

**County of Los Angeles – Department of Public Health Substance Abuse  
Prevention and Control (SAPC)  
Quality Improvement / Utilization Management Operational Workgroup  
Thursday, May 12, 2016 from 1:00 PM-3:00 PM**

**NOTES**

<p><b><u>Provider Attendees</u></b>          Hiroko Makiyama, AADAP          Lorette Herman, Alcoholism Center for Women          Daniza Montes-Arellano, BAART          Louie Morales, BAART          Mahshid Reaves, BAART Programs          Monique Anderson, BAART - Lynwood          Efrain Marquez, Behavioral Health Services, Inc.          Alma Bretado, CHCADA          Nahara Martinez, CHCADA          Lucy Marrero, Child family Center          Elaine De Simone, Clinica Romero          Chris Botten, CLARE foundation          Anene Schneir, CHLA          Irene Lim, Children’s Hospital Los Angeles          Brandy Gadino, CRI-Help          Marlene Nadel, CRI-Help          Donna Palmer, EL Dorado Community Service          Centers/American Health Services          Lindy Carll, Grandview Foundation, Inc.          Jihan Mockridge, Helpline Youth Counseling          Erika Aguirre-Miyamoto, HHCLA          Amber Ron, HHCLA          Christina Lynn Gonzalez, IMPACT Principles, Inc          Mark Paquet, IMPACT House          Juan navarro, L.A.C.A.D.A.          William Tarkanian, L.A.C.A.D.A.          Dan George, Matrix Institute on Addictions          Linda Elliot, NCADD -SFV          David Martel, Pacific Clinics          Gloria Pascual, Palm House Inc.          Charlene Scott, People Coordinated Services          Virgie P. Walker, People Coordinated Services of          Southern California          Erik Sherman, Phoenix House          Nicole Unrah, Prototypes          Vivian Chung Easton, Prototypes          Jennifer Lundahl, Safe refuge          Martha Cabrera, SCADP          Serina Rosenkjar, SFVCMHC</p>	<p>Jim O’Connell, Social Model Recovery          Services, Inc          Georgia Madeira, Shields for Families          Nancy Otman, Spirit Family Services          E’zinne Chukwudi, Southwest Care, Inc.          Ike Chukwudi, Southwest Care, Inc.          Ken Bachrach, Tarzana Treatment Centers          Jefferson Sa, Sunrise Community Counseling          Jennifer Bre, Sunrise Community Counseling          Jorge Reyes, Watts Healthcare Corp-House of          UHCUU          Kat Karimi, Wishire Treatment Center          Joseph Tanifor, You Can Health Services          Rose Ndisang, You Can Health Services</p> <p><b><u>SAPC Attendees</u></b>          Gary Tsai          Anthonne Moore          Cecilia Dominguez          Cynthia Lopez          Cynthia Rojas-Lopez          Liz Norris          Mildred Reyes-Martinez          Mike Martinez          Naira Arquell          Tim Dueñas          Way Wen          Wayne Sugita</p> <p><b><u>UCLA Attendees</u></b>          Desirée Crèvecoeur-MacPhail          Sarah Cousins          Rachel Gonzalez          Irene Valdovinos</p>
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1. Welcome: G. Tsai welcomed the attendees. T. Kim distributed a survey for attendees to complete and thanked them for their participation.
2. Conference Call-in Protocol Reminder: D. Crèvecoeur-MacPhail reminded the group

that roll call will no longer be taken. In-person attendees should sign the sign-in sheet. Conference call attendees should e-mail M. Mok to inform her of their attendance.

3. Organized Delivery System Waiver: SAPC continues to work on the fiscal plan, which will be developed by the end of May 2016.

- a) Q: Timeframe for implementation? A: The anticipation is July 1, 2017. SAPC needs staff to meet requirements of the waiver and the online system must be in place. Comment: Having to wait another year to implement ODS does not sit well with some providers. Changes in staffing patterns, etc. will not likely happen until “Day 1” of implementation Response: Although the intent was to implement at the end of the year, there are actions that are beyond the SAPC’s control. Comment: Providers could advocate with the Board of Supervisors.
- i. Q: Is implementing non-residential pieces feasible? A: It is not feasible because there are too many pieces that are interconnected, and to do it piecemeal would result in complications.
  - ii. Q: Are some components being implemented, like “My Health LA”? A: SAPC’s understanding is that My Health LA will be implemented in the summer of 2016, perhaps as early as June.
  - iii. Q: Does the Medical Director (MD) need to continue to sign off the treatment plan until the DMC-ODS is implemented? A: A. Moore clarified that initial treatment plan can be completed by the counselor/therapist and signed by the beneficiary and the physician. However, if the physician has not prescribed medication, a psychologist licensed by the State of California Board of Psychology may review for medical necessity, type or legibly print their name and sign and date an updated treatment plan. There are a lot of changes surrounding Title 22 and this is one of them. A. Moore will distribute the text regarding the ruling, which was effective as of March 22, 2016. SAPC is currently in the process of confirming this change.
  - iv. Comment: G. Tsai stated that is important that staff be ready for implementation and to please continue to send them to ASAM trainings. Q: Is there an electronic fillable version of the ASAM assessment tool that providers can use now? A: Not yet, SAPC will work on providing that. Q: Should we roll these forms out now? A: It depends on the form. Authorization forms and ASAM assessments

are not currently required. The providers can start to use the templates for progress notes and treatment plans if they want.

- b) Q: Drug Medi-Cal auditors penalized a provider for using their Medi-Cal forms, despite the fact that the forms were from Medi-Cal itself. The auditor stated that it is the providers' responsibility to keep up to date with current forms. Given this negative experience, will the SAPC forms come with a disclaimer? A: It depends on what you were dinged on. The content of the progress notes is user-specific. The format will not impact expectations of what is in the progress note. Q: Are the internal auditors at SAPC reviewing the forms? A: Contracts has looked at the forms, but SAPC will send the forms to them again. Thank you for the suggestion.
- c) Q: Are we still expected to administer the ASI in addition to the ASAM? A: No, not for the ODS. Just ASAM. Comment: Technically providers can use the ASI and also include the ASAM questions at the end. Response: Yes, just keep in mind the patient experience. In addition, SAPC is piloting the ASAM Continuum to determine if it meets LA County's needs clinically and financially. Comment: The ASAM does not allow the patients to report what they think is important to them (as is the case with the ASI). Response: There is room for that flexibility via comments. Comment: The severity scores will decrease if treatment is working and this is useful. Response: If re-assessing using the ASAM, the provider should have an idea of progress. Comment: ASI allows for easy data analysis and also allows for a comprehensive narrative that indicates what is important to the client, which can be communicated to various providers, which is helpful when staff turnover, etc. Response: D. Crèvecoeur-MacPhail clarified that the output of the ASAM continuation software includes a narrative.
- d) Q: Are there efforts to align SAPC rates with DMH rates? A: Yes. Alignment requires a negotiation with the state and it depends on what the state allows. This is an issue that is important to SAPC.

#### 4. Training:

- a) Upcoming Trainings: C. Oh summarized highlights of training. Please make sure to disseminate this information to program staff.
- b) Training Schedule:
- i. ASAM: June 6 and June 17.
  - ii. Motivational Interviewing: May 16.

- c) Training Requirements:
  - i. ASAM e-Trainings: Modules 1 from Change Companies (pre-requisite for ASAM trainings and state requirement)/ Module 2 from Change Companies (state requirement only)
  - ii. Motivational Interviewing Pre-requisite: A Tour of Motivational Interviewing (<http://tinyurl.com/hbenh3g>)
- d) Regional Trainings: SAPC would like to centralize training efforts. A representative sample of training sites was selected. Providers may receive a call from UCLA's Jessica Sinks regarding holding trainings at their sites. Should you receive the call, please keep in mind that the benefit of holding a training at your site is that half of the participant spots will be open to your site's staff.
- e) UCLA/SAPC Lecture Series: The Marijuana Lecture was received well. The next Lecture is scheduled July 29, 2016. R. Gonzales will discuss the harms in the brain with youth. Dr. Elizabeth D'Amico will discuss intervention approaches.
- f) Upcoming Conferences/Workshops - Trauma Informed Workshop: The workshop will be May 18, 2016 from 9:30am-4:30pm and it will cover women, HIV, and co-occurring disorders. Although there is wait list, keep in mind that SAPC providers have access to priority registration.
- g) Q: Will SAPC consider the train the trainer model? A: Yes, this is currently under discussion at SAPC.

## 5. Youth System of Care:

- a) Organizational Needs Assessment: R. Gonzales thanked providers for making space and time for the site visits. Many positive activities are being conducted under the service delivery system. However, there are a lot of needs and challenges too. Site visits will complete within the next few weeks. T. Dueñas clarified that AITRP programs are the main focus within the needs assessment.
- b) Update on State-level activities: T. Dueñas attended the youth advisory workgroup at the state. The state is discussing the treatment service guidelines for youth. Given this state-led effort, there will be discussions unfolding within SAPC and with SUD providers to help the state develop a formal set of guidelines.
- c) ASAM for Youth: R. Gonzales reported that many YOSC providers are

asking her, “Where is ASAM assessment tool for youth?” This process will not be rushed, but will develop with the needs of youth in mind.

6. QI/UM Program Plan: Over the past year, SAPC has discussed several QI/UM components with providers. SAPC previously disseminated the plan and will not print out the plan at forthcoming meetings. The current draft was e-mailed prior to the meeting. Please be sure to review the QI/UM Program Plan.
  - a) Key Components of QI/UM Program: SAPC has selected key areas to focus on to ensure that providers have a good understanding of the breadth and depth of the program plan. In future meetings, SAPC will take some time to review “key components” of the QI/UM plan. The first area of focus will be the residential authorization process, a continuation of the discussion from the prior meeting:
    - i. Residential Authorization Process: W. Wen asked for feedback on residential authorization process flow charts. Based on the feedback from the last meeting, some changes were made. For example, the verification of perinatal and Criminal Justice status was required for requesting initial service authorization, The requirement has changed to requiring the verification for re-authorization instead of the initial authorization.
  - b) Treatment Plan Review Form: SAPC presented a Treatment Plan Review Form that was developed based on discussion from the prior workgroup meeting. There was considerable concern expressed by providers about the need for a separate form to document a treatment plan review. Specifically, providers felt that the newly developed form created a cumbersome process with potential for auditing consequences. A provider clarified that the request for a formal process was based on concern around documentation. Therefore, the form request was based on fear of auditors. Instead, providers would like a way to check a box to communicate that a review was completed. G. Tsai indicated that a check box would not be sufficient. Based on group consensus the treatment plan will be updated to include following two statements: “The treatment plan was reviewed. See progress note dated \_/\_\_\_/ (signature).”
  - c) Verification of Benefits Form: The revised service authorization request form contains instructions that were changed based on the feedback. W. Wen asked for feedback on the instructions. G. Tsai asked that providers carefully review all forms. Q: What is the difference between service authorization request and eligibility authorization? A: SAPC clarified that eligibility refers to DMC eligibility while service authorization refers to specific services that must have pre-authorization (MAT for youth and

residential). Eligibility for DMC is assessed every 6 months for every non-OTP and 12 months for OTP. Comment: This is similar to the commercial world. If a patient is attending treatment for the first time, providers would submit both forms. Solution: To clear confusion surrounding form and process names, the eligibility authorization request form will be renamed to the Verification of Benefits Form.

- d) Eligibility Authorization Process: Refers to MAT for youth and residential services.
- i. Q: When moving from 3.5 to 3.1 is there a pre-authorization and can that be specified on the form? A: No pre-authorization is required. And yes, that piece of information (no pre-authorization is required when stepping down in residential services, as long as the step down takes place within the treatment time currently authorized) will be included.
  - ii. Q: Does the clock stop in terms of how many days someone is authorized for residential treatment when the patient is transitioned to a different level of care? A: No. Q: Are there any exceptions to allow residential admission? For instance, what if a patient leaves after 3 days, and then they come back 6 months later. Is that counted? A: Per the state, there are 2 residential admissions per year. Q: Can this be challenged under Mental Health Parity? A: SAPC was informed that Parity does not apply to the Waiver.
- e) Q: Weren't we going to have a one-page form for justification of medical necessity. A: W. Wen reported that the county is still considering this. This will be investigated further in the pilot program. Q: Why not the ASAM tool to justify? A: G. Tsai asked that the group allow SAPC to consider that more. Q: It seems we need progress notes if the treatment plan review is discussed in progress notes. Comment: Commercial companies have a Utilization Review (UR) form. Response: W. Wen stated that some managed care do have a UR form, however others review medical record (progress notes, etc). SAPC is seeking approval for the implementation of an electronic system so SAPC could access the notes electronically. Comment: It needs to be more focused and targeted because progress notes will not be enough. Response: Yes, that is true but this is why we wanted to look at progress notes in addition to other documents. Comment: Currently progress notes in the system are insufficient. A weekly note is likely not going to be sufficient for ODS. We'll probably have to do a daily note.

7. ASAM Continuum Software (ASAM-CS) Pilot: SAPC is conducting a pilot of the full

ASAM which will commence June 1<sup>st</sup>. The pilot will assess the length of time required to complete the assessment, how comfortable counselors are using the continuum, if it is beneficial to use the ASAM-CS, etc. In addition, the pilot will assess if familiarity with software or training efforts increases counselor knowledge of SUD diagnostic principles. If there is sufficient data available, UCLA will also explore translation services and how this affects the time requirements.

- a) Q: Will ASAM CS interface with electronic health records? A: FEI is working with development team of ASAM CS. If SAPC moves forward with the system, it would be integrated into the electronic system known as WITS. A decision regarding WITS is expected this year. Q: Some providers spent a lot of money on electronic systems and now they will be required to use ASAM-CS?! A: There is no requirement to use ASAM-CS. Providers can use the paper ASAM. That said, the utilization review process is easier for the provider and for the reviewer if an electronic version is used.
- b) Q: Is WITS compatible to DMH? A: No. Q: Will WITS have data analysis capability? A: Yes. SAPC is also revising LAPCRS to reduce redundancy and attempt to decrease the data burden.

8. Next Meeting Date: Thursday, June 2, 2016 from 1pm – 3pm