

Utilization Management-Provider Meeting

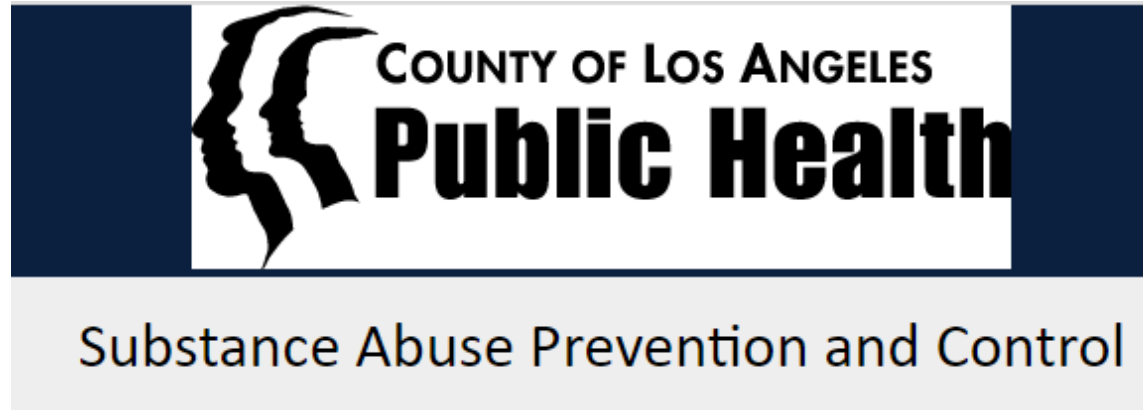
Los Angeles County Department of Public Health
February 15th, 2023
Substance Abuse Prevention & Control



Agenda

- **Medi-Cal Reverification of Eligibility**
- **Intercounty Transfer of Medi-Cal**
- **ASAM 0.5 Level of Care: Early Intervention Services-UM Update**
- **SAPC Referrals-Essential Contact List**

Medi-Cal Reverification of Eligibility



Good morning SAPC Providers,

SAPC is sharing the below news release from the Department of Health Care Services (DHCS). DHCS has launched the public information and outreach campaign to raise awareness about the return of the Medi-Cal eligibility renewal process. Medi-Cal members can learn more about the renewal process and update their contact information to receive updates at [KeepMediCalCoverage.org](https://www.KeepMediCalCoverage.org).

Please also keep the attached file of the news release for more information and direct links to [Covered California](#), [BenefitsCal](#), and [MyBenefitsCalWIN](#):

- [23-06 Medi-Cal Renewal Campaign-2-8-23](#)

SAPC will send out more detailed communication in the coming weeks.

Thank you,

Medi-Cal Reverification of Eligibility



DHCS NEWS RELEASE

DHCS LAUNCHES STATEWIDE MEDIA CAMPAIGN TO HELP CALIFORNIANS KEEP THEIR MEDI-CAL COVERAGE

New Campaign Will Help Medi-Cal Members Stay Covered When Eligibility Renewals Return in April

SACRAMENTO – The California Department of Health Care Services (DHCS) today launched a statewide public information, education, and outreach campaign to raise awareness about the upcoming return of the Medi-Cal eligibility renewal process for all 15.4 million Medi-Cal members, and to encourage them to take steps to keep their coverage.

“We know how much Medi-Cal members value their health coverage, so we want to make sure they know what to do to continue accessing the comprehensive care they need and deserve,” said **DHCS Director Michelle Baass**. “With more than 15 million Californians enrolled in Medi-Cal, we are committed to ensuring enrollees understand the upcoming renewal process and how to take action to avoid gaps in coverage. We are beginning this unprecedented task of resuming normal renewal operations, and we know

DHCS Contacts

1 Update your information

Log into your account to make sure Medi-Cal has your current:

- Address
- Phone number
- Email address

> [Find where to update your information](#)

2 Sign up for updates

Get general updates about what is happening with Medi-Cal renewals by signing up for email and SMS text messages.

Enter your information:

First Name

Last Name

Email

Mobile Phone

Zip Code

Submit



3 Check your mailbox

Counties will mail you a letter about your Medi-Cal eligibility. You may need to complete a renewal form.

If you're sent a renewal form, submit your information by mail, phone, in-person, or online, so you don't lose your

<http://keepmedicalcoverage.org>

Medi-Cal Reverification of Eligibility

- Medi-Cal beneficiaries will begin receiving renewal notices in April 2023
 - Failure to respond to these letters with reverification of eligibility puts patients at risk of losing their benefits.
- Renewal letters will be sent out two months prior the month that the patient's eligibility was initiated, so, for example, Medi-Cal beneficiaries who enrolled in the month of July will receive their notice in May. The initial April 2023 notices will be for patients who's Medi-Cal expires in June 2023.

ICT issue under review by SAPC

- “For FY23, July 1, 2022 to September 30, 2023 14 ICT G&A received, 10 overturned, 4 upheld.”
- Provider locations with proximity to neighbor counties that are not in <http://benefitscal.com>
- ICT process can be challenging for both providers and SAPC
- SAPC workgroup is currently working on the issue and will update the provider network with findings and recommendations

ICT TRANSFER PROCESS- (SAPC collaboration with providers)

- This process is utilized when you identify a Medi-Cal patient who is requesting services but was residing out of county prior to the admission date.
 1. As soon as possible: Contact either your local DPSS office or DPSS in the originating county and inform them that the patient has moved to Los Angeles County so they can initiate the Transfer of Responsibility (which can sometimes take as long as few months)
 2. If the patient is transferring from a county that is currently listed in BenefitsCal (<http://benefitscal.com>), immediately assist the patient to open an account, if he/she doesn't have one yet,. Change the patient's address to Los Angeles County. Once DPSS processes the change (usually takes 1 day – 1 week) a Change Report Summary will be uploaded to the patient's BenefitsCal (<http://benefitscal.com>) account. That completes the transfer the County of Residence to Los Angeles.

3. Make a copy/screenshot of the “**Change Report Summary**” and upload into the patient’s chart under Attachments. What is important is the **Eligibility Date**. It will allow a Treatment Authorization for DMC to be approved starting at that date indicating the patient’s benefits are active and can be billed to Medi-Cal.

4. Make sure to write a Misc Note for all steps you have taken and bill Care Coordination. It is your tracking tool to verify efforts staff have made to facilitate the transfer of benefits.

- Some counties are **not** in BenefitsCal (<http://benefitscal.com>) yet. They are supposed to be onboarded sometime in 2023 according to the BenefitsCal (<http://benefitscal.com>) website. (OC as an example)
 1. In the meantime, you need to have the patient contact the local DPSS office in order to request the Change of Address.
 2. A Notice of Action (NOA) will be mailed to the patient documenting the change.
 3. The NOA needs to be copied and uploaded in the patient's chart under Attachments. It will provide the date of eligibility that indicates when the Medi-Cal has become active in Los Angeles County. (The patient may have an NOA received from another county. It will not serve as proof of eligibility in L.A. County)

4. You may then request your Treatment Authorization for DMC.
5. Make sure to document all steps taken in Misc. Notes and bill Care Coordination. It is your tracking tool to verify efforts staff have made to facilitate the transfer of benefits.

Once you have the Medi-Cal information provided on the Change Report Summary or NOA, enter it into the Financial Eligibility form in the patient's chart. Be sure to enter the eligibility date indicated on the documents or it will not bill correctly.

Once you receive one of the 2 documents, if you have any trouble verifying patient Medi-Cal eligibility in the DHCS system, reach out to sapc.qi.um@ph.lacounty.gov (without patient PHI) to request assistance.

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

ASAM 0.5 Level of Care: Early Intervention Services-UM Update

- Prevention LOC replacing 1.0 AR
- No SUD diagnosis
- Youth/young adults 12 – 20
- Funding source similar to other LOC s
- 1.0 Providers → 0.5 providers
- Screener
- No patient signature/No LPHA signature is required
- Currently accepting authorization requests at UM



**SUBSTANCE ABUSE PREVENTION & CONTROL
ASAM SCREENER FOR YOUTH & YOUNG ADULTS**

Attachment I

The ASAM Screener for Youth and Young Adults must be used to document eligibility for Early Intervention services for youth (12-17) and young adults (ages 18-20) as described in bullet 2 of the eligibility information below:

Eligibility for SUD Services for Individuals Aged 20 and Under:

- 1) SUD Treatment Services (Requires: Assessment Tool-Youth (Ages 12-17) or Full ASAM Assessment (18-20))
Meet criteria for at least one diagnosis from the current DSM for Substance-Related and Addictive Disorders, with the exception of Tobacco-Related Disorders and Non-Substance-Related Disorders.

OR

- 2) Early Intervention Services
(Requires: ASAM Screener for Youth and Young Adults (Ages 12-20))
Meet Early and Periodic Screening, Diagnostic and Treatment (EPSDT) criteria to ameliorate or correct a substance related condition, with the exception of tobacco-related conditions and non-substance related conditions.

Youth/Young Adult Demographic information				
Youth/Young Adult Name: <input type="text"/>	Date: <input type="text"/>	Phone Number: <input type="text"/>	<input type="checkbox"/> Mobile	
Okay to leave voicemail. <input type="checkbox"/> Yes <input type="checkbox"/> No				
Parent / Guardian Name (for youth 12-17): <input type="text"/>				
Address or Zip Code: <input type="text"/>				
DOB: <input type="text"/>	Age: <input type="text"/>	Gender: <input type="text"/>		
Race/Ethnicity: <input type="text"/>	Preferred Language: <input type="text"/>	Medi-Cal ID #: <input type="text"/>		
Other ID# (Plan): <input type="text"/>				
Insurance Type: <input type="checkbox"/> None <input type="checkbox"/> Medicare <input type="checkbox"/> Medi-Cal <input type="checkbox"/> Private <input type="checkbox"/> Other				
(plan): <input type="text"/> (plan): <input type="text"/> (plan): <input type="text"/> (plan): <input type="text"/>				
Living Arrangement: <input type="checkbox"/> Homeless <input type="checkbox"/> Living with family <input type="checkbox"/> Living in foster care <input type="checkbox"/> Other (specify):				
Referred by (specify): <input type="text"/>				

1. What are the main reasons you are seeking help today?
2. Which other services, such as physical or mental health counseling, are you receiving? Please describe.
3. Which family, financial, legal, or school problems are you experiencing? Please describe.

EPSDT Eligibility Criteria for Early Intervention Services for Youth and Young Adults:

Screen patient using the following six ASAM dimensions to identify SUD risk factors. Patient must be determined to have one or more risk factors to meet EPSDT criteria for Early Intervention Services. Note: Consideration of SUD risks must take into account all six dimensions, as interaction among the dimensions may increase or decrease their SUD risk. Some SUD risk may require the presence of multiple risk factors among the dimensions. (See Guidance for Completing the ASAM Screener for Youth and Young Adults for more detailed instructions).

ASAM Dimension	Example of At-Risk Indicators (check all that apply)
Dimension 1: <i>Acute Intoxication and/or Withdrawal Potential</i>	Have you experienced any of the following? <ul style="list-style-type: none"> <input type="checkbox"/> Any past year substance use (complete table on page 3) <input type="checkbox"/> Early initiation and misuse of substances (under 12 years of age) <input type="checkbox"/> Route of use: Injecting substances <input type="checkbox"/> History of prior overdose <input type="checkbox"/> Previous treatment for alcohol, tobacco/nicotine, or drug use <input type="checkbox"/> Other: _____
Dimension 2: <i>Biomedical Conditions / Complications</i>	Do you have any medical/physical health condition(s) we should know about? <ul style="list-style-type: none"> <input type="checkbox"/> Chronic pain <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Pregnancy <input type="checkbox"/> HIV/AIDS, other sexually transmitted infection <input type="checkbox"/> Other: _____
Dimension 3: <i>Emotional, Cognitive, Behavioral Health Conditions / Complications</i>	Have you experienced any depression, anxiety, or other mental health issues? <ul style="list-style-type: none"> <input type="checkbox"/> Depression <input type="checkbox"/> Anxiety <input type="checkbox"/> Compulsive behavior <input type="checkbox"/> ADHD (Attention Deficit Hyperactivity Disorder) <input type="checkbox"/> PTSD (Post Traumatic Stress Disorder) <input type="checkbox"/> Other Mental health issues: _____
Dimension 4: <i>Readiness to Change</i>	Thinking about the effects of substance use, which area(s) of your life is most impacted by alcohol or other drug use? <ul style="list-style-type: none"> <input type="checkbox"/> School <input type="checkbox"/> Work <input type="checkbox"/> Personal Relationships (Family/Friends/Romantic Partners) <input type="checkbox"/> Hobbies/Recreation <input type="checkbox"/> Other: _____ Do you think you need treatment services to help change your use of substances? <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No, it is not a problem. <input type="checkbox"/> No, I can stop anytime without help.

<p>Dimension 5: <i>Relapse / Continued Use or Problem Potential</i></p>	<p>Are there any particular situations or stressors that would make you want to use?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Cravings, withdrawal symptoms, or negative effects of substance use <input type="checkbox"/> Social Pressure (friends/partners, families, at school, at work, at home) <input type="checkbox"/> Triggers, including managing feelings/emotional stressors (trauma, sexual/gender identity, anxiety, depression, boredom, anger, etc.) <input type="checkbox"/> Other: _____ <p>At this time, which stressor(s) above are most problematic for you?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Stressor: _____
<p>Dimension 6: <i>Recovery Environment (Living Situation)</i></p>	<p>Do you currently live in an environment where others are regularly using drugs or alcohol?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Friends and/or family who use substances <p>Which situations in your life that make not using substances or cutting back substance use more difficult?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Lack of social support <input type="checkbox"/> Threatening relationships (gang, bullying, victimization) <input type="checkbox"/> Unstable housing / homelessness <input type="checkbox"/> Academic difficulty <input type="checkbox"/> Criminal-legal system involvement (such as juvenile hall and/or jail/prison) <input type="checkbox"/> Other: _____

Past Year Substance Use:

Complete the following screening of past year substance use (based on the [S2BI tool](#)):

<i>In the past year, how many times have you used the substance(s) listed below?</i>	Never	Once or Twice	Monthly	Weekly or More
1. Tobacco Products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Marijuana	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Illegal Drugs <i>(e.g., heroin, fentanyl, cocaine, methamphetamine, and Ecstasy)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Prescription drugs that were not prescribed for you <i>(e.g., Pain Medication such as Vicodin or Percocet, Sedatives such as Valium or Xanax, or Stimulants like Ritalin or Adderall)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Inhalants <i>(e.g., nitrous oxide)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Herbs or synthetic drugs <i>(e.g., opium, K2, or bath salts)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ASAM 0.5 Level of Care: Early Intervention Services

Early Intervention Services are a benefit for youth aged 12-20

1. When should providers submit an authorization request for 0.5 Early Intervention LOC to UM?
2. What types of documentation should be completed in Sage?
3. Timeliness of documentation
4. How long are these Authorizations?
5. How many 0.5 authorizations has UM reviewed?
6. Any issues based on current reviews?

When Should Providers Submit Authorization Requests for 0.5 Early Intervention Level of Care to UM?

- For any enrollment that took place on or after **11/1/2022**
- For any existing clients who are still participating in early intervention (formerly known as at-risk) services on **11/1/2022**

What documentation for 0.5 Early Intervention Services Should be Completed in Sage?

- Financial Eligibility Form - DMC and Non-DMC, Medi-Cal number and LA County residency
- Diagnosis Form
- Miscellaneous Note
- Clinical Contact Form
- An upload ***ASAM Screener for Youth and Young Adults*** (for initial and reauthorizations)

Timeliness of Documentation for 0.5 Early Intervention

- Screener must be completed within 30 days from the first date of service to align with our 30 day auth submission policy

Authorization Duration?

- If there is existing eligibility, the authorization end date will align with it, just like how UM handles authorizations for other level of care in the same situation.
- If there is no existing eligibility, the authorization will be 6 months in length.

How Many 0.5 Early Intervention Authorizations Have UM Reviewed?

- UM has reviewed > 40 authorization requests for ASAM 0.5 Early Intervention level of care.

Common Issues?

- If client has a DSM-5 diagnosis, client should be in 1.0 or higher level of care or there needs to be a documented justification for 0.5 Early Intervention LOC placement below what would otherwise have been a medically necessary LOC
- Authorizations with start date of service prior to 11/1/22
- No ASAM Screener for Youth and Young Adults attached in Sage
- No diagnosis

SAPC Referrals-Essential Contact List



UNIT/BRANCH/CONTACT	EMAIL/Phone Number	Description of when to contact
Sage Help Desk	Phone Number: (855) 346-2392 ServiceNow Portal: https://netsmart.service-now.com/plexussupport	All Sage related questions, including billing, denials, medical record modifications, system errors, and technical assistance
Sage Management Branch (SMB)	SAGE@ph.lacounty.gov	Sage process, workflows, general questions about Sage forms and usage
QI and UM	SAPC.QI.UM@ph.lacounty.gov UM (626)299-3531- (No Protected Health Information PHI)	All authorizations related questions, Questions about specific patient/auth, questions for the office of the Medical Director , medical necessity, secondary EHR form approval
Systems of Care	SAPC_ASOC@ph.lacounty.gov	Questions about policy, the provider manual, bulletins, and special populations (youth, PPW, criminal justice, homeless)
Contracts	SAPCMonitoring@ph.lacounty.gov	Questions about general contract, appeals, complaints, grievances and/or adverse events. Agency specific contract questions should be directed to the agency CPA if known.
Strategic and Network Development	SUDTransformation@ph.lacounty.gov	DHCS policy, DMC-ODS general questions, SBAT
Clinical Standards and Training (CST)	SAPC.cst@ph.lacounty.gov	Clinical training questions, documentation guidelines, requests for trainings
Phone Number to file an appeal	(626) 299-4532	
Grievance and Appeals (G&A)	(626)293-2846	Providers or patients who have questions or concerns after receiving a Grievance and Appeals Resolution Letter or follow up with an appeal.
CalOMS	HODA_CalOMS@ph.lacounty.gov	CalOMS Questions
Finance Related Topics	SAPC-Finance@ph.lacounty.gov (626) 293-2630	For questions regarding Finance related topics that are not related to billing issues
Out of County Provider	Nancy Crosby (ncrosby@ph.lacounty.gov)	Out of county provider requesting assistance in submitting authorization for LA County beneficiary & resident Intercounty Transfer / Medi-cal eligibility (MEDS- acceptable aid codes) / Applying for Medi-cal general questions
SASH	(844) 804-7500	Patients calls requesting for service

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