

Utilization Management-Provider Meeting

Los Angeles County Department of Public Health
October, 19th, 2022
Substance Abuse Prevention & Control



Agenda

- **Backlogged authorizations**
- **Grace period extension to 12/15/2022**
- **CalAIM Documentation Updates**
- **Bed hold for residential levels of care**
- **ICT process updates and discussing new cases**
- **Open Discussion**
- **Adjourn**

Backlogged Authorizations & Grace Period Extended to 12/15/2022

- **4-5 weeks behind on authorization reviews**
 - Please contact UM if you have authorizations that were submitted more than 5 weeks ago that are pending response.
 - UM contacts: phone 626-299-3531 and email SAPC.QI.UM@ph.lacounty.gov
- **Clarification on flexibilities**
 - Clinical Standard Documentation timeliness requirements remain in place during claims blackouts
 - Flexibility for timeliness of submitting authorizations and the timeliness of the problem list through 12/15/2022

Authorization Timing and Medical Necessity Documentation

1. Submit service authorization after medical necessity has been documented (Finalized ASAM, Misc note, Problem list)
2. Retro-auths (DOS prior to blackout)
3. The New Adult Paper-Based ASAM is not yet a SAPC-approved form

CaAIM documentation updates



Problem List updates

- 20 problem lists templates are now approved.
- Collaboration with Exym
- LPHA finalization is required for problem lists when submitting authorization
- Treatment plan is still required for OTP providers
- Currently, including an ICD-10 code on the Problem List is not required
- SUD counselors can write down diagnoses that are made or modified by an LPHA or an LE-LPHA on the Problem List
- Diagnoses on Problem Lists must include
 1. name, title, and credential of the diagnosing LPHA, and dx must be within scope
 2. the date of diagnosis identified, added, or removed next to the diagnosis on the Problem List.
- **Contact the care manager assigned to the authorization with any questions**

When do we start using Problem Lists and how does UM Grace Period Extension to 12/15 work?

- DHCS's BHIN 22-019 is effective for DOS 7/1/2022 forward
- Deadline of 12/15/22 to submit Problem List template to SAPC.QI.UM@PH.LACOUNTY.GOV for review approval.
 - The sooner you submit the better!
- Providers that have not submitted their agency's problem list for review/approval by SAPC, will receive a courtesy **follow up notification** in November 2022.
- During the Grace period extension (till 12/15/22), SAPC accepts Treatment Plans for reauths.
- SAPC problem list paper form is available at [this link](#). Provider pending approval of their own problem list can use this form.

SAPC Standard Problem List

- Provider Documentation Requirement Task Force, updates
- <http://publichealth.lacounty.gov/sapc/NetworkProviders/ClinicalForms/TS/ProblemListMain.pdf>
- <http://publichealth.lacounty.gov/sapc/NetworkProviders/ClinicalForms/TS/ProblemListAddendum.pdf>

ICT Support update

- Per DPSS, county of residence updates through contacting a DPSS office is called takes a few dates to initiate the ICT, and this updates the eligibility information at the State.
- In situations where the MEDS file or other eligibility verification indicates a patient is ineligible during a given month based on either an aid code or eligibility status, or county code, providers should contact DPSS directly to identify the specific reason a patient was deemed ineligible or begin the ICT process.
- SAPC does not have any information on what triggered the patient's ineligibility or how to resolve the issue (eligibility is managed entirely by DPSS).

DPSS Customer Service Center

- DPSS [Customer Service Center](#) is the most appropriate resource to identify issues related to eligibility, can be reached at the following phone numbers:
 - Toll Free: (866) 613-3777
 - Local Numbers:
 - (310) 258-7400
 - (626) 569-1399
 - (818) 701-8200

- To better understand the barriers that providers continue to experience in processing InterCounty Transfers under DMC, SAPC is requesting that providers who are having challenges or complex ICT cases e-mail Nancy Crosby at ncrosby@ph.lacounty.gov and share:
 - Name of Agency
 - Contact Person
 - Description of the challenge or complexity
 - Length of time without transfer
 - Any remedies that have been or could be helpful
- SAPC will use this information to help identify strategies for resolving the overall ICT issue. Providers **must** use secured email when sending PHI via email. Unsecured emails containing PHI will be deleted immediately.

Bed holds: residential levels of care

- Providers hold a patient's bed if the patient is anticipated to return to treatment within seven (7) calendar days. However, in these instances, residential beds that are held will only be reimbursed for room and board and will not receive the full residential day rate for treatment, since services are not provided for held beds.
 - Example: When reviewing a residential reauth, we see that the patient left the facility to get chemotherapy but it got complicated and returned 3 days later. We still approve those three days for bed only (no services)
- Also, RBH providers may hold beds for up to seven (7) days for participants who need to leave the interim housing facility for reasons such as hospitalization.
- Not available for 3.2-WM and 3.7-WM LOCs. Can use Recovery Service P-auth to bill for care coordination on the days the patient is not in residential LOC.

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**

Reminder: New Adult Paper-Based ASAM not yet a SAPC approved form

- At this time, please use the SAPC version available at our website:

<http://www.publichealth.lacounty.gov/sapc/NetworkProviders/ClinicalForms/TS/AssessmentToolAdultsPaperVersion.pdf>

- Effective date for the new Adult paper ASAM will be announced at a later time

<http://www.asam.org/asam-criteria/criteria-intake-assessment-form>


Not yet SAPC approved

ASAM CRITERIA

Free Paper-Based ASAM Criteria Assessment Interview Guide

Developed by ASAM and the UCLA Integrated Substance Abuse Programs with funding from the California Department of Health Care Services, this addiction treatment resource supports increased quality and consistency of patient assessments and individualized, patient-centered care.

[DOWNLOAD →](#) [READ ANNOUNCEMENT →](#)



WITHDRAWAL POTENTIAL		
DURATION of withdrawal state	FREQUENCY in last 30 days	ROUTES (mark all that apply)
Calculation dependent on intensity of use	0-2 times/week	None
	3-5 times/week	Headaches
	6-10 times/week	Nausea
	11-15 times/week	Diarrhea
	16-20 times/week	Stomach pain
	21-30 times/week	Insomnia
	31-40 times/week	Depression
	41-50 times/week	Anxiety
	51-60 times/week	Agitation
	61-70 times/week	Delirium
	71-80 times/week	Seizures
	81-90 times/week	Coma
	91-100 times/week	Death

The ASAM Criteria[®] Assessment Interview Guide is the first publicly available standardized version of the *ASAM Criteria* assessment. With this release, ASAM and UCLA hope to increase the quality and consistency of patient assessments and treatment recommendations. This resource can also help assist states looking to facilitate continuity and consistency in substance use disorder (SUD) treatment delivery and coverage.

Because it is paper-based, offered **free to all clinicians**, and can be used in many different clinical contexts, the Guide enhances the public utility of *The ASAM Criteria's* multidimensional assessment approach for the addiction treatment community.

Q&A / Discussion

The secret of change is to focus all of your energy, not on fighting the old, but on building the new.

Socrates