



# Service Authorization Requests: Tips and Troubleshooting

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

QI & UM Provider Meeting: February 26, 2019



# Objectives

- ❖ Identify common challenges that occur when reviewing service authorization requests
- ❖ Highlight tips for documentation submission that can facilitate review for approval
- ❖ Review documentation examples with audience input



## Review: What is the QI & UM Team?

- QI & UM Team is part of the Clinical Services and Data Analytics Branch
- QI & UM Team includes licensed practitioners from a variety of disciplines, including:
  - Addiction Psychiatrists
  - Clinical Psychologists
  - Mental Health Registered Nurses
  - Registered Nurses
  - Licensed Clinical Social Workers



## Multidisciplinary Clinical Team

- QI & UM staff are licensed clinicians with experience treating patients
- QI & UM serves as a “gateway” to SUD services for DMC, MHLA and other eligible patients seeking SUD services in Los Angeles County
- Every request for SUD services for all levels of care are reviewed by QI & UM staff
- QI & UM staff use their clinical experience and skills to evaluate and facilitate appropriate services for SUD patients, including confirming:
  - Patient has at least one DSM-5 SUD diagnosis
  - Patient meets medical necessity for level of care requested



## Common Challenges

What are some common challenges that come up when we are reviewing authorization service requests?



## **Challenge #1: Missing provider staff contact information**

- Remember to provide the following in the clinical contact section:
  - Staff name
  - Treating Facility Address
  - Phone number



## Challenge #2: Incomplete documentation

- Submit service requests when:
  - ALL documents are included
  - ALL documents are finalized
- Remember to review the “Checklist of Required Documentation for Utilization Management” on the SAPC website  
( <http://publichealth.lacounty.gov/sapc/NetworkProviders/ClinicalForms/TS/SageVersion-ChecklistEligibilityVerificationServiceAuthorizations.pdf> )



## **Challenge #3: Responding to requests for additional information**

- Sometimes, we see resubmissions of the same information as before
- Remember: you have 3 business days to submit missing information once we request it





## **Challenge #4: Submitting authorization request for services not in agency's contract**

- Authorization requests should only be submitted for services approved in agency's contract with SAPC
  - Ex: If you are treating a pregnant woman, make sure you are contracted to provide Perinatal PPW services before submitting an authorization request
  - If you are not sure if you are contracted to provide these services, please call your Contract Program Auditor



## Why does documentation matter to QI & UM?

- Why document?
- What is considered documentation that will help justify your service authorization request?
- How should it look?



## What is clinical documentation?

- ...“anything in the patient’s health record that describes the care provided to that patient, and its rationale. It is **observational** and **narrative** in content and is written by counselors and clinicians to **analyze the process** and **contents** of patient encounters.”



# Why document?

- Ensure comprehensive and quality care
- Ensure efficient way to organize and communicate with other providers
- Protect against risk and minimize liability
- Comply with legal, regulatory, & institutional requirements
- Facilitate quality improvement & application of utilization management



# Why is documentation important for QI & UM?

- Standardized documentation by counselors, clinicians, and staff helps with
  - treatment consistency
  - improves quality of care
  - success rate for approving service authorization requests



# What documentation does QI & UM review?

- Service Authorization Request Form
- ASAM Assessment
- Financial Eligibility
- DSM-5 Diagnosis
- Treatment plan and future updates
- Miscellaneous Notes
- Cal-OMS admission/discharge data
- Information related to special populations (e.g. PPW, criminal justice)
- Discharge and Transfer forms
- Additional clinical documentation as needed



# Why is documentation so important?

- With documentation you are **telling the story of the patient and their treatment**-Auditors, UM, Supervisors, are not in the session
- Your choice of words influences how others “read” or interpret the patient
- You are also **reflecting** on the work you have done with the patient and determining what the plan is moving forward



## Where does QI & UM look for medical necessity?

- ASAM Assessment
- DSM-5 Diagnosis
- Treatment plan and future updates
- Miscellaneous Notes





## **What goes into justifying a level of care when writing a miscellaneous note?**

- Description of the level of care in which patient will receive treatment
- Other levels of care considered
- Specific reasons why level of care requested was selected



## Template for level of care justification

Given the patient's history and condition, the patient is determined to be appropriate for \_\_\_\_ [INSERT APPROPRIATE LEVEL OF CARE IN WHICH PATIENT WILL BE PLACED]. While the other level(s) of care of \_\_\_\_ [ENTER OTHER CONSIDERED LEVEL(S) OF CARE] were considered, the patient was ultimately determined to be most appropriate for \_\_\_\_ [ENTER LEVEL OF CARE PATIENT WAS REFERRED TO] because \_\_\_\_ [DESCRIBE THE SPECIFIC REASONS WHY THE REFERRED TO LEVEL OF CARE IS BEST FOR THE PATIENT, INCLUDING IF AND WHY PATIENT IS BEING STEPPED UP/DOWN LEVEL OF CARE].



## Brief clinical scenario

- 32-year old single man who is unemployed and at risk of losing his housing
- 5-year history of a methamphetamine use disorder
- ASAM Assessment recommends residential treatment



## Miscellaneous note justification example #1

### Scenario:

- 32-year old single man who is unemployed and at risk of losing his housing
- 5-year history of a methamphetamine use disorder
- ASAM Assessment recommends residential treatment

### Note:

- “The client requested residential treatment and is appropriate for these services”



## Miscellaneous note justification example #2

### Scenario:

- 32-year old single man who is unemployed and at risk of losing his housing
- 5-year history of a methamphetamine use disorder
- ASAM Assessment recommends residential treatment

### Note:

- “The patient is at risk of relapse if they do not receive these services”



## Miscellaneous note justification example #3

### Scenario:

- 32-year old single man who is unemployed and at risk of losing his housing
- 5-year history of a methamphetamine use disorder
- ASAM Assessment recommends residential treatment

### Note:

- “The ASAM indicates that the client needs residential treatment, but we do not provide this level of care at this site. Therefore, he is placed in outpatient services (ASAM 1.0)”



## Miscellaneous note justification example #4

### Scenario:

- 32-year old single man who is unemployed and at risk of losing his housing
- 5-year history of a methamphetamine use disorder
- ASAM Assessment recommends residential treatment

### Note:

- “Based on the patient’s ASAM assessment and clinical history, we recommend residential services. While outpatient services were considered, residential services were most appropriate due to his high-risk of relapse in the community and his identification of several community stressors.



## Top Miscellaneous Note Challenges

- Unclear why client needs requested level of care (e.g. request for WM management but no discussion of withdrawal symptoms)
- Justification notes are not individualized to the patient
- Provider indicates that miscellaneous note not needed because information is located elsewhere (e.g. ASAM Assessment or Treatment Plan)





## Documentation for treatment plans

- Treatment plans should be individualized and should include:
  - SUD-specific treatment goals
  - Address the needs identified in the clinical assessment
  - Support medical necessity for treatment
  - Have specific timeframes for goal/objective completion



# Treatment Plan and Medical Necessity

- Medical Necessity on the treatment plan is determined by how the goals, problems and objectives address the areas of need identified on the ASAM, by the patient, counselor and LPHA.
- Problems and Objectives that are too broad or limited might not demonstrate the true intent of the medically necessary service.

Problem	Goal	Objective	Target Date
“My life is bad because I use cocaine”	I want to stop using cocaine	Stop using cocaine	1 month
“I am in danger of losing my job because of my cocaine use”	I want to keep my job and stop using cocaine	Reduce cocaine use from 5 times per week to 0 times per week	2 weeks



## When updating the treatment plan:

- Review whether previous objectives are still relevant or should be closed (add date of completion)
- Provide updated goals, objectives and time frames after reviewing potential challenges:
  - Barriers
  - Motivation difficulties
  - Treatment resistance



## Top challenges identified in treatment plans

- No SUD-related treatment goals
- Goals/objectives do not change at each treatment plan update
- No specific timeframes listed for goal/objective completion
- Provide no information about outcomes or progress toward meeting goals/objectives



## Summary

- QI & UM supports your efforts to provide care
- Making minor adjustments to your submission routine can help to avoid authorization pitfalls
- Documentation quality can support your efforts to get your services authorized



## **Important SAPC Contact Information**

- **QI & UM general line: 626-299-3531**
- **Billing: 626-299-4175**
- **Contracts: 626-299-4532**
- **Netsmart Helpdesk: 1-855-346-2392**
- **SASH: 844-804-7500**



## Future CST Trainings

Clinical Standards and Training Unit is conducting a series of documentation trainings. For more information, please go to the Training section of the SAPC webpage and look for the Training Calendar at:

<http://publichealth.lacounty.gov/sapc/Event/event.htm>



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