

# SAPC Utilization Management Policy & Process Changes



Division of Substance Abuse Prevention and Control (SAPC)

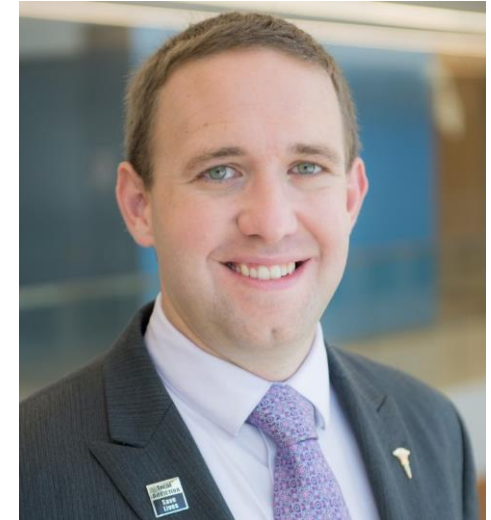
# Outline

- **New SAPC Clinical Leadership**
  - SAPC Medical Director
  - Associate Medical Director of Treatment
- **Upcoming Changes to Non-Residential Medical Necessity (DHCS BHIN 21-019)**
- **Upcoming Changes to Residential Lengths of Stay & Episodes (DHCS BHIN 21-021)**
- **Review of Recovery Service Updates (DHCS BHIN 21-020)**
- **Review of Financial Eligibility Process**

## New SAPC Clinical Leadership

- **SAPC Medical Director**

Brian Hurley, MD, MBA, DFASAM



- **Associate Medical Director  
of Treatment Services**

Nima Amini, MD, MHA



# Overview of Non-Residential Medical Necessity

- **SAPC is updating its utilization management (UM) processes and timelines for NON-RESIDENTIAL authorizations to align with new State guidance (DHCS BHIN 21-019) related to non-residential medical necessity that changes when services can be reimbursable by Medi-Cal.**
  - See DHCS Behavioral Health Information Notice (BHIN) 21-019 for more details at:  
<https://www.dhcs.ca.gov/Documents/BHIN-21-019-DMC-ODS-Updated-Policy-on-Medical-Necessity-and-Level-of-Care.pdf>

## Specifically, initial authorizations will be granted based on:

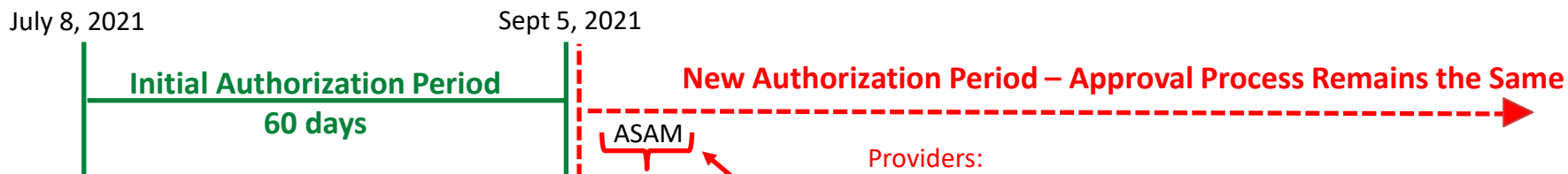
- LA County residency and financial eligibility to allow for Medi-Cal reimbursable engagement services, even if medical necessity is not eventually established.
- However, the purpose of these services must involve engaging clients in services with the ultimate aim of establishing medical necessity, even if medical necessity is not subsequently successfully established.

**Initial authorizations for non-residential services can be approved WITHOUT YET ESTABLISHING MEDICAL NECESSITY, but with DURATION LIMITS**

## Initial authorization timeframe will vary based on age and homelessness status:

- **Patients aged 20 and under and/or People Experiencing Homelessness (PEH)** will be granted an initial 60-day authorization while being engaged to complete the ASAM Assessment and establish medical necessity.
- **All other individuals** will be granted an initial 30-day authorization while they are being engaged to complete the ASAM Assessment and establish medical necessity.

# 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.

- 1 **Initial 60-Day 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

- 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.

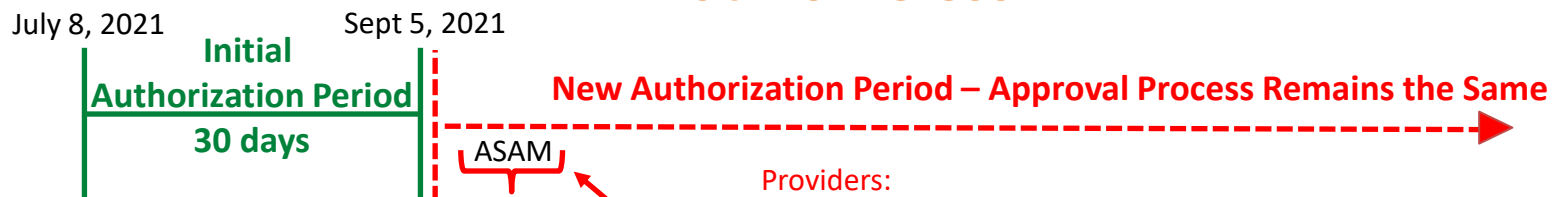
- 2 **New Authorization Request** submitted following initial 60-day authorization. In this example, the second authorization would begin Sept 6, 2021 and provider will have 7- or 14-days (depending on age of patient) to finalize the ASAM assessments and 30 days to submit all necessary documentation 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 Authorization Period**
  - Patient must be LA County Resident
  - Must meet SAPC Financial Eligibility requirements
  - Does NOT need to meet medical necessity

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.

- 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

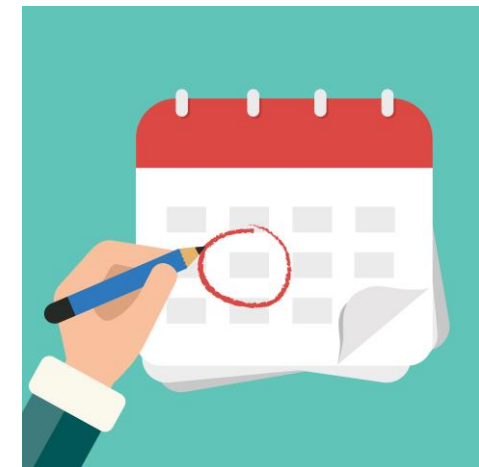
## Residential Length of Stay & Episodes

- **SAPC has updated its residential authorization process to align with new State guidance (DHCS BHIN 21-021) related to removal of the cap on Medi-Cal reimbursement for more than 2 non-continuous residential episodes.**
  - **Effective 8/16/2021, there is no longer a limitation/cap on 2 non-continuous residential episodes that are DMC reimbursable**
  - See DHCS Behavioral Health Information Notice (BHIN) 21-021 for more details at:  
<https://www.dhcs.ca.gov/Documents/BHIN-21-021-DMC-ODS-Updated-Policy-on-Residential-Treatment-Limitations.pdf>



## Residential Length of Stay & Episodes (cont'd)

- Although DHCS's stated goal is to maintain a statewide average of 30 days for residential lengths of stay, **SAPC's current residential authorizations process will remain unchanged at this time.**
  - Initial residential authorizations will remain 60-days for adults and 30-days for youth.
  - Providers should continue to evaluate if SUD treatment needs can be met at a lower LOC before requesting reauthorization for ongoing residential treatment.
  - Providers can submit reauthorization requests if additional treatment time is needed in a residential setting, and justifications need to be very clear.
  - This differs from SAPC's 8/10/2021 provider meeting announcement; we will not be implementing any changes to the duration of adult initial residential authorizations at this time.



# Next Steps: Non-Residential Medical Necessity & Residential Lengths of Stay & Episodes

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- **Provider Engagement**
  - Presentation of changes
  - Feedback period – email Drs. Hurley & Amini at [bhurley@ph.lacounty.gov](mailto:bhurley@ph.lacounty.gov) and [namini@ph.lacounty.gov](mailto:namini@ph.lacounty.gov) with feedback
  - **Planned implementation on 8/16/21**

## Recovery Support Services (RSS) Updates

- **DHCS has issued several clarifications to reduce barriers to accessing Recovery Support Services (RSS)**
  - See DHCS Behavioral Health Information Notice (BHIN) 21-020 for more details at <https://www.dhcs.ca.gov/Documents/BHIN-21-020-DMC-ODS-Clarification-on-Recovery-Services.pdf>



- **Clarification on what services qualify as RSS**
  - Individual/group counseling
  - Recovery coaching
  - Relapse prevention
  - Education/job skills
  - Family support
  - Support groups
  - Ancillary services

## Recovery Support Services (RSS) Updates (cont'd)

- **Key changes to SAPC UM processes related to RSS:**
  - **Given that DHCS clarified that any clients that are interested in RSS are eligible for these services, SAPC will be shifting RSS to a Provider Authorization (P-Auth) process as opposed to the current Member Authorization process.**
    - **This means providers will NOT submit requests for member authorizations to SAPC QI and UM as was the previous process, and instead providers will be pre-approved for RSS and be given a P-Auth.**
    - P-Auths will be configured based on contracted age groups and PPW status.

## Recovery Support Services (RSS) Updates (cont'd)

- Other clarifications:
  - Patients can be admitted DIRECTLY to RSS without requiring prior engagement in treatment services and can begin immediately upon release from incarceration.
  - Patients do NOT need to be abstinent from drugs for any specified period of time.
  - Patients can receive MAT and receive RSS.
  - Patients without a remission diagnosis may also receive RSS.
  - RSS may be delivered concurrently with other DMC-ODS services and levels of care, as clinically appropriate.
  - In RSS, the assessment remains non-billable, but it is recommended that providers complete an ASAM assessment to ensure appropriateness of care.

## Financial Eligibility Review

- Effective 7/1/21, SAPC began to verify Medi-Cal eligibility at the authorization and claim level by checking the MEDS file.
- Providers need to confirm the patient's financial eligibility by checking AVES and take the following steps to resolve discrepancies when the patient is ineligible based on SAPC's MEDS file review:
  - Ensure the CIN listed on the DMC guarantor is the correct CIN for the patient
  - Run the Real-Time 270 Eligibility Request in Sage for the date of authorization
  - Upload the printout from Medi-Cal system that was used to verify eligibility via the Attachments in Sage
  - If patient is ineligible for DMC but is in another county program: (1) correct the Financial Eligibility Form in Sage; (2) submit NEW authorization under Non-DMC guarantor; and (3) request to DENY the DMC authorization.

## Financial Eligibility Review (cont'd)

- Providers need to verify and update the Financial Eligibility Form within Sage both initially AND whenever a patient's financial eligibility changes (e.g., patient enrolls in Medi-Cal, patient loses Medi-Cal eligibility).
- SAPC may modify authorization dates based on eligibility within the MEDS file, as verified by SAPC.
- For more details, see Financial Eligibility Guidelines at: <http://publichealth.lacounty.gov/sapc/NetworkProviders/FinanceForms/FinancialEligibility/DocumentingChangesFinancialEligibilityStatus.pdf>

# Discussion / Q&A



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

*- Johann Hari*