

THE PULSE

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

All Provider Meeting: 12/07/17

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NEW CONTRACT CHANGES - RESOURCES

- **Data Collection Guide (LACPRS) – Added November 2017**
Available At: SAPC Website, Sage Page and Network Providers Page, Provider Meetings, Provider Manual and Forms Page
- **Companion Guide HIPAA 837 (Secondary Sage Users) – Added November 2017**
Available At: SAPC Website, Sage Page and Network Providers Page, Provider Meetings, Provider Manual and Forms Page
- **START-ODS #5 Submission Timelines – Revised December 2017**
Available At: SAPC Website, Network Providers Page, Provider Meetings, Bulletins, Briefs and Factsheet Tab

NEW CONTRACT BULLETINS

Bulletin 17-10: Additional codes for Perinatal Service Network Providers Only

Bulletin 17-11: Agency developed procedures in the event of a Sage outage

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

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CIBHS TECHNICAL ASSISTANCE AND TRAINING

- Webinars: *Impact of UM and Documentation on Revenue*
 - Residential Providers: 12/14/17 – 10:00 AM to 11:30 AM
Register At: <https://register.gotowebinar.com/register/8415058754142531843>
 - Outpatient Providers: 12/14/17 – 1:00 PM to 2:30 PM
Register At: <https://register.gotowebinar.com/register/3566175092254985987>

For More Information Contact Amy McIlvaine at amcilvaine@cibhs.org or (916) 379-5330

SBAT UPDATES AND OTHER CONTRACT ISSUES

To update the SBAT (for other than bed/slot availability) or report any contract related issues, please email SAPCMonitoring@ph.lacounty.gov

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MANDATORY MONTHLY ALL PROVIDER MEETINGS

- The January 2018 Provider Meeting will occur via webinar or conference call.
- Thereafter, beginning in April 2018 Provider meetings will take place via conference call or webinar every other month. A schedule will be available on the SAPC Provider webpage.

SUD TRANSFORMATION BI-WEEKLY CALLS

Beginning on January 10, 2018 from 11:30am-12:30pm, the QI & UM provider call will be repurposed to a broader START-ODS call and expanded to include representatives from QI & UM, Systems of Care, Contracts, Finance, IT and Planning. Submit questions in advance to SUDtransformation@ph.lacounty.gov with "Provider Call" in Subject.

To join use the following URL: <https://global.gotomeeting.com/join/932925133>
or call toll free (877) 568-4106 (access code: 676-465-709)

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PATIENT- NOT PROGRAM-CENTERED CARE:

The Right Services, at the Right Time, for the Right Duration, in the Right Setting!

Patients receiving treatment at the same level of care, at the same provider site, will likely receive a different mix of services depending on results from the ASAM assessment and the individualized treatment plan.

*For example, 1/4 of patients may participate in one group session and one individual session per week; 1/2 two groups per day for three days; and 1/4 one group per day for five days. **It depends on what works best clinically for each patient.***

What about contract monitoring? Your local or state auditor will be looking for treatment plans and associated progress note documentation that reflect individualized, patient-centered care (i.e. not cookie-cutter). It is up to the provider to appropriately substantiate their clinical decisions.

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SASH AND CENS REFERRALS

Removes Need for Agency-Specific Screening Questions!

- SASH and CENS use the approved screening tools to identify the right level of care, and consult the SBAT online directory for any population specific programs. Therefore:
 - Agencies are no longer able to conduct “pre-intakes” and ask additional questions (e.g., agency specific screening tool) to determine appropriateness of the referral.
 - Inform your staff if new procedures are needed at your site. SASH and CENS will initiate this change effective today.

See [FAQ: NEW – Can agencies develop additional screening tools for SASH and CENS referrals?](#)

As You Know: 96% of people with Substance Use Disorders (SUD) don't want help or acknowledge having a problem. Establishing enrollment filters or criteria present barriers and could prevent the person from seeking care elsewhere. *Let's find ways to expand access and enrollment!*

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TIME AND DISTANCE STANDARDS:

Patient Choice Prevails!

DHCS' Time and Distance Standards Apply to SAPC

- The DHCS standards (15 miles or 30 minutes from the patient's home) are to ensure network adequacy at the county level.
- Patients can choose to go to a program in any part of the County that fits their needs and preferences.
- The provider needs to provide alternate options, however, so patients clearly know what is available.

See FAQ: Can I serve a patient that works/lives further than the time and distance standards?

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INTAKE SUBMISSION TIMELINES (**REVISED**): *Youth Admissions – 14 Calendar Days*

- **Intake Documents** (ASAM assessment, treatment plan, LACPRS, consents) are due within **14 calendar days for youth** (under age 18) and **7 calendar days for adults** (over age 18) of first service.
- For pre-authorized services (ASAM 3.1, 3.3, 3.5, 3.7, 4.0), information needs to be completed sooner when used to justify medical necessity.

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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CASE MANAGEMENT AND TREATMENT PLANS: *Make Sure You Bill the Right HCPCS Code*

CASE MANAGEMENT ACTIVITIES

- Compliment clinical services by addressing other areas in the individual's life that negatively impact treatment success.
- Examples include communicating with social service workers, benefits acquisition, and coordinating physical and mental health services.
- Use HCPCS Code H0006

The Provider Manual will be revised accordingly!

See FAQ: What constitutes billable case management services?

TREATMENT PLAN CODE: Treatment plan development and updates are not a part of case management and are billed under HCPCS Code T1007 only. **Remember:** Treatment plan reviews are not a billable service

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RESIDENTIAL & INPATIENT PROGRAMS:

One Clinical Service Per Day Required for Claims

Per DHCS: At least one clinical service (e.g., individual session, group session) must be provided to claim the residential day rate.

- This includes Saturday and Sunday.
- Group time (60-90 Minutes) and group size (2-12) must be met to be claimable.
- Room and board can be claimed even if day rate is not per the policy.

More To Come: SAPC continues discussion on how residential service hours apply to youth (under age 18) and what activities can be included to achieve the residential service standards.

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OPIOID TREATMENT PROGRAMS:

March 31, 2018 Last Day to Enroll Non-LAC Residents

OTP Transition Plan

- OTPs can accept Non-LAC residents through March 31, 2018.
- OTP services provided to Non-LAC residents will not be reimbursed by SAPC after June 30, 2018.
- ASAM assessments are required for current patients by January 1, 2018

See FAQ: Will we be reimbursed for serving non-LAC residents?

Preparing Patients: Ensure your agency has a transition plan for non-LAC residents to avoid disruption in care. You can either (1) facilitate the transition to a provider in the County of residence or (2) become a contractor for County(ies) in which your patients reside.

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SERVICE AUTHORIZATIONS

- A key element of a good justifications includes the RATIONALE for why a level of care or service is being provided.
 - Need to include specific justifications for levels of care, rather than simply summaries of cases, which is currently what is more commonly provided in service requests.

PROVIDER MANUAL – Version 3

These modifications, and updates from the FAQ, will be included in the next iteration of the Provider Manual.

Anticipated Release : January 2018