

START-ODS AUTHORIZATION PROCESSES

Substance Abuse Prevention and Control
County of Los Angeles Health Agency & Department of Public Health



Outline

- **Drug Medi-cal Eligibility**
- **Medical Necessity**
- **Transition Timeline**
- **Preauthorization vs Authorization**
- **Preauthorized Services**
 - Residential Treatment
- **Authorized Services**
 - MAT for youth
 - WM for youth
 - RBH
- **Discussion / Q&A**



Establishing Drug Medi-Cal (DMC) Eligibility

Drug Medi-Cal (DMC) Eligibility:

1. Medi-cal Status:
 - Providers must determine Medi-Cal status.
 - Patients must have Medi-cal or be Medi-cal eligible
2. Must be residents of Los Angeles County
3. Must meet medical necessity

* **DMC eligibility must be renewed:**

- Every 6 months for all non-OTP services
- Every 12 months for all OTP services

* **Non-DMC patients will also need to meet medical necessity**

SAPC will be providing the same service benefits to all patients, regardless of Medi-Cal or funding status (e.g., My Health LA, AB 109 or other County programs)

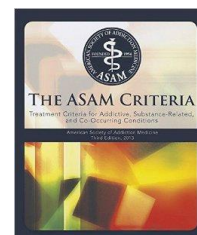
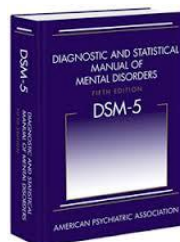
Establishing Medical Necessity

- Medical Necessity Criteria

1. DSM-5 diagnosis

- A. **Adults (age 21+)** must have DSM diagnosis for Substance-Related and Addictive Disorders with the exception of Tobacco-Related Disorders and Non-Substance Related Disorders
- B. **Youth (age 12-17) and Young Adults (age 18-20)** must have DSM diagnosis for Substance-Related and Addictive Disorders with the exception of Tobacco-Related Disorders and Non-Substance Related Disorders **OR** *be assessed to be at-risk for developing substance use disorder*

2. **ASAM Criteria** used to determine medically necessary level of care to ensure that services are appropriate and provided in the appropriate level of care



**Medical
Necessity**

Establishing Medical Necessity

Who needs to meet medical necessity?

- All patients who begin treatment after July 1, 2017 and/or receive benefits through START-ODS after July 1, 2017 need to meet medical necessity
- The LPHA must determine medical necessity **within fifteen (15) calendar days** of the treatment admission date, and must document the basis for the diagnosis and medical necessity within the individual patient records.

Establishing Medical Necessity

- **Who can establish medical necessity?**
 - **Medical necessity must be verified by an LPHA** via a face-to-face or telehealth review with the individual conducting the assessment (e.g. SUD counselor).
 - The service request form **MUST INCLUDE:**
 1. Signature of the LPHA verifying medical necessity; AND
 2. Signature of the SUD counselor who conducted the in person assessment, if assessment was not done by LPHA him/herself.

Who can be an LPHA?



Physician
 Nurse Practitioner
 Physician Assistant
 Registered Nurse
 Registered Pharmacist
 Licensed Clinical Psychologist
 Licensed Clinical Social Worker
 Licensed Professional Clinical Counselor
 Licensed Marriage and Family Therapist
 Licensed-Eligible Practitioner (Working under the supervision of a licensed clinician)

Establishing Medical Necessity

- DSM 5 diagnosis + ASAM Assessment
- ASAM Assessments
 - During the transition period, all ASAM assessments and at-risk youth assessments will be paper-based.
 - Patients who call SASH will be screened via ASAM Co-triage and given *provisional level of care*
 - Providers are responsible for completing a **full ASAM assessment at the provider site** in order to establish medical necessity and ensure patient is directed to the appropriate LOC



Important Note: Assessment tools are only tools. They do NOT replace sound judgment by counselors and clinicians

Transitioning Residential Cases

- Providers need to start verifying county of residence (COR; must be LA County) and Medi-Cal status starting 6/1/17
- Providers must continue checking both COR & Medi-Cal status on a monthly basis for each patient thereafter
- For those currently in residential treatment, SAPC will automatically authorize residential cases for **60 calendar days**
- Necessary **reauthorizations** will occur accordance with process outlined in timeline table later in this presentation



Transitioning Non-Residential Cases (OTP, OP, OP-WM, & IOP)

- Providers need to start verifying county of residence (COR; must be LA County) and Medi-Cal status starting 6/1/17
- Providers must continue checking both COR & Medi-Cal status on a monthly basis for each patient thereafter
- Non-residential medical necessity verifications will be stratified by level of care:
 - **Outpatient Withdrawal Management (ASAM 1-WM)**
 - Medical necessity needs to be verified by SAPC *within* 1 month of DMC-ODS launch (by 8/1/17)
 - **Intensive Outpatient (ASAM 2.1)**
 - Medical necessity needs to be verified by SAPC *within* 3 months of DMC-ODS launch (by 10/1/17)
 - **Outpatient (ASAM 1.0)**
 - Medical necessity needs to be verified by SAPC *within* 4 months of DMC-ODS launch (by 11/1/17)
 - **OTP**
 - Medical necessity needs to be verified by SAPC *within* 6 months of DMC-ODS launch (by 1/1/18)

Transitioning Residential Withdrawal Management (ASAM 3.2-WM)

- Providers need to start verifying county of residence (COR; must be LA County) and Medi-Cal status starting 6/1/17
- Providers must continue checking both COR & Medi-Cal status on a monthly basis for each client thereafter
- All active residential withdrawal management (ASAM 3.2-WM) cases at the time of START-ODS launch on 7/1/17 need to be submitted to SAPC to verify DMC eligibility and medical necessity within seven (7) calendar days of START-ODS launch on 7/1/17.
 - ASAM 3.2-WM services do not require preauthorization or authorization, but are **not reimbursed beyond fourteen (14) calendar days**. Exceptions may be made to extend ASAM 3.2-WM stays based on medical necessity, but these require special SAPC authorization.
 - **Care should be transitioned to a lower level of care, as soon as clinically indicated.**

New Patients after July 1, 2017

- In order to receive outpatient services, new patients must first be determined to be eligible for services
 - Currently enrolled or eligible for Medi-Cal, MHLA, or other qualified County Program (e.g., AB 109)
 - Meet County of Residence criteria (e.g., be a LA County resident)
 - Meet medical necessity
- **Service Request form to establish DMC eligibility/medical necessity must be submitted to SAPC within fifteen (15) calendar days of initiation of treatment for all new patients after July 1, 2017**



Service Request Form – OP, IOP, OTP, OP-WM (adults)



SUBSTANCE ABUSE PREVENTION AND CONTROL Adult, Young Adult, and Youth Service Request Form

1. Today's Date:		2. Treatment Start Date:	
Part A			
PART A – MUST BE COMPLETED FOR ALL LEVELS OF CARE			
PATIENT INFORMATION			
3. Name: (Last, First, Middle)		4. Date of Birth: (MM/DD/YY)	5. Medi-Cal or MHLA Number:
6. Address:			
7. Phone Number:		Okay to Leave a Message? <input type="checkbox"/> Yes <input type="checkbox"/> No	8. Gender:
9. Perinatal Patient: <input type="checkbox"/> Yes <input type="checkbox"/> No	10. Criminal Justice Involved Patient: <input type="checkbox"/> Yes <input type="checkbox"/> No	11. Race/Ethnicity (Optional):	
If yes, provide verification	If yes, provide Criminal Justice Identification Number:		
PROVIDER INFORMATION			
12. Provider Agency Name:			
13. Address:			
14. Name of Contact Person:		15. Email Address of Contact Person:	
16. Phone Number of Contact Person:		17. Fax Number:	
ELIGIBILITY REQUIREMENTS FOR SPECIALTY SUBSTANCE USE DISORDER SERVICES IN LOS ANGELES COUNTY			
18. Is the patient a resident of Los Angeles County? <input type="checkbox"/> Yes <input type="checkbox"/> No			
19. Is the patient Medi-Cal Eligible? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, please go to question 20. If no, please go to question 21.			
20. Are the beneficiary's Med-Cal benefits assigned to Los Angeles County? <input type="checkbox"/> Yes <input type="checkbox"/> No.			
21. Is the patient a participant in the My Health LA (MHLA) program or other qualified county funded benefits? (e.g. AB 109) <input type="checkbox"/> Yes <input type="checkbox"/> No			

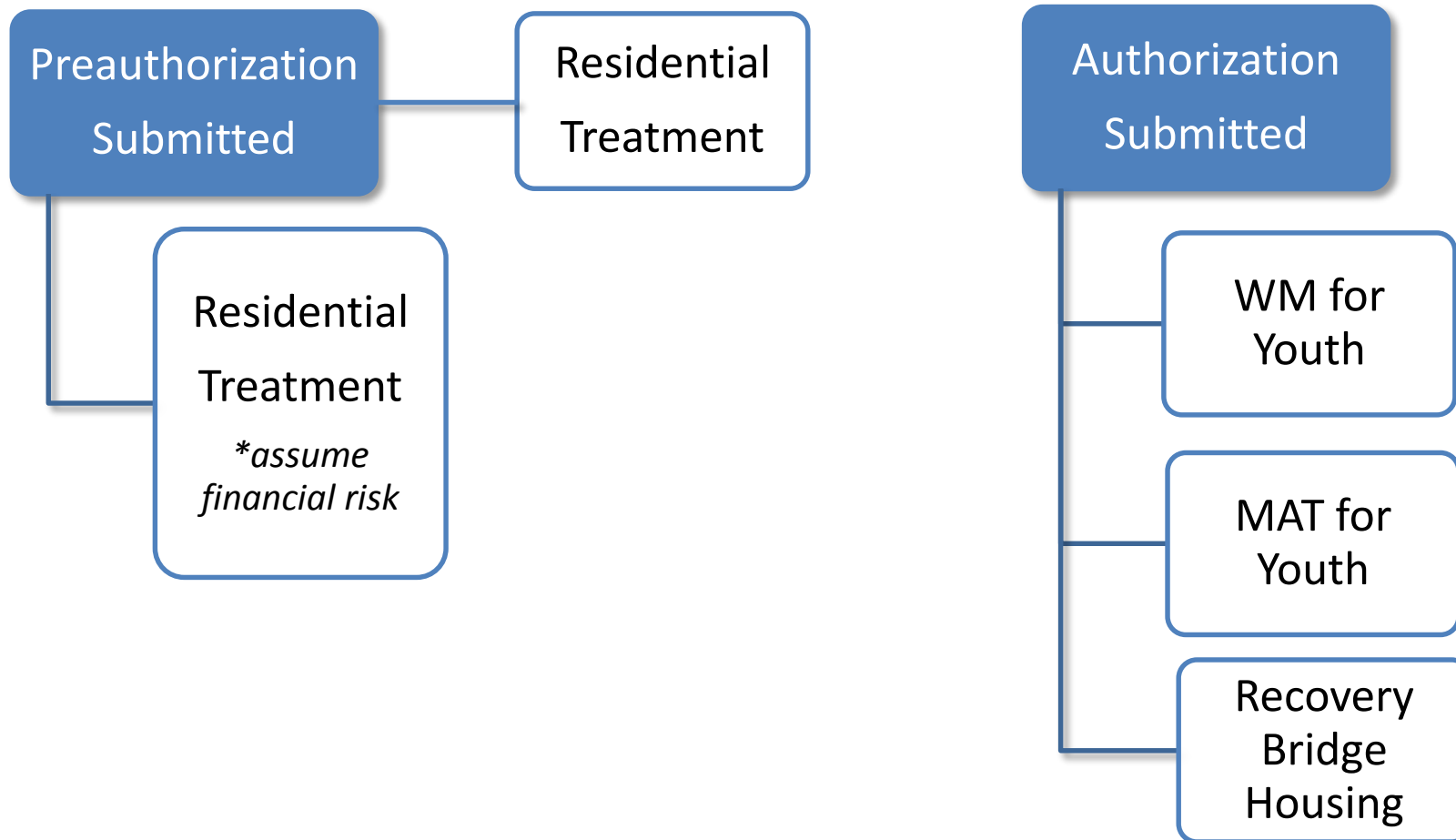
MEDICAL NECESSITY FOR ALL LEVELS OF CARE		
22. DSM Diagnosis for Substance Use or Substance Use Diagnosis At Risk For:		
23. Level of Care Determination:		
24. Printed Name of LPHA from the ASAM Assessment Form:		
25. Discipline:		26. License Number:
Part B		
PREAUTHORIZATION / AUTHORIZATION SERVICE REQUEST		
COMPLETE THIS SECTION ONLY IF REQUESTING ONE OF THE SERVICES LISTED BELOW		
27. Check One: <input type="checkbox"/> Preauthorization <input type="checkbox"/> Expedited Authorization <input type="checkbox"/> Renewal (Current Authorization #: _____)		
28. Check if the patient is: <input type="checkbox"/> Youth <input type="checkbox"/> Adult (over 18)		
Preauthorized Services		
Residential Services		
<input type="checkbox"/> ASAM level 3.1 Clinically Managed Intensive Outpatient Treatment (WM) for Youth Under Age 18		
<input type="checkbox"/> ASAM level 3.2 WM (outpatient/ambulatory)		
<input type="checkbox"/> ASAM level 3.3 Clinically Managed Intensive Outpatient Treatment (Population Specific)	<input type="checkbox"/> ASAM level 3.2-WM (residential)	
<input type="checkbox"/> ASAM level 3.5 Clinically Managed Intensive Outpatient Treatment (Non-Population Specific)	<input type="checkbox"/> ASAM level 3.4 WM (residential)	
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	<input type="checkbox"/> ASAM level 5.64 WM (residential)	

Preauthorization vs. Authorization

- **Preauthorization** – Provider must request approval from SAPC before beginning treatment.
 - Residential treatment services are the only services that require preauthorization
 - Providers who assume the financial risk are permitted to deliver residential treatment services prior to receiving SAPC approval
- **Authorization** – Services may be provided prior to approval from SAPC
 - Medication-Assisted Treatment for youth
 - Withdrawal Management for Youth
 - Recovery Bridge Housing
- All service preauthorizations & authorizations will be submitted to SAPC via fax during the transition period.



Preauthorization vs. Authorization

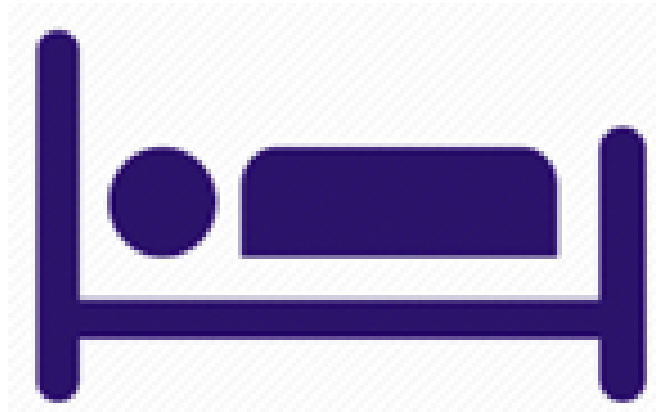


Residential Preauthorization Process

- **Residential services will require preauthorization by SAPC prior to the service being approved and paid for.**
 - SAPC is required to preauthorize these residential cases **within 24 hrs**
 - Preauthorization does not apply to residential withdrawal management WM-3.2)
 - **Exception: Providers are able to admit patients prior to SAPC preauthorization if they accept financial risk for the admission**
 - If SAPC ultimately approves the residential service, reimbursement will be retroactively paid to the date of service delivery; but if SAPC ultimately denies approval for the residential service, provider will not be reimbursed for the delivery of that residential service
 - **Examples:**
 - Cases where relapse risk is deemed to be significant without immediate placement in residential care
 - Admissions on weekends and/or holidays

Residential Preauthorization Process

- Residential preauthorizations are only required when:
 - Initiating residential care
 - Transitioning from non-residential to residential levels of care
- Transitions within residential levels of care (either up or down) require submission of a Transfer/Discharge form but do **NOT** require a residential reauthorization
- If patients leave treatment, SAPC must be notified of the transition within **three (3) business** days of the transition



Service Request Form – Preauthorization/Residential



SUBSTANCE ABUSE PREVENTION AND CONTROL Adult, Young Adult, and Youth Service Request Form

1. Today's Date:		2. Treatment Start Date:	
Part A			
PART A – MUST BE COMPLETED FOR ALL LEVELS OF CARE			
PATIENT INFORMATION			
3. Name: (Last, First, Middle)		4. Date of Birth: (MM/DD/YY)	5. Medi-Cal or MHLA Number:
6. Address:			
7. Phone Number:		Okay to Leave a Message? <input type="checkbox"/> Yes <input type="checkbox"/> No	8. Gender:
9. Perinatal Patient: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide verification	10. Criminal Justice Involved Patient: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide Criminal Justice Identification Number:	11. Race/Ethnicity (Optional):	
PROVIDER INFORMATION			
12. Provider Agency Name:			
13. Address:			
14. Name of Contact Person:		15. Email Address of Contact Person:	
16. Phone Number of Contact Person:		17. Fax Number:	
ELIGIBILITY REQUIREMENTS FOR SPECIALTY SUBSTANCE USE DISORDER SERVICES IN LOS ANGELES COUNTY			
18. Is the patient a resident of Los Angeles County? <input type="checkbox"/> Yes <input type="checkbox"/> No			
19. Is the patient Medi-Cal Eligible? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, please go to question 20. If no, please go to question 21.			
20. Are the beneficiary's Med-Cal benefits assigned to Los Angeles County? <input type="checkbox"/> Yes <input type="checkbox"/> No.			
21. Is the patient a participant in the My Health LA (MHLA) program or other qualified county funded benefits? (e.g. AB 109) <input type="checkbox"/> Yes <input type="checkbox"/> No			

MEDICAL NECESSITY FOR ALL LEVELS OF CARE		
22. DSM Diagnosis for Substance Use or Substance Use Diagnosis At Risk For:		
23. Level of Care Determination:		
24. Printed Name of LPHA from the ASAM Assessment Form:		
25. Discipline:		26. License Number:
Part B		
PREAUTHORIZATION / AUTHORIZATION SERVICE REQUEST COMPLETE THIS SECTION ONLY IF REQUESTING ONE OF THE SERVICES LISTED BELOW		
27. Check One: <input checked="" type="checkbox"/> Preauthorization <input type="checkbox"/> Authorization <input type="checkbox"/> *Expedited Authorization <input type="checkbox"/> Reauthorization (Current Authorization #: _____)		
28. Check if the patient is: <input type="checkbox"/> Youth (under age 18) <input type="checkbox"/> Young Adult (age 18-20) <input checked="" type="checkbox"/> Adult (age 21 and over)		
Preauthorized Services Residential Services <input checked="" type="checkbox"/> ASAM level 3.1 Clinically Managed Low-Intensity <input type="checkbox"/> ASAM level 3.3 Clinically Managed High Intensity (Population Specific) <input type="checkbox"/> ASAM level 3.5 Clinically Managed High-Intensity (Non-Population Specific)		Authorized Services Withdrawal Management (WM) for Youth Under Age 18 <input type="checkbox"/> ASAM level 1-WM (outpatient/ambulatory) <input type="checkbox"/> ASAM level 3.2-WM (residential) Medication-Assisted Treatment for Youth Under Age 18 <input type="checkbox"/> Medication-Assisted Treatment for Youth Under Age 18 <i>Recovery Bridge Housing - must submit authorization request via RBH Authorization Request Form</i>
29. Name of Provider submitting request:	30. Provider Signature:	31. Date:
EXTERNAL SAPC REVIEW <i>This section will include communication between SAPC and the agency/provider.</i>		

Residential Preauthorization Process

- **Residential Grace Period – Adults who are DMC eligible and age 21 and over only**
 - N/A to Youth (age 12-17) or Young Adults (age 18-20)
 - While DMC will only reimburse two non-continuous residential admissions per year, SAPC will implement a 7 calendar day grace period by which the residential stay for adults age 21 and over who leave (e.g., drop out) or are administratively discharged (e.g., kicked out for reason) from residential treatment within 7 calendar days will be reimbursed with non-DMC funds → This will help preserve the two allowable DMC reimbursable residential admissions per year.
 - The first residential admission for adults age 21 and over will always be paid for via DMC, even if less than 7 calendar days. However, the residential grace period will apply for subsequent residential admissions with no cap (e.g., the residential grace period applies for all residential admissions beyond the first admission).
 - Grace period is not necessary for youth given that their residential services are provided via EPSDT based on medical necessity.
- **Bottom-line, patients who need residential treatment services will receive necessary services and providers will be reimbursed for the delivery of those services, assuming medical necessity is established.**

Residential Preauthorizations – Youth, Young Adults, & Adults

Age Group	Initial Residential Preauthorization	Residential Reauthorizations	Drug Medi-Cal Service Limits	7-Day Grace Period
Youth under age 18	Thirty (30) calendar days at the outset of residential services	Every thirty (30) calendar days, based on medical necessity	N/A	N/A
Young Adult age 18 – 21	Sixty (60) calendar days at the outset of residential services	Every thirty (30) calendar days, based on medical necessity	N/A	N/A
Adult over age 21	Sixty (60) calendar days at the outset of residential services	Every thirty (30) calendar days, based on medical necessity	Maximum DMC reimbursable residential length of stay is ninety (90) calendar days, with one thirty (30) calendar day extension in a one-year period, based on medical necessity	Yes

See provider manual for more details

Residential Preauthorizations – Perinatal & Criminal Justice Adults

Age Group	Initial Residential Preauthorization	Residential Reauthorizations	Drug Medi-Cal Service Limits	7-Day Grace Period
Perinatal Adults	Sixty (60) calendar days at the outset of residential services	Every thirty (30) calendar days, based on medical necessity	Maximum DMC reimbursable residential length of stay is up to sixty (60) calendar days after the postpartum period, based on medical necessity	Yes
Criminal Justice Adults	Sixty (60) calendar days at the outset of residential services	Every thirty (30) calendar days, based on medical necessity or court mandate	Maximum DMC reimbursable residential length of stay is ninety (90) calendar days, with one thirty (30) calendar day extension in a one-year period, based on medical necessity, and the ability to fund additional lengths of residential stay with non-DMC funding	Yes

Authorized Services

- **MAT for Youth (case-by-case basis)**
 - Authorization can be submitted at the same time as treatment begins however reimbursement for services will not occur until SAPC grants authorization
 - Reauthorization required every 30 calendar days up until age 18
- **Withdrawal Management for Youth (case-by-case basis)**
 - Withdrawal management (WM) for adults does not require preauthorization or authorization in any setting.
 - For youth, WM is not an ASAM level of care and is therefore not included in the DMC-ODS youth benefit package. However, WM may be approved for youth on a case-by-case basis via an authorization process if determined to be medically necessary, and may be integrated with services in other settings.
 - Youth WM is authorized for the full duration of the WM episode → As a result, reauthorizations and requests for continuation of youth WM services are N/A.
 - **Youth WM is an authorized and NOT a preauthorized service, meaning that providers can deliver the service prior to SAPC authorization, but will only be reimbursed once SAPC grants authorization.**
 - WM for youth may involve medication-assisted treatment (MAT) → MAT for youth under age 18 requires authorization → **This may be included on same Service Request Form**
- **Recovery Bridge Housing**
 - **Only available to adults 18+ who are concurrently enrolled in OP/IOP/OTP/OP-WM treatment settings.**

Service Request Form – WM for Youth



SUBSTANCE ABUSE PREVENTION AND CONTROL Adult, Young Adult, and Youth Service Request Form

1. Today's Date:		2. Treatment Start Date:	
Part A			
PART A – MUST BE COMPLETED FOR ALL LEVELS OF CARE			
PATIENT INFORMATION			
3. Name: (Last, First, Middle)		4. Date of Birth: (MM/DD/YY)	5. Medi-Cal or MHLA Number:
6. Address:			
7. Phone Number:		Okay to Leave a Message? <input type="checkbox"/> Yes <input type="checkbox"/> No	8. Gender:
9. Perinatal Patient: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide verification	10. Criminal Justice Involved Patient: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide Criminal Justice Identification Number:	11. Race/Ethnicity (Optional):	
PROVIDER INFORMATION			
12. Provider Agency Name:			
13. Address:			
14. Name of Contact Person:		15. Email Address of Contact Person:	
16. Phone Number of Contact Person:		17. Fax Number:	
ELIGIBILITY REQUIREMENTS FOR SPECIALTY SUBSTANCE USE DISORDER SERVICES IN LOS ANGELES COUNTY			
18. Is the patient a resident of Los Angeles County? <input type="checkbox"/> Yes <input type="checkbox"/> No			
19. Is the patient Medi-Cal Eligible? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, please go to question 20. If no, please go to question 21.			
20. Are the beneficiary's Med-Cal benefits assigned to Los Angeles County? <input type="checkbox"/> Yes <input type="checkbox"/> No.			
21. Is the patient a participant in the My Health LA (MHLA) program or other qualified county funded benefits? (e.g. AB 109) <input type="checkbox"/> Yes <input type="checkbox"/> No			

MEDICAL NECESSITY FOR ALL LEVELS OF CARE		
22. DSM Diagnosis for Substance Use or Substance Use Diagnosis At Risk For:		
23. Level of Care Determination:		
24. Printed Name of LPHA from the ASAM Assessment Form:		
25. Discipline:		26. License Number:
Part B		
PREAUTHORIZATION / AUTHORIZATION SERVICE REQUEST COMPLETE THIS SECTION ONLY IF REQUESTING ONE OF THE SERVICES LISTED BELOW		
27. Check One: <input type="checkbox"/> Preauthorization <input checked="" type="checkbox"/> Authorization <input type="checkbox"/> *Expedited Authorization <input type="checkbox"/> Reauthorization (Current Authorization #: _____)		
28. Check if the patient is: <input checked="" type="checkbox"/> Youth (under age 18) <input type="checkbox"/> Young Adult (age 18-20) <input type="checkbox"/> Adult (age 21 and over)		
Preauthorized Services		Authorized Services
Residential Services		Withdrawal Management (WM) for Youth Under Age 18
<input type="checkbox"/> ASAM level <u>3.1</u> <u>Clinically Managed Low-Intensity</u>		<input type="checkbox"/> ASAM level 1-WM (outpatient/ambulatory)
<input type="checkbox"/> ASAM level <u>3.3</u> <u>Clinically Managed High Intensity (Population Specific)</u>		<input checked="" type="checkbox"/> ASAM level 3.2-WM (residential)
<input type="checkbox"/> ASAM level <u>3.5</u> <u>Clinically Managed High-Intensity (Non-Population Specific)</u>		Medication-Assisted Treatment for Youth Under Age 18
		<input type="checkbox"/> Medication-Assisted Treatment for Youth Under Age 18
		<u>Recovery Bridge Housing - must submit authorization request via RBH Authorization Request Form</u>
29. Name of Provider submitting request:		31. Date:
30. Provider Signature:		
EXTERNAL SAPC REVIEW <i>This section will include communication between SAPC and the agency/provider.</i>		

Recovery Bridge Housing

- **Patients who receive RBH must be abstinent from substances of abuse (NOT including MAT) and concurrently receiving OP/IOP/OTP/OP-WM treatment.**
- **SAPC may authorize up to 90 calendar day stay in RBH per calendar year for eligible adults.**
 - Perinatal patients are eligible for extended lengths of stay up to sixty (60) calendar days after the postpartum period, based on medical necessity.
 - Patients who do not utilize the entirety of the 90 days during the year may use the remainder of the unused days later during the calendar year, as necessary.
- **RBH aligns with the spirit of the American Society of Addiction Medicine (ASAM) criteria for patients to be placed in the least restrictive environment necessary to meet their biopsychosocial needs.**



Recovery Bridge Housing

***Homeless adult* patients receive priority for RBH subsidy, including:**

- Chronically homeless
- High utilizer patients (SAPC high tier care management definition)
- Perinatal patients
- HIV/AIDS patients
- Intravenous Drug Users
- Certain non-AB 109 criminal justice patients without housing funded through criminal justice system
- Transition Age Youth (18-25)
- Homeless patients stepping down from residential treatment
- Lesbian, gay, bisexual, transgender and questioning (LGBTQ) populations

*Note: Undocumented homeless adult patients who meet the criteria listed above are eligible for placement in RBH

RBH Authorization Request Form



SUBSTANCE ABUSE PREVENTION AND CONTROL RECOVERY BRIDGE HOUSING (RBH) AUTHORIZATION REQUEST FORM

1. Today's Date:		2. Admission Date:	
PATIENT INFORMATION			
3. Name: (Last, First, and Middle)		4. Date of Birth (MM/DD/YY):	5. Medi-Cal or My Health LA Number:
6. Address:		7. Is the patient homeless? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Phone Number: Okay to Leave a Message? <input type="checkbox"/> Yes <input type="checkbox"/> No		9. Gender:	
10. Perinatal patient: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide verification		11. Criminal Justice Involved Patient: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide verification with Criminal Justice Identification Number: _____	
OUTPATIENT TREATMENT PROVIDER INFORMATION			
12. Provider Agency Name:		13. Please check if: <input type="checkbox"/> Outpatient (ASAM level 1.0) <input type="checkbox"/> Intensive Outpatient (ASAM level 2.1) <input type="checkbox"/> Outpatient (Ambulatory) Withdrawal Management (ASAM level 1-WM) <input type="checkbox"/> Opioid Treatment Program (aka: Narcotic Treatment Program)	
14. Address:			
15. Name of Contact Person:		16. Email Address:	
17. Phone Number of Contact Person:		18. FAX number:	
19. CHECK ALL APPLICABLE POPULATIONS			
<input type="checkbox"/> Perinatal <input type="checkbox"/> Active Intravenous Drug User (within the last 30 days) <input type="checkbox"/> High Utilizer of SUD System <input type="checkbox"/> Criminal Justice Involved <input type="checkbox"/> Chronically Homeless		<input type="checkbox"/> Transition Age Youth (TAY population aged 18-25 years) <input type="checkbox"/> HIV/AIDS (without alternative funding for recovery housing) <input type="checkbox"/> Lesbian, Gay, Bisexual, Transgender, Questioning (LGBTQ) <input type="checkbox"/> Other (depending on availability)	

20. Has the patient been screened for Whole Person Care (WPC)? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, is the patient interested?	
21. DSM-5 Diagnosis of Substance Use Disorder(s):	
22. Staff Name	23. Staff Signature
EXTERNAL SAPC REVIEW <i>This section will include communication between SAPC and the agency/provider</i>	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Further review required	
Comments: _____	
Reviewed by: _____	Supervisor Reviewer: _____ Date: _____
INTERNAL SAPC USE ONLY <i>This section is reserved for internal SAPC use only.</i>	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Further review required	
Comments: _____	
Reviewed by: _____	Supervisor Reviewer: _____ Date: _____

Recovery Bridge Housing

SAPC Authorization and Oversight Role for RBH

- Patient eligibility for RBH must be authorized by SAPC
- SAPC Contracts will provide monitoring and oversight of subsidized RBH to ensure quality and adherence to requirements.
- SUD treatment case managers must assist patient to get linked to permanent housing options for which they may be eligible through Coordinated Entry System (CES).

RBH Provider Expectations

- RBH providers must meet or exceed SAPC RBH standards of care (based on NARR standards of care).
- Planning for housing placement at discharge begins as soon as patient enters program, either in RBH or other housing options available through Coordinated Entry System (CES).



Recovery Bridge Housing Discharge Form



SUBSTANCE ABUSE PREVENTION AND CONTROL RECOVERY BRIDGE HOUSING DISCHARGE FORM

1. Today's Date: _____		2. Specify number of RBH days for this episode: _____	
PATIENT INFORMATION			
3. Name: (Last, First, Middle): _____		4. Date of Birth: (MM/DD/YY): _____	5. Medi-Cal or MHLA Number: _____
6. Address: _____			
7. Phone Number: _____		Okay to Leave a Message? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Gender: _____			
9. Admission Date: _____	10. Discharge Date: _____	11. Discharge Diagnosis: _____	
RBH AGENCY			
12. Agency Name: _____			
13. Address: _____			
14. Contact Person: _____			
15. Contact Person Phone Number: _____			
DISCHARGE INFORMATION			
16. Please explain the reason for discharge: _____			
17. Has the Patient Been Screened for Whole Person Care? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, is the patient interested? _____			

18. Was the VI-SPDAT Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No. If no, please explain: _____	
19. Was a housing referral placed? <input type="checkbox"/> Yes <input type="checkbox"/> No. Please explain: _____	
20. Is the patient continuing in SUD treatment following discharge from RBH? <input type="checkbox"/> Yes <input type="checkbox"/> No. Please explain: _____	
21. Staff Name: _____	22. Staff Signature: _____
<p>This confidential information is provided to you in accord with State and Federal laws and regulations including but not limited to APPLICABLE Welfare and Institutions Code, Civil Code, HIPAA Privacy Standards, and 42 CFR Part 2. Duplication of this information for further disclosure is prohibited without the prior written authorization of the patient/authorized representative to who it pertains unless otherwise permitted by law.</p>	
EXTERNAL SAPC REVIEW <i>This section will include communication between SAPC and the agency/provider.</i>	
Comments: _____	
Assigned Staff: _____ Reviewed by: _____ Signature: _____ Date: _____	
INTERNAL SAPC USE ONLY <i>This section is reserved for internal SAPC use only.</i>	
Comments: _____	
Assigned Staff: _____ Reviewed by: _____ Signature: _____ Date: _____	

* Must be completed within thirty (30) days of last face to face contact with patient

Don't Forget Documentation

- What is “purposeful and thorough” documentation?
 - **SUMMARY** of the unique biopsychosocial details of a case
 - **WHAT** services are being provided
 - **WHY** are the services being provided
 - Provide care rationale and mindset of the counselor or LPHA providing the service
 - Describe why, after when considering the unique biopsychosocial circumstances of a case, a particular service is being provided
- **“If it’s not written down, it didn’t happen”**
 - SAPC Utilization Management staff will make service authorization decisions, which will ultimately impact reimbursement, based on what is and is not included in clinical documentation by counselors and clinicians



Panel Discussion / Q&A

