Agenda

- **Update on Inter County Transfer of Medi-Cal Benefits (ICT)**
- **Updating FE for MyHealthLA Enrollees now Eligible for Medi-Cal**
- **Reminder: New Adult Paper-Based ASAM for SAGE Downtimes**
- **CalAIM Documentation Redesign**
- **Open Discussion**

Inter County Transfer of Medi-Cal Benefits (ICT) Follow Up

BenefitsCal

- Patients create a BenefitsCAL account and link the out of county case to the account, and

- Report the change, and

- Click on the information link and update the address

Verification of Change from BenefitsCal Site

DPSS Customer Service Center

- **Local numbers**
  - (626) 569-1399
  - (310) 258-7400
  - (818) 701-8200
- **Toll Free**
  - (866) 613-3777
- **Hours**
  - Monday – Friday from 7:30AM – 7:30PM
  - Saturdays from 8:00AM – 4:30PM
  - We are closed on all County Holidays

TO REQUEST RETROACTIVE AUTHORIZATION FOR ICT:

- UM will accept retroactive requests from dates of service 7/1/2021 and beyond that are new authorization requests or previously submitted service authorizations that were denied under service request rescinded.
- If there was a previously submitted authorization that was denied due to the county of responsibility not being assigned to LA (in many cases, the county eligibility file will show LA county residence from 1-3 months prior to the completion date of the LA County as the county of responsibility), then provider can appeal this denial for a secondary review.
  - Provider run 270/271 form to update MEDS and upload any documentation from DHCS or DPSS that indicates changes to the county of residence or when an ICT was initiated as the eligibility file may not show the expected changes.
  - Once the documentation is uploaded or you have confirmed the dates of the ICT, providers can submit the authorization for the corresponding dates of service.
    - Include miscellaneous note on your actions taken to transfer benefits
  - UM will verify the dates against the county's eligibility file and/or attached supporting documentation and miscellaneous note on actions taken to determine the retroactive authorization period.

Intercounty Transfer Verification

- SAPC updated MEDS visibility; SAPC can now verify updated <u>county of residence</u> listed in MEDS file

- Per [BHIN 21-023](#), LA County of residence is sufficient, effective for dates of service 7/1/2021 onward, for establishing Medi-Cal eligibility

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 <u>file</u> an appeal: **(626) 299-4532**
- Providers or patients who have questions or concerns <u>after</u> receiving a Grievance and Appeals (G&A) Resolution Letter should contact the **G&A number** at **(626) 293-2846**

<u>Clarification</u>
- Phone Number to <u>follow-up</u> with an appeal after receiving a resolution letter: **(626) 293-2846**

Updating FE for MyHealthLA Enrollees now Eligible for Medi-Cal

http://publichealth.lacounty.gov/sapc/NetworkProviders/FinanceForms/FinancialEligibility/DocumentingChangesFinancialEligibilityStatus.pdf

Updating FE for MyHealthLA Enrollees now Eligible for Medi-Cal

Figure 2: Coverage Expiration Date for Applying for Medi-Cal After Benefits Acquisition

The "DMC Medi-Cal" guarantor must be added and set as the primary guarantor using the "Change Order" arrows to move "California Department of Alcohol and Drugs" to the top of the list order (Figure 3). Providers must ensure the *"Coverage Effective Date"* (Figure 4) within the guarantor details corresponds to the same date the Medi-Cal benefits became effective. This information is available on the benefits card or the notification sent to the patient. It is recommended that the patient apply online through the YBN portal so that any needed information can be accessed online easily.

Figure 3: Benefits Acquired During Treatment

http://publichealth.lacounty.gov/sapc/NetworkProviders/FinanceForms/FinancialEligibility/DocumentingChangesFinancialEligibilityStatus.pdf

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

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 →

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.

CalAIM Documentation Redesign

CalAIM Documentation Redesign (BHIN 22-019)

- DHCS removed the requirement to have a point-in-time treatment plan and the requirement that each chart note tie to the treatment plan, effective 7/1/2022 for **non-OTP LOCs**.

- DHCS removed the requirement for clients to sign the treatment plan, effective 7/1/2022, **for non-OTP LOCs.**

- DHCS now requires problem lists to allow active and ongoing updates of a client's evolving clinical picture

- Progress notes reflecting the plan of care, and verification of appropriate billing should align with progress notes.

- Reference: https://www.calmhsa.org/wp-content/uploads/CalMHSA-DMC_DMC-ODS-LPHA-Documentation-Guide-05302022.pdf

Documenting Medical Necessity

The assessment will include the provider's determination of medical necessity and recommendation for services.

The details within the problem list and progress notes will also support medical necessity.

Problem List

» Will include, but is not limited to:

　　» Diagnoses identified by a provider acting within their scope of practice, if any.

　　» Problems identified by a provider acting within their scope of practice, if any.

　　» Problems identified by other providers acting within their respective scopes of practice, if any.

　　» Problems identified by the beneficiary and/or significant support person, if any.

　　» The name and title of the provider that added or removed the problem, and the date the problem was added or removed.

» The problem list will be updated on an ongoing basis.

CalAIM Documentation Redesign – SAPC Requirements

- SAPC will continue to accept treatment plans *that include the name, clinician type, and date of when a specified problem contained within in the plan* for dates of service 7/1/2022 onward, until further notice
  - Updated SAPC documentation training plan will reflect these changes
- For dates of service from 7/1/2022 onward, <u>patient signatures are no longer required</u> on problem lists or treatment plans (for **non-OTP LOCs**)
- SAPC will post an updated paper-based Problem List for use during SAGE downtimes for **<u>non-OTP LOCs.</u>**
- Problem Lists continue to require an LPHA signature in accordance with the *Treatment Plan Update* on <u>Table 17 Treatment Plan Minimum Requirements</u>, pages 176-177 in the <u>SAPC Provider Manual</u>
- Forthcoming SAPC BHIN will provide updated language related to the problem list (for **<u>non-OTP LOCs</u>**) and updated progress note timeliness requirements

Problem List Activity	Level of Care	Minimum Requirement
Initial Problem List **NOTE**: Initial Problem Lists must be completed on Sage or on forms approved by SAPC.	All Withdrawal Management levels of care	Must be completed and signed by LPHA within the treatment episode
	Outpatient Intensive Outpatient Residential	Must be completed upon intake within seven (7) calendar days of first service or first intake appointment for adults (18+), including signature by LPHA. Patient signature no longer required for DOS 7/1/2022 onward. OR Within 14 calendars days of first service or first intake appointment for youth (ages 12-17) including signature by LPHA. Patient signature no longer required for DOS 7/1/2022 onward.
	Opioid Treatment Program	Must be completed upon intake within seven (7) calendar days, and signed by patient and LPHA within 28 calendar days of admission
Problem List Review **NOTE**: When the Problem List Review results in a determination that changes to the Problem List are not necessary, a Miscellaneous Note or Progress Note stating that a Problem List Review was completed must be included in the patient's record. If Problem Lists require modification, a Problem List Update should be performed listing who updated the problem, their professional role, and the date the problem was updated.	Outpatient Intensive Outpatient Opioid Treatment Program	Every 30 calendar days, at minimum
	Residential	Every 15 calendar days, at minimum
Problem List Update: LPHA Signature Required **NOTE**: Problem List Updates involve a review of a Problem List and updating the date of review for each problem. Problem List Updates must be performed on standardized Problem List templates on Sage or approved by SAPC.	Outpatient Intensive Outpatient Opioid Treatment Program	Every 90 calendar days, at minimum – including signature by LPHA
	Residential	Every 30 calendar days, at minimum – including signature by LPHA

COUNTY OF LOS ANGELES
Public Health

SUBSTANCE ABUSE PREVENTION AND CONTROL
PROBLEM LIST

PATIENT INFORMATION		
1. Name (Last, First, and Middle):	2. Date of Birth (mm/dd/yyyy):	3. Medi-Cal or MHLA Number:
4. Address:		

5. Gender:	6. Preferred Language:	7. Race/Ethnicity:	8. Phone Number: Okay to Leave a Message? ☐ Yes ☐ No

9. DSM-5 Diagnosis(es):

10. Was a Physical Exam Completed?
If yes, provide the date the physical exam was completed:
If no, provide the date of scheduled physical exam appointment:

11. Initial Problem List Date:	12. Updated Problem List Date:

PROVIDER AGENCY		
13. Name:	14. Address:	15. Email:
16. Contact Person:	17. Phone Number:	18. Fax Number:

ASAM Dimensions: 1. Acute intoxication and/or Withdrawal Potential; 2.Biomedical Conditions and Complications; 3.Emotional, Behavioral or Cognitive Conditions/Complications; 4. Readiness to change; 5. Relapse Continued Use, or Continued Problem Potential; 6. Recovery Environment

PROBLEM # 1

19. Problem:

20. . Added By:

21. Practitioner Title:

22. Date Added:	23. Dimension(s):
24. Date Removed:	25.Removed By:

Timeline

- The primary users will use the presented instructions when SAGE is available to submit a problem list

- The Problem List Form will be posted on SAPC's Forms page: http://publichealth.lacounty.gov/sapc/NetworkProviders/Forms.htm

- As usual for the clinical form process; secondary providers could submit their problem list form following the SAPC Problem List Form standards to SAPC by sending to: SAPC.QI.UM@PH.LACOUNTY.GOV for review/approval

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