

THE PULSE

What you need to know
about system-level
changes and critical
issues since the last
Provider Meeting



All Provider Meeting: 11/02/17

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NEW CONTRACT CHANGES - RESOURCES

- **Provider Manual 2.0 – Revised October 2017**
Available At: SACP Website, Network Providers Page, Provider Manual and Forms Tab
- **Provider Manual Changes Quick Reference Guide – Drafted October 2017**
Available At: SACP Website, Network Providers Page, Provider Manual and Forms Tab
- **START-ODS #5 Submission Timelines – Revised October 2017**
Available At: SACP Website, Network Providers Page, Provider Meetings, Bulletins, Briefs and Factsheet Tab
- **Checklist of Required Documentation**
Available At: SACP Website, Network Providers Page, Provider Manual and Forms Tab

NEW CONTRACT BULLETINS

Bulletin 17-09-START: Outlines that cost reconciliation (lesser of costs or charges) is the reimbursement model beginning with Fiscal Year 2017-2018.

Available At: SACP Website, Network Providers Page, Provider Manual and Forms Tab

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CIBHS TECHNICAL ASSISTANCE AND TRAINING

- **Projecting Revenue and Capacity Spreadsheet – Outpatient LOCs**
Available At: SAPC Website, Network Providers Page, Capacity Building and Training Resources Tab
- **Projecting Revenue and Capacity Webinar – Outpatient LOCs**
Available At: SAPC Website, Network Providers Page, Capacity Building and Training Resources Tab
- **To Learn About Technical Assistance Opportunities to Help Your Business Thrive:**
Contact Amy McIlvaine at amcilvervaine@cibhs.org or (916) 379-5330

WEEKLY QI & UM PROVIDER CALLS

Join SAPC's weekly QI & UM provider call on Wednesdays from 11:30am – 12:30pm by calling (toll-free) 1-877-568-4106 and entering the access code (676-465-709) and/or by joining via your computer/smart phone at: <https://global.gotomeeting.com/join/676465709>

SBAT UPDATES AND OTHER CONTRACT ISSUES

To update the SBAT – online directory, or report any contract related issues, please email SAPCMonitoring@ph.lacounty.gov

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CASE MANAGEMENT AND BENEFITS ENROLLMENT: *Don't Turn Patients with Inactive Benefits Away!*

SAPC Pays for up to 45 Days of Medically Necessary SUD Treatment retroactively when network providers:

1. Assist likely eligible individuals complete the Medi-Cal application, and get a CIN number, but for some reason enrollment is delayed or denied.
2. Assist Medi-Cal beneficiaries who moved to Los Angeles County transfer their benefits, but for some reason the transfer is delayed or denied.

See FAQ: Do I need to serve individuals whose Medi-Cal application is incomplete or pending?

CASE MANAGEMENT PAYS: Earn more AND provide necessary patient services when you use the case management benefit to help patients acquire Medi-Cal, My Health LA and CalWORKs benefits: \$33.83 per 15-minutes (up to the monthly cap).

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WHEN CO-SIGNATURES ARE REQUIRED:

DHCS Confirmed Required for Non-Licensed LPHAs

LPHA co-signatures are required for non-licensed trainees and interns (not registered with BBS) in order to provide billable services.

For all services delivered on or after November 1, 2017:

- Non-licensed trainees and interns must have LPHA's co-sign their work in order to provide billable services; **OR**
- Non-licensed trainees and interns must become registered counselors in order to provide billable services.

See FAQ: *Who is considered LPHA interns, and are services conducted by these staff reimbursable?*

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ADULTS WHO NEED MORE THAN 2 RESIDENTIAL STAYS:

No Need to Turn Patients Away if Medically Necessary!

- Drug Medi-Cal (DMC) does not reimburse for more than 2 residential admissions per year for adults 21 years of age older (more than 2 stays is reimbursable under EPSDT for individuals less than 21 years of age);
- To ensure access to medically necessary services, SAPC will reimburse for more than 2 residential admissions for adults 21+ using other, non-DMC funds.

See FAQ: **NEW** – *Are there limits on the number of residential treatment stays?*

SERVE THESE PATIENTS: Providers should NOT tell patients they can only be admitted for residential treatment twice per year or turn them away from medically necessary services. Preauthorization is still required.

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NOT ANSWERING PHONES OR RETURNING CALLS: *Losing Potential Patients and Violating the Contract!*

- SASH and CENS staff report select providers not answering the phone during normal business hours, including during the lunch hour, and at times when intake appointments are conducted (as listed on the SBAT – online directory).
- SASH, CENS, and the **PUBLIC** report that select providers are not returning calls from potential patients seeking to schedule intake and assessment appointments.

See Provider Manual: Access to Care – SASH and CENS Section

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INTAKE SUBMISSION TIMELINES: *Modification for School-Based Services*

- After discussion with providers, SAPC extended the intake period for ASAM 1.0-AR and 1.0 treatment admissions from 7 to 14 calendar days for youth (age 12-17) and young adults (age 18-20) served in school or group home settings. Intake includes the ASAM assessment, treatment plan, LACPRS and consents.
- Providers serving youth and young adults in non school or group home settings must still perform the intake process within 7 calendar days after treatment admission.

See START-ODS Factsheet #5: Adapting to the New Treatment Service Requirements, Submission Timelines
See FAQ: When is the deadline to complete the initial treatment plan and updates?

TREATMENT PLANS: Providers only need to submit Treatment Plans to SAPC if indicated on the Documentation Checklist, and do NOT need to submit ALL Treatment Plans to SAPC.

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PATIENT CENTERED CARE:

Ensure Policies and Procedures Align with Quality Care

SAPC recommends that providers re-evaluate their policies to determine if they align with the general goal of expanding access to SUD services, as opposed to establishing filters to the admission process. **Examples of Reported Practices:**

- Certain providers policies requiring that patients not have been placed on a 5150 within certain time periods (e.g., 6 months) in order to be admitted.
- Certain providers have policies that prohibit admission of patients who are MHLA or Medi-Cal eligible, but not yet enrolled in Medi-Cal which is not allowable.

Knowing that 96% of people with Substance Use Disorders (SUD) don't want help or acknowledge having a problem, our treatment network needs to identify effective ways to bring people into treatment services and not establish filters or criteria that deter people from enrolling in services. **Let's find ways to expand access and enrollment!**