of developing opioid and other substance use disorders.

Reminder of Training Requirement for DEA Renewal

- Consolidated Appropriations Act of 2023 - one-time, eight-hour training requirement for all DEA registered practitioners: http://www.deadiversion.usdoj.gov/pubs/docs/MATE_Training_Letter_Final.pdf

Already considered to have satisfied this training:

- All physicians board certified in addiction medicine or addiction psychiatry
- All DEA registrants who graduated in good standing from a medical (allopathic or osteopathic), dental, physician assistant, or advanced practice nursing school in the United States within five years of June 27, 2023 who have already completed a comprehensive curriculum that included at least eight hours of applicable training
- DEA registrants who completed 8-hours of DATA-Waiver training

Reminder of Training Requirement for DEA Renewal

- If needed, 8 hours of applicable training available posted on <http://publichealth.lacounty.gov/cme/opioid>
- Full list of accredited providers listed via http://www.deadiversion.usdoj.gov/pubs/docs/MATE_Training_Letter_Final.pdf

Essential Contact Info

- For a specific authorization question, contact the care manager named in SAGE
- UM General number: **(626) 299-3531** and email: SAPC.QI.UM@ph.lacounty.gov
- Netsmart Helpdesk for SAGE technical problems/questions: **(855) 346-2392**
- Phone Number to file an appeal: **(626) 299-4532**
- Providers or patients who have questions or concerns after receiving a Grievance and Appeals (G&A) Resolution Letter should contact the **G&A number** at **(626) 293-2846**

Clarification

- Phone Number to follow-up with an appeal after receiving a resolution letter: **(626) 293-2846**

Thank You!



“The opposite of addiction is not sobriety; the opposite of addiction is **connection.”**

- Johann Hari