SAPC Provider Utilization Management Meeting

Los Angeles County Department of Public Health

November 15th, 2023

Substance Abuse Prevention & Control

Agenda

- Update: UM Progress on Processing Backlogged Authorizations
- New Fields on Authorization Form
- Reminders/Clarifications
- Essential Contact Info/SAPC Referrals Process
- 30d/60d Initial Engagement Authorizations
- Residential Re-Authorizations for Patients Experiencing Homelessness
- Bidirectional Referrals with Harm Reduction Agencies
- Discussions/Questions

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

- **Currently at 627/968 pending auths (Latest Update 11/13/23)**

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

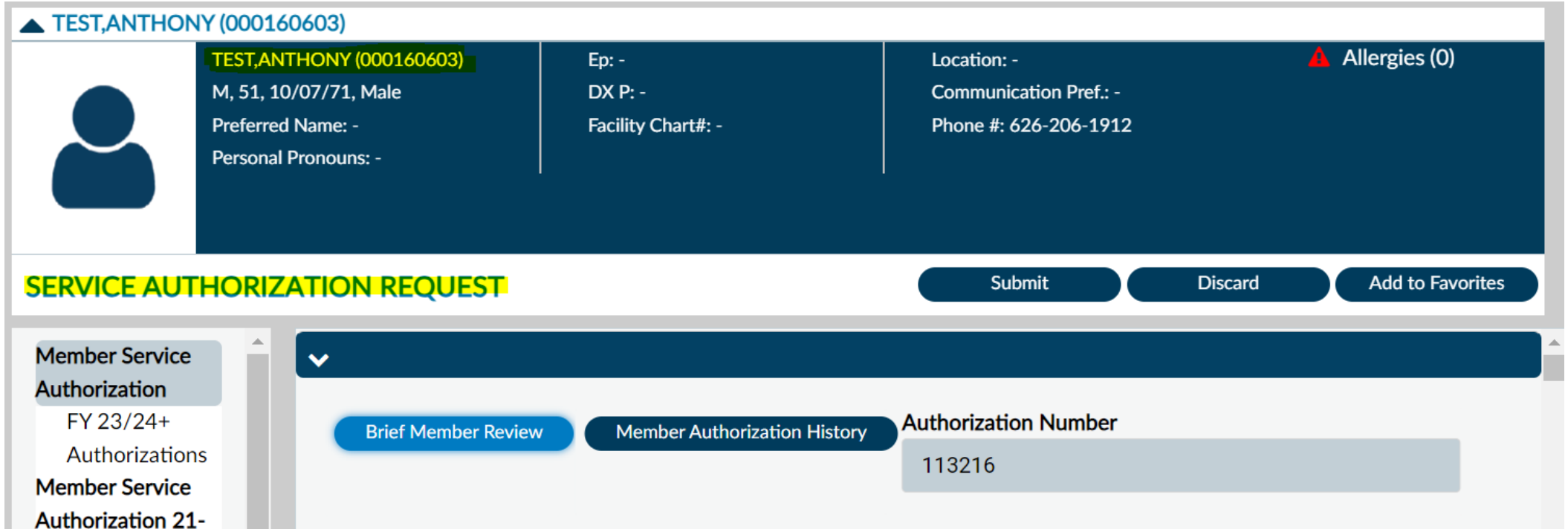
What's New

1. New fields on Authorization Form

2. For Primary Sage User, these providers will document in one single Progress Note. Secondary Sage User can continue to use their SAPC approved documentation.

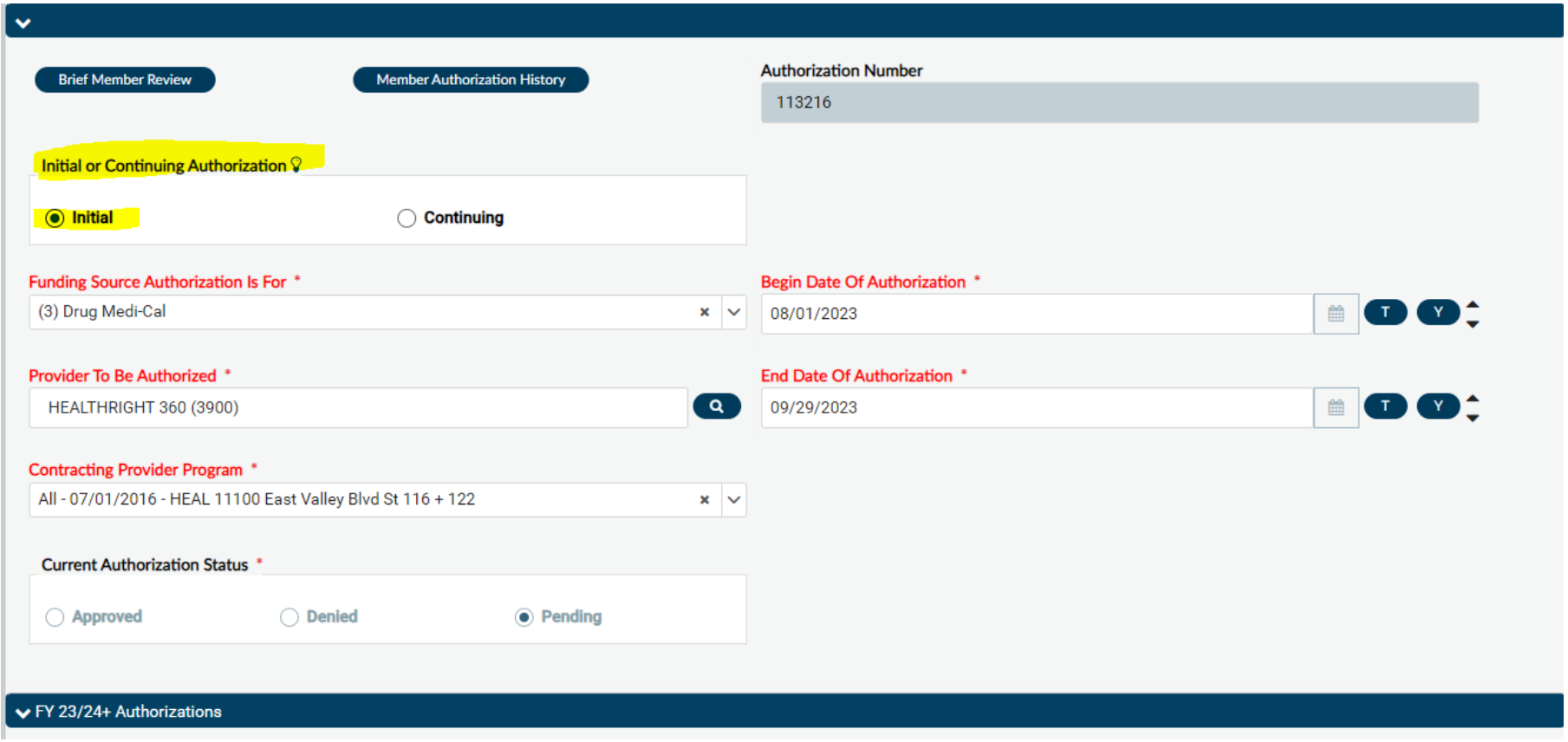
- 3. Reminders

1. For authorizations with services start dates that fall in this fiscal year 23-24, the following are what's new when filling out the authorization form:



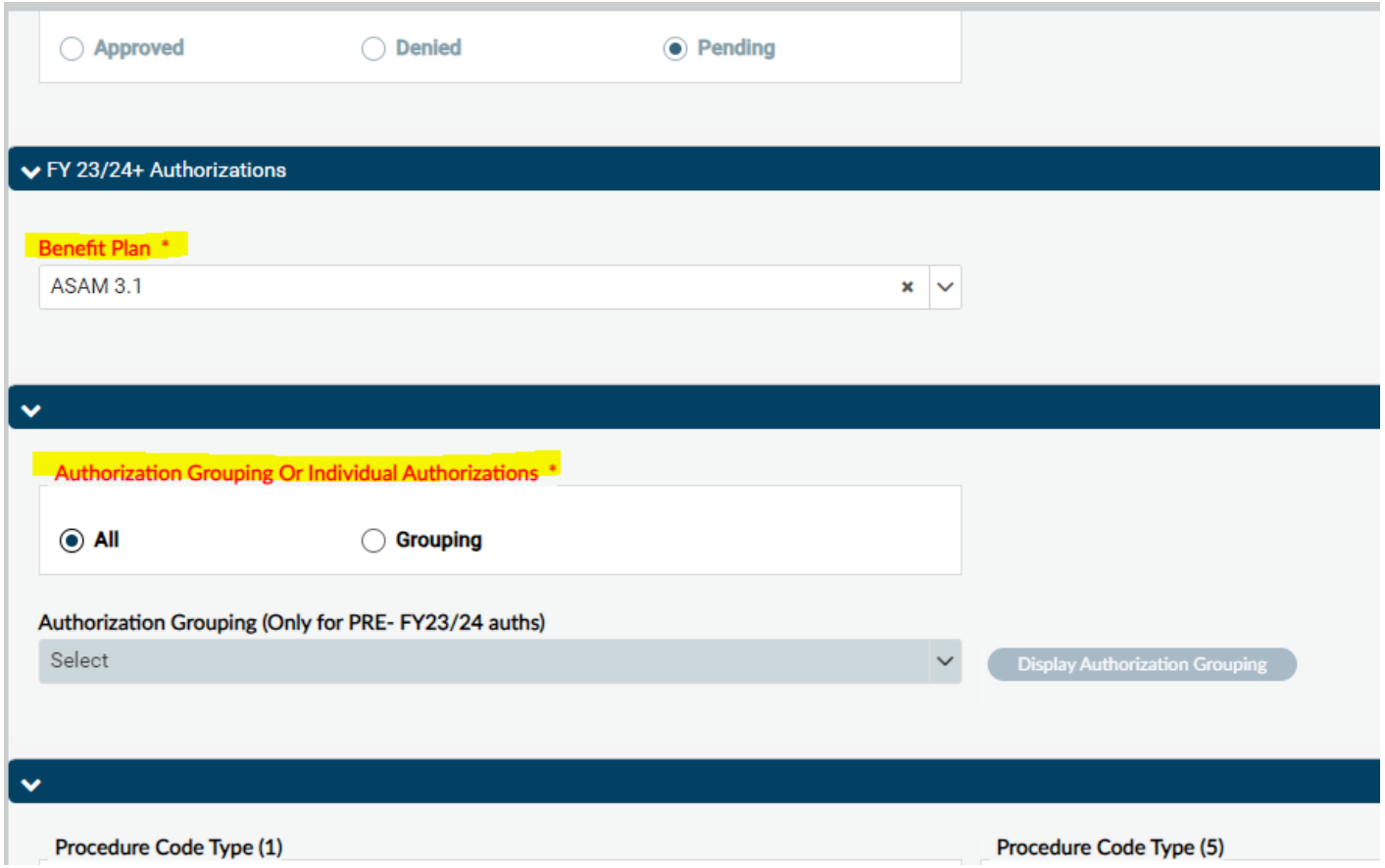
Provider will be asked to indicate whether the authorization is an “Initial” authorization or a “Continuing” authorization

- Initial means patient is admitted to a new site or new level of care.
- Continuing means patient is continuing in the same level of care and at the same site (aka “reauthorizations”).



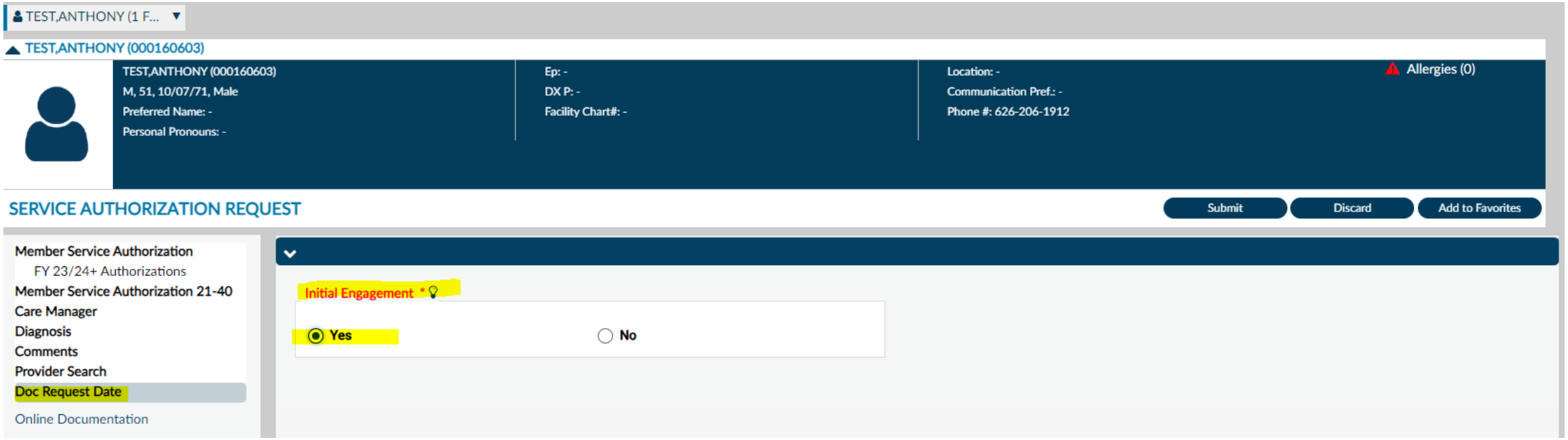
Benefit Plan = ASAM LOC (not DMC or Non-DMC anymore)

Authorization Grouping Or Individual Authorizations should be “All”



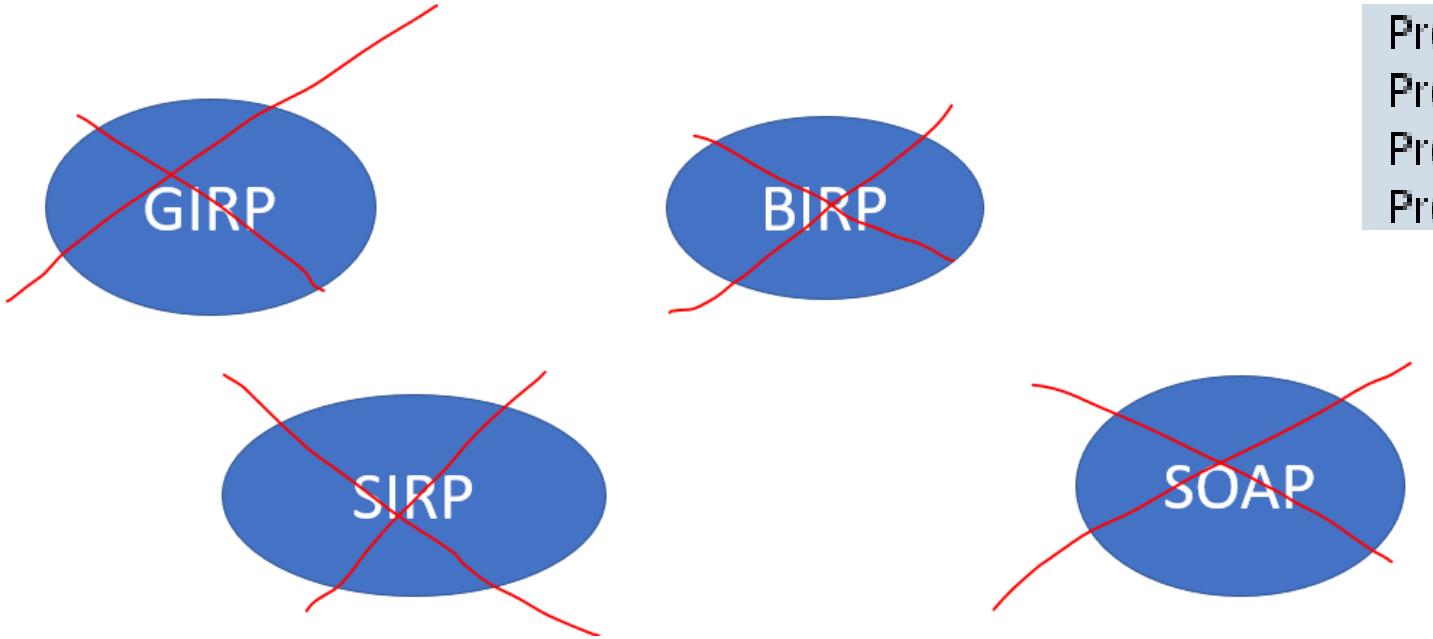
Lastly, there will be a field for providers to indicate if the authorization is an "Initial Engagement" authorization.

- "Yes" means the authorization is a non-residential initial authorization, patient is in the initial assessment period and medical necessity has not been fully established.
- "No" means the authorization is a residential authorization, the authorization is for Withdrawal Management services or medical necessity has been fully established.
- If providers forget to provide this information, the system will not allow the authorization will be submitted.



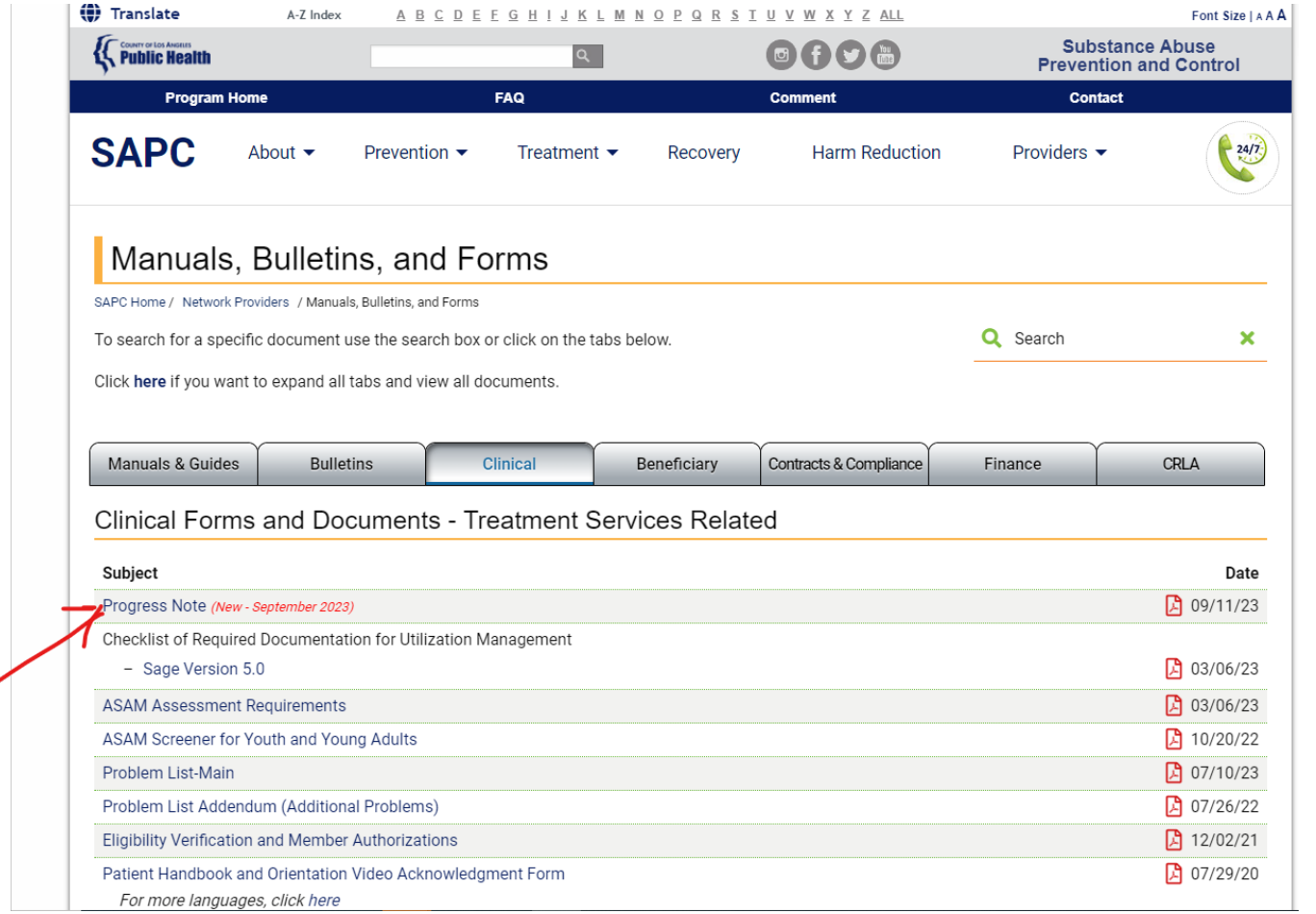
Progress Note

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



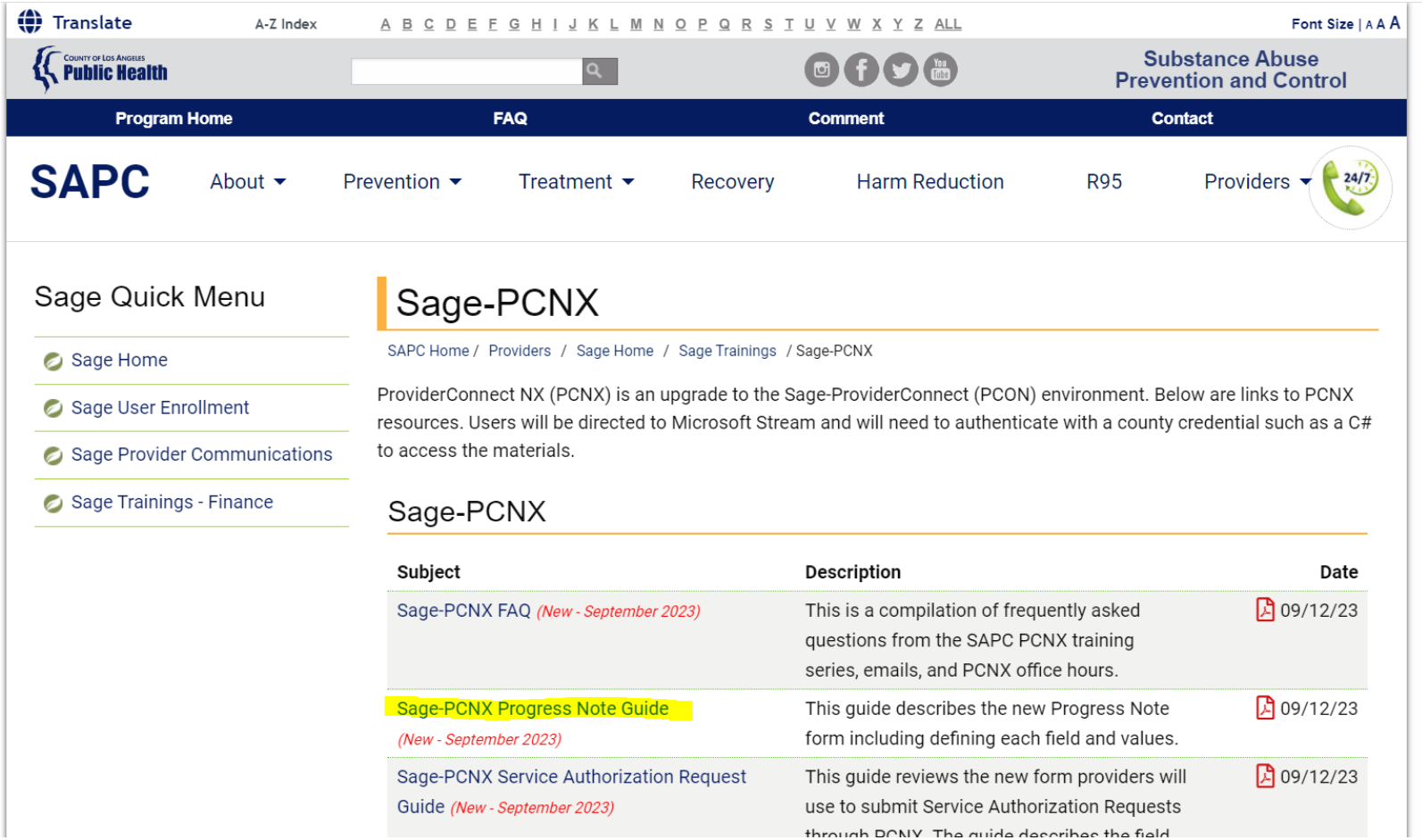
Progress Note (BIRP)
Progress Note (GIRP)
Progress Note (SIRP)
Progress Note (SOAP)

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



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



Reminders

- Disseminate relevant information from SAPC meetings to staff who creates and submits auths.
- 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.

- For any contract amendments related to adding new locations or levels of care being delivered at SAPC contracted agencies, please do not submit authorizations until you have received clearance from contracts that SAGE has been fully configured to align with the contract. During configuration, please ensure that documentation is being completed via SAPC approved paper forms and attached into the client's chart.

- Providers, please note that when an authorization is submitted with the Benefit Plan as **DMC SUD Services** and the Authorization Grouping is selected as **All**, there is no level of care tied to the authorization. This is causing a technical issue and QI/UM will not have visibility on your authorization submission.
- **Hold Claims/Billing Until Authorization Approval**
- Ensure that authorizations are submitted with accurate dates

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**

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

County of Los Angeles Public Health

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
- Providers should establish a housing plan for patients experiencing homelessness during their residential admission so that patients are discharged with a place to stay after discharge.
- SAPC recognizes that successful housing plans are more feasible for patients who are completing residential treatment as compared with patients who leave against treatment advice.

Residential Re-Authorizations for Patients Experiencing Homelessness

- SAPC Utilization Management criteria for approval of requests for continued residential admissions for patients experiencing homelessness who do not have a place to stay includes the following:
  - The patient's homelessness status is appropriately documented in CalOMS, on a current problem list 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 (Medical Necessity Justification) Progress Note that is submitted alongside the request for residential level of care reauthorization

Discharge Planning for PEH

County of Los Angeles Public Health

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

SAPC Provider Manual 7.0 pages 56-61

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, but provides flexibility for patients
- **For initial engagement authorizations prior to establishing medical necessity**
  - Make explicit via designated PCNX radio button
  - Conduct an ASAM assessment when the patient is ready to participate, prior to submitting the auth request for the balance of the authorization duration

See DHCS Behavioral Health Information Notice (BHIN) 23-001: http://www.dhcs.ca.gov/Documents/BHIN-23-001-DMC-ODS-Requirements-for-the-Period-of-2022-2026.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 Dec 22, 2023 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 April 22, 2024)
- **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 Oct 22, 2024)

*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 Who Are Not Experiencing Homelessness

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

Providers:

- 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:
  - 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 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 November 22, 2023 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.

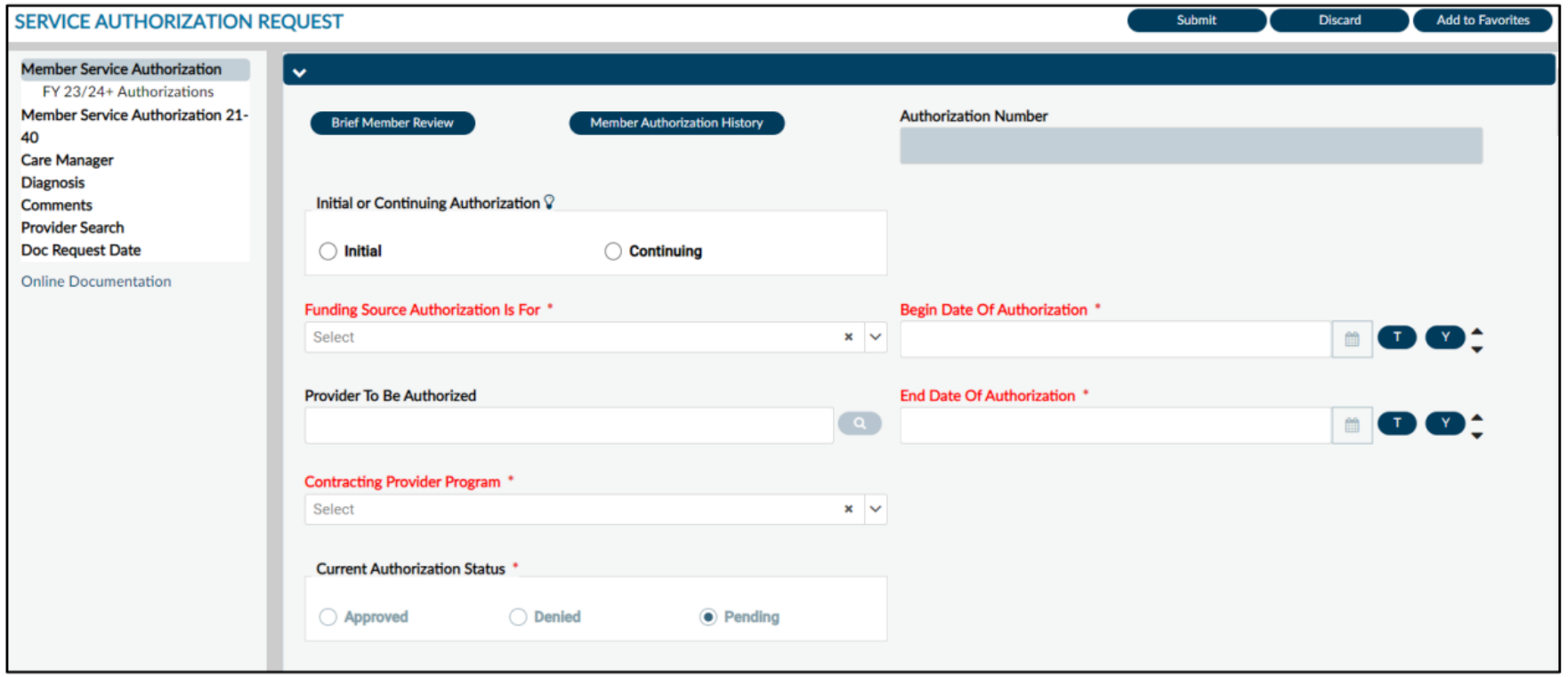
Total Authorization Length

- **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 April 22, 2024)
- **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 Oct 22, 2024)

*Total time will equal 6 months for outpatient services

**Total time will equal 12 months for OTP services

PCNX Authorization Requests



http://publichealth.lacounty.gov/sapc/providers/sage/sage-pcnx.htm
Sage-PCNX Service Authorization Request Guide

PCNX Authorization Requests

Doc Request Date	
Initial Engagement	Required. • Select **Yes** if the authorization is a Non-Residential initial authorization where the patient is in the initial assessment period and medical necessity has not yet been established.
	• Select No if 1. This is a Residential Authorization 2. This is a Withdrawal Management Authorization or 3. Medical necessity has been established

http://publichealth.lacounty.gov/sapc/providers/sage/sage-pcnx.htm
Sage-PCNX Service Authorization Request Guide

Diagnosis Code During Initial Engagement Authorization Period

- If an SUD diagnosis is evident for a patient during an initial engagement authorization and confirmed by an LPHA prior to the completion of an ASAM assessment, providers agencies can document the patient's SUD diagnosis during the initial engagement authorization period.
- If there an SUD diagnosis is not known during the initial engagement authorization period, LPHAs can document the diagnosis code: Z03.89, "Encounter for observation for other suspected diseases and conditions ruled out" which is a placeholder diagnosis until the SUD diagnosis is established.
- Any eligible practitioners can document one or more of the ICD-10 codes Z55-Z65, "Persons with potential health hazards related to socioeconomic and psychosocial circumstances." These codes may be used by all practitioners during the initial engagement authorization period prior to diagnosis and do not require certification as, or supervision of, a Licensed Practitioner of the Healing Arts (LPHA). This Z-code would also serve as a placeholder diagnosis until the SUD diagnosis is established.
- For a list of the available ICD-10 codes Z55-Z65, see Table 1 in Attachment A beginning Page 5 of the DCHS All Plan Letter 21-009: http://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2021/APL21-009.pdf

Lowering Barriers to Care

Bidirectional Referrals Between Harm Reduction & Treatment Programs

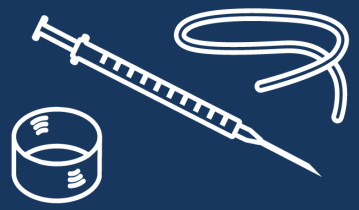
R95 Capacity Incentives 2F-1 & 2F-2

Better Blending Treatment & Harm Reduction

- **We know recovery is a continuum, but the separation and programmatic divide between treatment and harm reduction services is often wide and needs to be addressed to better match the continuum of SUD services with client experience.**
- **Better integrating treatment and harm reduction services within agencies is both a cultural and operational issue, with the cultural issue being the more challenging to address.**
  - Achieving this goal will require addressing this from both angles and will require agency-level interventions on top of what SAPC focuses on given that agencies have different cultures and agency leadership know their culture best.

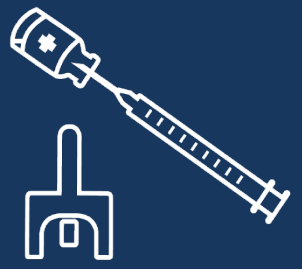
- **Ingredients for culture change at the agency-level**
  1. Knowing what we're dealing with – Opening the door for discussions to explore staff thoughts/feelings around this topic (e.g., individual/supervision/staff meetings, office hours, etc.) --> **ESSENTIAL FOCUS!**
  2. Leadership making the end goal clear – Aligning the agency and staff
  3. Evaluating progress – How do we know when treatment and harm reduction service are more integrated?
  4. Adjusting approaches as needed – Our evaluations will allow us to modify our interventions to more effectively achieve this integration

Harm Reduction Services



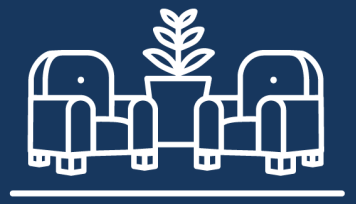
Harm Reduction Supplies Access

Syringe Exchange & Disposal



Naloxone and Test Strips

Medications for Addiction Treatment



Drop-In Centers

Linkage to Housing Services

Pharmacy Access

Referrals for Needed Services

- GOAL → Meeting people where they are, both figuratively and literally
  - While brick and mortar locations are needed, mobile services that go out to people who are unlikely to go to brick and mortar locations are also needed

HARM REDUCTION SYRINGE SERVICE PROGRAMS

Harm Reduction Syringe Services Programs

Harm reduction syringe services programs provide access to naloxone, safer injection and smoking supplies, and education which:

- Reduces the risk of fatal overdose
- Reduces the risk and spread of HIV infection
- Reduces the risk and spread of Hepatitis C
- Connects people to treatment and provides a gateway to recovery

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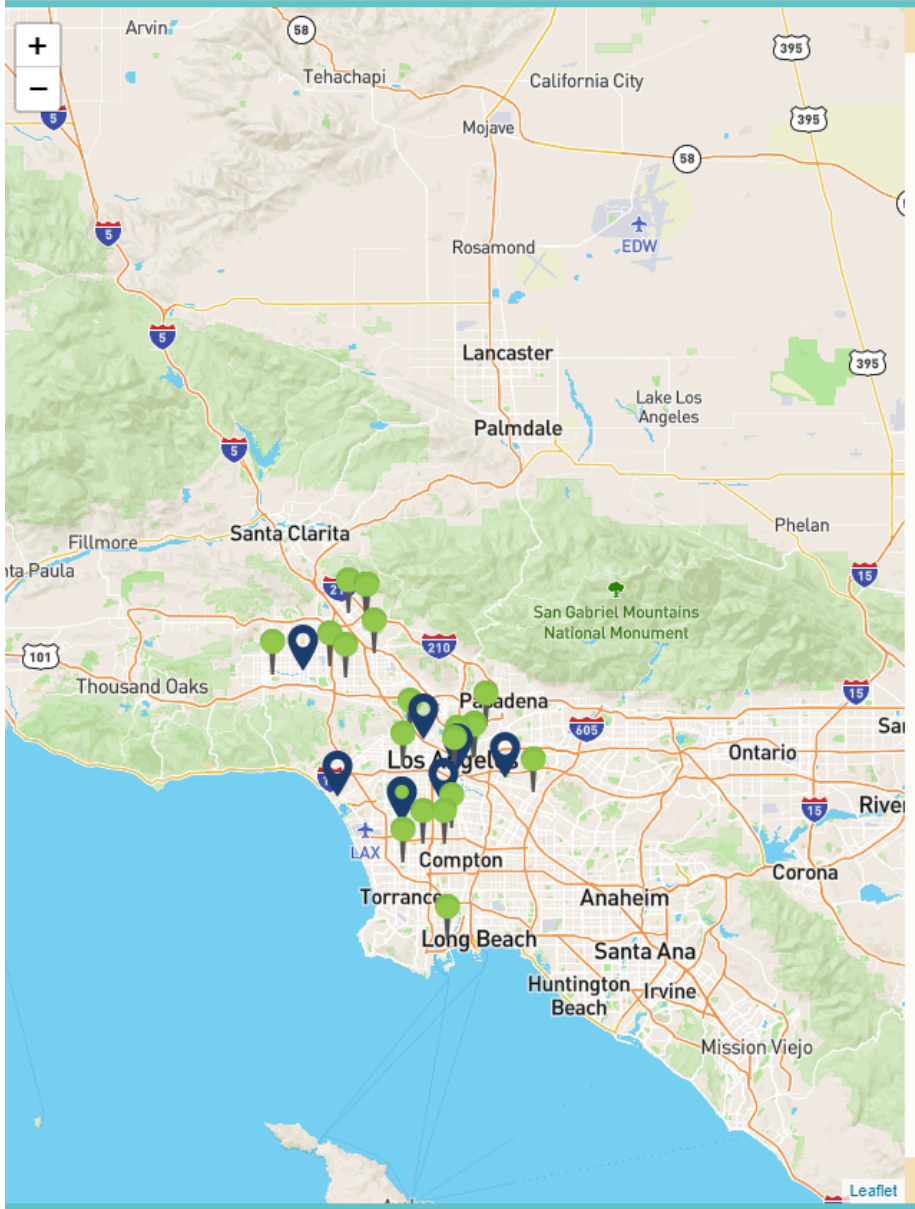
Call to find out hours and days of operation.

http://www.recoverla.org/staying_safe/syringe-exchange-also-known-as-needle-exchange

Harm Reduction | Top 5 Myths | Overdose Epidemic | Accessing Naloxone | Finding Services | Resources | FAQ | Contact Us



Finding Harm Reduction Services

Engagement and Overdose Prevention (EOP) Hubs

The Engagement and Overdose Prevention (EOP) Hubs are LA County contracted syringe service providers who provide harm reduction services, peer-led education, and peer-led support services. Harm reduction services include conducting syringe exchanges, providing safer use supplies including safer smoking equipment, distributing naloxone overdose reversal kits, and connecting participants to other important services and programs such as:

- Education about overdose prevention and harm reduction practices.
- Naloxone distribution and education.
- Screening, care, treatment for viral hepatitis and HIV.
- Referrals to medications for addiction treatment, and other medical, mental health, and substance use disorder (SUD) treatment services.
- Fentanyl test strips distribution and education.

LA County EOP Hubs

Click here to view EOP Hub Program Schedule (PDF)

http://publichealth.lacounty.gov/sapc/public/overdose-prevention.htm

Los Angeles County Engagement and Overdose Prevention (EOP) Hubs Schedule

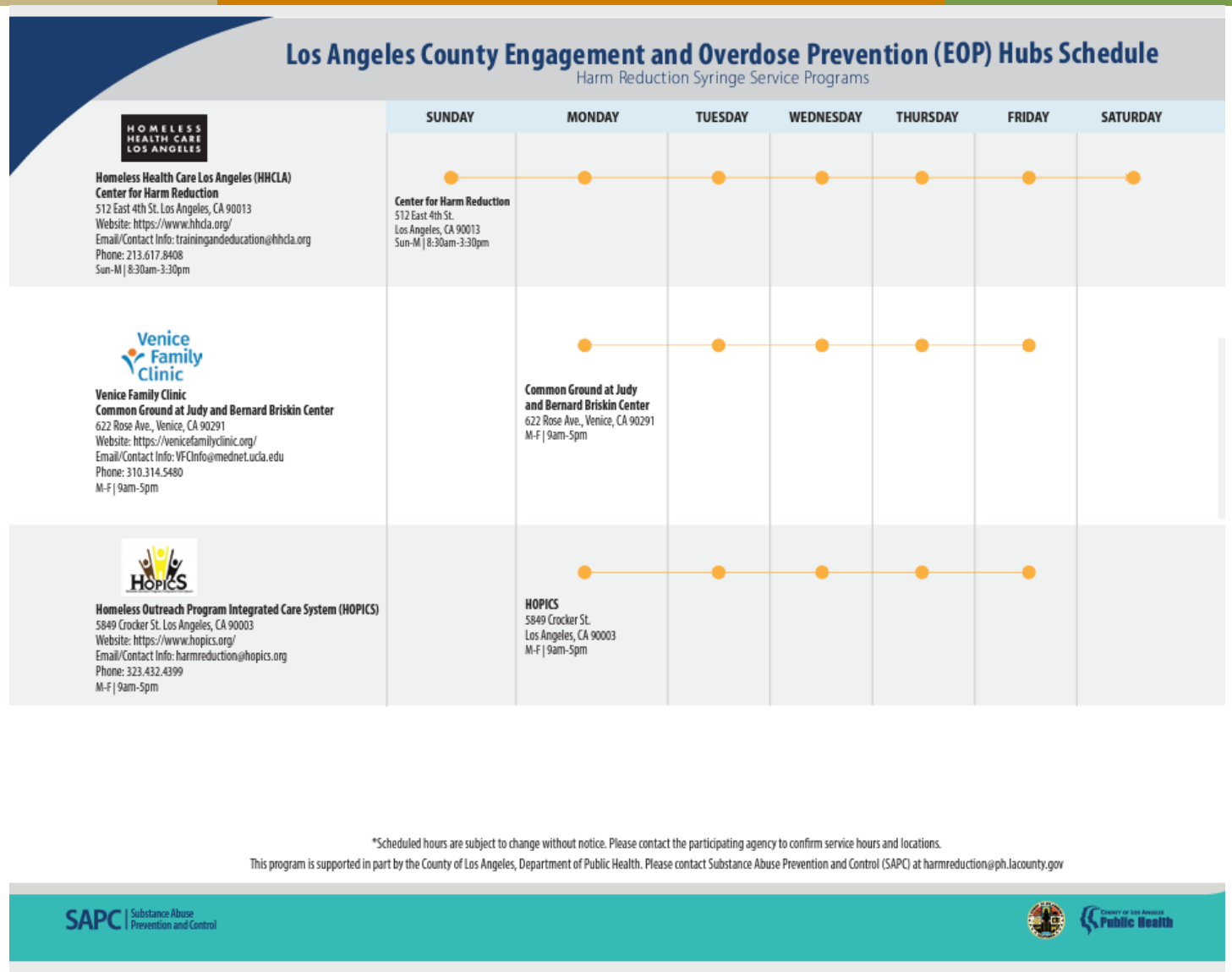
Harm Reduction Syringe Service Programs

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
LA Community Health Project (CHPLA) 1151 N Western Blvd. Los Angeles, CA 90029 Website: http://chpla.org/ Email/Contact Info: info@chpla.org Phone: 323.380.5469 M-F | 9am-5pm	**Hollywood** 1625 N. Schrader Blvd. Los Angeles, CA 90028 7pm -10pm	**Skid Row** Downtown Los Angeles South Side of 6th St. between Wall and San Julian 9am -11am **Watts** 94th & Zamora St. 9401 Zamora Ave. Los Angeles, CA 90059 3pm-5pm		**South Los Angeles Spectrum Community Clinic at Drew University** 1731 W. 120th St., Building M, LA, CA 90059	**Hollywood** 1625 N. Schrader Blvd. Los Angeles, CA 90028 (Parking lot behind LA LGBT Center) 7pm -10pm	**Skid Row** Downtown Los Angeles South Side of 6th St. between Wall and San Julian 9am -11am **Boyle Heights** **BAART Clinic Boyle Heights** 1701 Zonal Ave. Los Angeles, CA 90033 12pm-2pm	
Asian American Drug Abuse Program (AADAP) Health Intervention Program 652 E. Manchester Blvd., Inglewood, CA 90305 Website: https://aadapinc.org/healthinterventionprogram/ Email/Contact Info: treynolds@aadapinc.org Phone: 424.331.5799 M-F | 9am-5pm		660 E. Manchester Blvd. Inglewood, CA 90301 10am-5pm	**BAART Medmark Clinic** 11682 S. Atlantic Ave. Lynwood, CA 90262 8am-11am	**West County Medical Corporation** 2272 Pacific Ave Long Beach, CA 90805 Every 1st & 3rd Wednesday 8am-10am **West County Medical Clinic** 100 W. Market St. Long Beach, CA 90805 Every 2nd and 4th Wednesday 10am-12pm **Medmark Clinic** (white van in parking lot) 11900 S. Avalon Ave. Los Angeles, CA 90059 7:30am-10am	**Lawndale Medical & Mental Health Services** 4023 Marine Ave. Lawndale, CA 90260 7am-10am	**Hollywood Medical Clinic** 5015 W. Pico Blvd Los Angeles, CA 90019 8am-11am	
Tarzana Treatment Center (TTC) 7101 Baird Avenue, Reseda CA 91335 Website: https://www.tarzanatc.org/ Email: epacheco@tarzanatc.org Phone: 818.342.5897 M-F | 9am-5pm		11770 Block of Borden Ave. Pacoima, CA 91331 (Under 118 Freeway overpass) 1:30pm-4:00pm 7500 Block of Valjean Ave. Van Nuys, CA 91406 (Between Sherman Way & Saticoy) 4:30pm-6:00pm	6800 Block of Eton Ave. Canoga Park, CA 91303 (End of block) 9:30am-11:30am 12178 San Fernando Rd. Sylmar, CA 91342 (Parking Lot of the Loyal Order of Moose) 1:00pm-3:00pm	8741 Laurel Canyon Blvd. Sun Valley, CA 91352 9:30am-11:00am 14500 Block of Hamlin St., Van Nuys, CA 91411 (Off of Van Nuys Blvd & Victory Blvd) 12:30pm-3:00pm			
Bienestar Human Services **East Los Angeles Storefront** 5314 East Beverly Blvd. Los Angeles CA 90022 Website: https://www.bienestar.org/syringe-exchange/ Email: ejalayer@bienestar.org Phone: 866.590.6411 M-F | 10am-2pm & 4pm-7pm		**Coastal Recovery Center** 117 E. Harry Bridges Blvd. Wilmington, CA 90744 10am-12pm **Highland Park** 5982 Arroyo Dr. Los Angeles, CA 90042 3:30pm-5pm		**DTLA Olvera St.** 527 N Spring St. Los Angeles, CA 90012 4:00pm-6:00pm	**Tavarua** 8207 Whittier Blvd. Pico Rivera, CA 90660 10:30am-12:00pm **Lincoln Heights** Corner of Alhambra Ave & Johnston St. Los Angeles CA 90031 3:30pm-5:00pm		

SAPC | Substance Abuse Prevention and Control

Public Health

http://publichealth.lacounty.gov/sapc/docs/public/overdose-prevention/EOP%20Hub%20Schedule.pdf



Los Angeles County Engagement and Overdose Prevention (EOP) Hubs Schedule

Harm Reduction Syringe Service Programs

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Homeless Health Care Los Angeles (HHCLA) **Center for Harm Reduction** 512 East 4th St. Los Angeles, CA 90013 Website: https://www.hhcla.org/ Email/Contact Info: trainingandeducation@hhcla.org Phone: 213.617.8408 Sun-M | 8:30am-3:30pm	**Center for Harm Reduction** 512 East 4th St. Los Angeles, CA 90013 Sun-M | 8:30am-3:30pm						
Venice Family Clinic **Common Ground at Judy and Bernard Briskin Center** 622 Rose Ave., Venice, CA 90291 Website: https://venicefamilyclinic.org/ Email/Contact Info: VFCInfo@mednet.ucla.edu Phone: 310.314.5480 M-F | 9am-5pm		**Common Ground at Judy and Bernard Briskin Center** 622 Rose Ave., Venice, CA 90291 M-F | 9am-5pm					
Homeless Outreach Program Integrated Care System (HOPICS) 5849 Crocker St. Los Angeles, CA 90003 Website: https://www.hopics.org/ Email/Contact Info: harmreduction@hopics.org Phone: 323.432.4399 M-F | 9am-5pm		**HOPICS** 5849 Crocker St. Los Angeles, CA 90003 M-F | 9am-5pm					

*Scheduled hours are subject to change without notice. Please contact the participating agency to confirm service hours and locations.

This program is supported in part by the County of Los Angeles, Department of Public Health. Please contact Substance Abuse Prevention and Control (SAPC) at harmreduction@ph.lacounty.gov

SAPC | Substance Abuse Prevention and Control

http://publichealth.lacounty.gov/sapc/docs/public/overdose-prevention/EOP%20Hub%20Schedule.pdf

MOU: Required Components for Bidirectional Referrals Between Harm Reduction & Treatment Programs

- Establish Clear Communication Protocols
  - Designated key points of contact with scheduled meetings
- Defined Referral Pathway
  - Agreed-upon process for low-threshold initiation of services
- Cross-Agency Training
  - Enhance mutual understanding of services
- Information Security
  - Compliance with all applicable privacy regulations
- Care Coordination
  - Ensure coordination of care for individuals served by each agency
- Service Recipient Feedback
  - Feedback regarding participant experiences (evoking successes and information about barriers) is obtained and applied to quality improvement

Email HarmReduction@ph.lacounty.gov for more information about LA County harm reduction services and with any questions about connecting with an LA County certified harm reduction syringe services provider agency

Discussions/Questions

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

- Johann Hari