COUNTY OF LOS ANGELES
Public Health
Substance Abuse Prevention and Control

QI & UM Checklist of Required Documentation

Sage Version 8.0 (Updated 09/2026)

Member Authorizations:

- Service Authorizations within Sage are required for all levels of care, Recovery Bridge Housing (RBH) and Recovery Incentives-Contingency Management (RI-CM)

Payment & Operations Release of Information (PO-ROI):

- This form is required for all clients and is necessary for submitting claims to SAPC and third-party payors, including DHCS and managed care plans. Without this form, service authorizations cannot be reviewed, and providers cannot bill for services rendered.

Service Authorization updates:

- See SAPC Information Notice 22-17 for details on authorization submission for At-Risk populations

For service authorizations, please ensure you utilize appropriate ASAM:

- Youth = 17 and younger years of age – SAPC Paper ASAM Assessment for Youth
- Young Adults = 18 to 20 years of age – ASAM CONTINUUM Comprehensive Assessment
- Adults = 21 years of age & over – ASAM CONTINUUM Comprehensive Assessment
- For 0.5 = 17 and younger (Youth) and 18 to 20 (Young Adult) – ASAM Screener for Youth and Young Adults

Documentation:

- To reduce risk of denials and avoid review delays- do not submit authorization until all documentation is complete and LPHA finalized (as applicable)
- For Intercounty Transfers (ICT) submit the authorization when **one** of the following is available:
  - A Change Report Summary is uploaded in the patient's chart indicating Los Angeles County with the eligibility date
  - A Notice of Action (NOA) from LA County is uploaded in the patient chart indicating Los Angeles County with the eligibility date
  - SAPC has confirmed the address change or new eligibility in Automated Eligibility Verification System (AEVS), Avatar MEDS or MEDSLITE
- All Sage forms & assessments must be completed and signed on the date indicated on the documentation
- Do not back or forward date documentation; chart in real time
- If you are experiencing technical issues and unable to chart in real time; contact Netsmart Helpdesk and the QI & UM department at 626-299-3531 for guidance
- If you are unable to temporarily access electronic clinical forms, please visit this link for paper versions of SAPC-required forms to ensure prompt documentation (e.g. ASAM Assessment, treatment plans)
  - Enter a Progress Note describing technical issue and include Netsmart Helpdesk ticket number

Medical Necessity Justification Progress Note -Required for all authorizations:

- Briefly explain how patient meets requested level of care
- Include information on patient's SUD history, current clinical condition, & progress in treatment; must be finalized by LPHA and/or LPHA eligible staff

ASAM Reassessment:

- For details on when an ASAM reassessment is required, refer to document titled "ASAM Assessment Requirements for Level of Care Transitions"
- Information from previous ASAM CONTINUUM Comprehensive Assessment may be pulled forward for re-assessment purposes; **update clinical info as needed** and time/date of re-assessment

Eligibility verification period extending past requested authorization dates of service:

- See **Eligibility Verification and Member Authorizations**
- Recovery Bridge Housing (RBH) requires concurrent enrollment in outpatient services. Outpatient treatment provider is responsible for the extension of eligibility verification period

Grievance and Appeal Process (G&A):

- Please refer to the Appeal form and Grievance/Complaint form for additional details

Initial Engagement Non-Residential Authorizations for Adults 21 & over, not experiencing homelessness:

- Limited to 30-day authorization (only applicable to OTP, 1.0, 2.1 LOCs)
  - For continuation of care following initial engagement period, medical necessity must be established
- Must have active funding at time of submission (Medi-Cal &/or Non-DMC)
- Do not request more than 30 days
- Enter a Progress Note to indicate the request is an Initial Engagement Authorization

Initial Engagement Non-Residential Authorizations for 17 and younger (Youth), 18 to 20 (Young Adult) and Adults 21 & over experiencing homelessness:

- Limited to 60-day authorization (only applicable to OTP, 0.5, 1.0, 2.1 LOCs)
  - For continuation of care following initial engagement period, medical necessity must be established
- Must have active funding at time of submission (Medi-Cal &/or Non-DMC)
- Do not request more than 60 days
- Enter a Progress Note to indicate the request is an Initial Engagement Authorization and if applicable, homelessness status

Provider Site Admission

- This form is required when a patient is first admitted to a site or transition between LOCs and an authorization is submitted

Checklist of Required Documentation

Early Intervention - 0.5 ASAM level of care – Young Adults (18-20)

Initial Eligibility Verification Request

- ☐ Sage Service Authorization Request Form
- ☐ Financial Eligibility
- ☐ Provider Diagnosis (applicable ICD-10/Z codes)
- ☐ Cal-OMS Admission
- ☐ Provider Site Admission

To Determine Medical Necessity:

- ☐ Complete ASAM Screener for Youth and Young Adults
- ☐ Medical Necessity Justification Progress Note

Re-Verification of Eligibility

- ☐ Sage Service Authorization Request Form
- ☐ Financial Eligibility
- ☐ Provider Diagnosis (applicable ICD-10/Z codes)

To Determine Medical Necessity:

- ☐ **Updated ASAM Screener for Youth and Young Adults within the last 30 days from the re-authorization start date documenting client's continued risk for developing an SUD disorder**
- ☐ Medical Necessity Justification Progress Note
- ☐ Updated Problem List (on an approved form) – finalized by LPHA or licensed eligible LPHA within the last 90 days of authorization start date
  - ☐ SUD centered problem(s)
  - ☐ Required signatures from:
    - LPHA &/or licensed eligible LPHA
    - Counselors (if applicable)

Perinatal and Parenting – PPW Patients

*See SAPC Bulletin No. 18-11 for additional details on Pregnant and Parenting Women (PPW) Services

All the above documentation (as applicable), plus the following information at time of review:

- ☐ **Perinatal: Initial authorization -**proof of pregnancy (e.g. pregnancy results, clinical documentation) and **Women's Health History Form** completed in Sage
- ☐ **Perinatal: Re-authorizations –**Estimated delivery date (EDD) or proof of birth (including date of birth) and **Women's Health History Form** completed in Sage
- ☐ **Parenting:** Progress Note with child's information (first and last name, age, date of birth, & services provided)

Patient Discharges & Transfers

- ☐ Required Sage-related processes when patient is discharged:
  - Sage Discharge and Transfer Form
  - Discharge from Cal-OMS

Checklist of Required Documentation

Outpatient – 1.0 & 2.1 ASAM level of care – Young Adults (18-20) & Adults (21 & over)

Initial Eligibility Verification Request

- ☐ Sage Service Authorization Request Form
- ☐ Financial Eligibility
- ☐ Provider Diagnosis (ICD-10)
- ☐ Cal-OMS Admission
- ☐ Provider Site Admission

To Determine Medical Necessity:

- ☐ Complete ASAM CONTINUUM Comprehensive Assessment finalized by LPHA or licensed eligible LPHA
- ☐ DSM-5 Substance Use Disorder diagnosis
- ☐ Medical Necessity Justification Progress Note signed by LPHA or licensed eligible LPHA

Re-Verification of Eligibility

- ☐ Sage Service Authorization Request Form
- ☐ Financial Eligibility
- ☐ Provider Diagnosis (ICD-10)

To Determine Medical Necessity:

- ☐ **Updated Problem List (on an approved form) – finalized by LPHA or licensed eligible LPHA within the last 90 days of authorization start date**
  - ☐ SUD centered problem(s)
  - ☐ Required signatures from:
    - LPHA &/or licensed eligible LPHA
    - Counselors (if applicable)
- ☐ Medical Necessity Justification Progress Note signed by LPHA or licensed eligible LPHA including information supporting need for continued services
- ☐ Additional clinical information, as requested by SAPC QI & UM staff

Perinatal and Parenting – PPW Patients

*See SAPC Bulletin No. 18-11 for additional details on Pregnant and Parenting Women (PPW) Services

All the above documentation (as applicable), plus the following information at time of review:

- ☐ **Perinatal: Initial authorization** –proof of pregnancy (e.g. pregnancy results, clinical documentation) and **Women's Health History Form** completed in Sage
- ☐ **Perinatal: Re-authorizations** –Estimated delivery date (EDD) or proof of birth (including date of birth) and **Women's Health History Form** completed in Sage
- ☐ **Parenting:** Progress Note with child(ren)'s information (first and last name, age, date of birth, & services provided

Patient Discharges & Transfers

- ☐ Required Sage-related processes when patient is discharged:
  - Sage Discharge and Transfer Form
  - Discharge from Cal-OMS

Checklist of Required Documentation

Opioid Treatment Program (OTP) -Young Adults (18-20) & Adults (21 & over)

Initial Eligibility Verification Request

- ☐ Sage Service Authorization Request Form
- ☐ Financial Eligibility
- ☐ Provider Diagnosis (ICD-10)
- ☐ Cal-OMS Admission
- ☐ Provider Site Admission

To Determine Medical Necessity:

- ☐ Complete ASAM CONTINUUM Comprehensive Assessment finalized by LPHA or licensed eligible LPHA
- ☐ DSM-5 Substance Use Disorder diagnosis
- ☐ Medical Necessity Justification Progress Note signed by LPHA or licensed eligible LPHA

Transitioning from detox to maintenance:

- ☐ All of the above, plus:
- ☐ Discharge patient from detox on Cal-OMS
- ☐ Admit patient into maintenance on Cal-OMS

Detox in OTP settings – up to 21 days:

No service authorization; bill Fee-for-Service Medi-Cal

- ☐ Required: Cal-OMS detox admission

Re-Verification of Eligibility

- ☐ Sage Service Authorization Request Form
- ☐ Financial Eligibility
- ☐ Provider Diagnosis (ICD-10)

To Determine Medical Necessity:

- ☐ **Treatment Plan – updated & finalized by LPHA or licensed eligible LPHA within the last 90 days of authorization start date**
  - ☐ SUD centered goals and explain need for ongoing services
  - ☐ Required signatures from:
    - Patient
    - LPHA &/or licensed eligible LPHA
    - Counselors (if applicable)
- ☐ Medical Necessity Justification Progress Note signed by LPHA or licensed eligible LPHA including information supporting need for continued services
- ☐ Additional clinical information, as requested by SAPC QI & UM staff

Perinatal and Parenting – PPW Patients

*See SAPC Bulletin No. 18-11 for additional details on Pregnant and Parenting Women (PPW) Services

All the above documentation (as applicable), plus the following information at time of review:

- ☐ **Perinatal: Initial authorization -**proof of pregnancy (e.g. pregnancy results, clinical documentation) and **Women's Health History Form** completed in Sage
- ☐ **Perinatal: Re-authorizations –**Estimated delivery date (EDD) or proof of birth (including date of birth) and **Women's Health History Form** completed in Sage
- ☐ **Parenting:** Progress Note with child(ren)'s information (first and last name, age, date of birth, & services provided)

Patient Discharges & Transfers

- ☐ Required Sage-related processes when patient is discharged:
  - Sage Discharge and Transfer Form
  - Discharge from Cal-OMS

Checklist of Required Documentation

Residential -3.1, 3.3, 3.5 levels of care -Young Adults (18-20) & Adults (21 & over)

Initial Pre-Authorization Request

- ☐ Sage Service Authorization Request Form
- ☐ Financial Eligibility
- ☐ Provider Diagnosis (ICD-10)
- ☐ Cal-OMS Admission
- ☐ Provider Site Admission

To Determine Medical Necessity:

- ☐ Complete ASAM CONTINUUM Comprehensive Assessment finalized by LPHA or licensed eligible LPHA
- ☐ DSM-5 Substance Use Disorder diagnosis
- ☐ Medical Necessity Justification Progress Note signed by LPHA or licensed eligible LPHA

Re-Authorization Request

- ☐ Sage Service Authorization Request Form
- ☐ Financial Eligibility
- ☐ Provider Diagnosis (ICD-10)

To Determine Medical Necessity:

- ☐ **Updated Problem List (on an approved form) – finalized by LPHA or licensed eligible LPHA within the last 30 days of authorization start date**
  - ☐ SUD centered problem(s)
  - ☐ Required signatures from:
    - LPHA &/or licensed eligible LPHA
    - Counselors (if applicable)
- ☐ Medical Necessity Justification Progress Note signed by LPHA or licensed eligible LPHA including information supporting need for continued services
- ☐ Additional clinical information, as requested by SAPC QI & UM staff

Perinatal and Parenting – PPW Patients

*See SAPC Bulletin No. 18-11 for additional details on Pregnant and Parenting Women (PPW) Services

All the above documentation (as applicable), plus the following information at time of review:

- ☐ **Perinatal: Initial authorization -**proof of pregnancy (e.g. pregnancy results, clinical documentation) and **Women's Health History Form** completed in Sage
- ☐ **Perinatal: Re-authorizations –**Estimated delivery date (EDD) or proof of birth (including date of birth) and **Women's Health History Form** completed in Sage
- ☐ **Parenting:** Progress Note with child(ren)'s information (first and last name, age, date of birth, & services provided)

Patient Discharges & Transfers

- ☐ Required Sage-related processes when patient is discharged:
  - Sage Discharge and Transfer Form
  - Discharge from Cal-OMS

Checklist of Required Documentation

All Levels of Withdrawal Management (WM) for Young Adults (18-20)
Adults (21 & over)
(1-WM, 2.0 WM, 3.2 WM, 3.7 WM, & 4.0 WM)

Initial Authorization Request

This service is limited to a 14-calendar day per episode, unless medical necessity warrants extended treatment in this setting

- ☐ Sage Service Authorization Request Form
- ☐ Financial Eligibility
- ☐ Provider Diagnosis (ICD-10)
- ☐ Cal-OMS Admission
- ☐ Provider Site Admission

To Determine Medical Necessity:

- ☐ Complete ASAM CONTINUUM Comprehensive Assessment finalized by LPHA or licensed eligible LPHA (best practice but not required)
- ☐ DSM-5 Substance Use Disorder diagnosis
- ☐ Medical Necessity Justification Progress Note signed by LPHA or licensed eligible LPHA
    - Current signs and symptoms of withdrawal
    - See current Provider Manual for more details
- ☐ Pertinent laboratory/drug testing results (if applicable)
- ☐ Additional clinical information, as requested by SAPC QI & UM staff

Patient Discharges & Transfers

- ☐ Required Sage-related processes when patient is discharged:
    - Sage Discharge and Transfer Form
    - Discharge from Cal-OMS

Checklist of Required Documentation

Recovery Bridge Housing – Young Adults (18-20) & Adults (21 & over)

Initial Authorization Request

- ☐ Sage Service Authorization Request Form
- ☐ Financial Eligibility
- ☐ Provider Diagnosis (ICD-10)
- ☐ Provider Site Admission
- ☐ Medical Necessity Justification Progress Note
  - ☐ Verifies enrollment in outpatient (OP, IOP, OTP, OP-WM) treatment
  - ☐ Identifies which outpatient provider is providing the treatment
  - ☐ Documents homelessness status

Re-Authorization Request

- ☐ Sage Service Authorization Request Form
- ☐ Financial Eligibility
- ☐ Provider Diagnosis (ICD-10)
- ☐ Approved Member Authorization for outpatient care
- ☐ Medical Necessity Justification Progress Note
  - ☐ Patient still does not have permanent or alternative housing
  - ☐ Steps taken to secure housing

To ensure all required documentation is submitted in a timely fashion – RBH provider is responsible for collaborating & communicating with outpatient provider

* Limited to **360** days in a 365-day period from the day the patient first enters RBH (not based on calendar or fiscal year)

Discharge

- ☐ Required Sage-related processes when patient is discharged:
  - Sage Recovery Bridge Housing Discharge Form

Perinatal and Parenting – PPW Patients

*See SAPC Bulletin No. 18-11 for additional details on Pregnant and Parenting Women (PPW) Services

All the above documentation (as applicable), plus the following information at time of review:

- ☐ **Perinatal: Initial authorization -**proof of pregnancy (e.g. pregnancy results, clinical documentation) and **Women's Health History Form** completed in Sage
- ☐ **Perinatal: Re-authorizations –**Estimated delivery date (EDD) or proof of birth (including date of birth) and **Women's Health History Form** completed in Sage
- ☐ **Parenting:** Progress Note with child's information (first and last name, age, date of birth, & services provided)

Checklist of Required Documentation

Recovery Incentive – Contingency Management - Young Adults (18-20) & Adults (21 & over)

Initial and Re-Authorization Request

- ☐ Sage Service Authorization Request Form
- ☐ Financial Eligibility with active Medi-Cal
- ☐ Provider Diagnosis (ICD-10) of Stimulant Use Disorders with Moderate/Severe/Remission specifier
- ☐ Provider Site Admission

To Determine Medical Necessity:

- ☐ An ASAM CONTINUUM Comprehensive Assessment finalized by LPHA or licensed eligible LPHA within the past 12 months
- ☐ Medical Necessity Justification Progress Note
  - ☐ Indicate the authorization is for CM benefits
  - ☐ Client meets or continues to meet criteria for Stimulant Use Disorder with Moderate/Severe/Remission specifier
  - ☐ Previous discharge date and re-enrollment date (as applicable)

Re-Enrollment Request

- ☐ Sage Service Authorization Request Form
- ☐ Financial Eligibility with active Medi-Cal
- ☐ Provider Diagnosis (ICD-10) of Stimulant Use Disorders with Moderate/Severe/Remission specifier
- ☐ Provider Site Admission

To Determine Medical Necessity:

- ☐ No new ASAM is required if all of the following apply:
  - ☐ (1) the client continued with outpatient services but dropped out from RI-CM services
  - ☐ (2) the existing ASAM completed within the past 12 months contains a qualifying SUD dx
  - ☐ (3) client's condition has not changed
- ☐ If it is determined that the most recent ASAM is outside of the 12 months of admission date or the client's SUD clinical presentation and status has changed, providers will need to submit an ASAM within 30 days of start date of RI-CM authorization
- ☐ Medical Necessity Justification Progress Note
  - ☐ Indicate the authorization is for CM benefits
  - ☐ Client meets or continues to meet criteria for Stimulant Use Disorder with Moderate/Severe/Remission specifier
  - ☐ Previous discharge date and re-enrollment date (as applicable)

Patient Discharges & Transfers

- ☐ Required Sage-related processes when patient is discharged:
  - Sage Discharge and Transfer Form

Documentation for Youth

Checklist of Required Documentation

Prevention - 0.5 ASAM level of care – Youth (17 and younger)

Initial Eligibility Verification Request

- ☐ Sage Service Authorization Request Form
- ☐ Financial Eligibility
- ☐ Provider Diagnosis (ICD-10 and Z codes)
- ☐ Cal-OMS Admission
- ☐ Provider Site Admission

To Determine Medical Necessity:

- ☐ Complete ASAM Screener for Youth and Young Adult
- ☐ Medical Necessity Justification Progress Note

Re-Verification of Eligibility

- ☐ Sage Service Authorization Request Form
- ☐ Financial Eligibility
- ☐ Provider Diagnosis (ICD-10 and Z codes)

To Determine Medical Necessity:

- ☐ **Updated ASAM Screener for Youth and Young Adult within 30 days from the re-authorization to document client continues to be at risk for developing an SUD disorder**
- ☐ Medical Necessity Justification Progress Note
- ☐ **Updated Problem List (on an approved form) – finalized by LPHA or licensed eligible LPHA within the last 90 days of authorization start date**
  - ☐ SUD centered problem(s)
  - ☐ Required signatures from:
    - LPHA &/or licensed eligible LPHA
    - Counselors (if applicable)

Perinatal and Parenting – PPW Patients

*See SAPC Bulletin No. 18-11 for additional details on Pregnant and Parenting Women (PPW) Services

All the above documentation (as applicable), plus the following information at time of review:

- ☐ **Perinatal: Initial authorization -**proof of pregnancy (e.g. pregnancy results, clinical documentation) and **Women's Health History Form** completed in Sage
- ☐ **Perinatal: Re-authorizations –**Estimated delivery date (EDD) or proof of birth (including date of birth) and **Women's Health History Form** completed in Sage
- ☐ **Parenting:** Progress Note with child's information (first and last name, age, date of birth, & services provided)

Patient Discharges & Transfers

- ☐ Required Sage-related processes when patient is discharged:
  - Sage Discharge and Transfer Form
  - Discharge from Cal-OMS

Checklist of Required Documentation

Outpatient - 1.0 & 2.1 ASAM levels of care – Youth (17 and younger)

Initial Eligibility Verification Request

- ☐ Sage Service Authorization Request Form
- ☐ Financial Eligibility
- ☐ Provider Diagnosis (ICD-10)
- ☐ Cal-OMS Admission
- ☐ Provider Site Admission

To Determine Medical Necessity:

- ☐ Complete SAPC Paper ASAM Assessment for Youth, requires LPHA or licensed eligible LPHA signatures
- ☐ DSM-5 Substance Use Disorder diagnosis
- ☐ Medical Necessity Justification Progress Note signed by LPHA or licensed eligible LPHA

Re-Verification of Eligibility

- ☐ Sage Service Authorization Request Form
- ☐ Financial Eligibility
- ☐ Provider Diagnosis (ICD-10)

To Determine Medical Necessity:

- ☐ **Updated Problem List (on an approved form) – finalized by LPHA or licensed eligible LPHA within the last 90 days of authorization start date**
  - ☐ SUD centered problem(s)
  - ☐ Required signatures from:
    - LPHA &/or licensed eligible LPHA
    - Counselors (if applicable)
- ☐ Medical Necessity Justification Progress Note signed by LPHA or licensed eligible LPHA including information supporting need for continued services
- ☐ Additional clinical information, as requested by SAPC QI & UM staff

Perinatal and Parenting – PPW Patients

*See SAPC Bulletin No. 18-11 for additional details on Pregnant and Parenting Women (PPW) Services

All the above documentation (as applicable), plus the following information at time of review:

- ☐ **Perinatal: Initial authorization -**proof of pregnancy (e.g. pregnancy results, clinical documentation) and **Women's Health History Form** completed in Sage
- ☐ **Perinatal: Re-authorizations –**Estimated delivery date (EDD) or proof of birth (including date of birth) and **Women's Health History Form** completed in Sage
- ☐ **Parenting:** Progress Note with child's information (first and last name, age, date of birth, & services provided)

Patient Discharges & Transfers

- ☐ Required Sage-related processes when patient is discharged:
  - Sage Discharge and Transfer Form
  - Discharge from Cal-OMS

Checklist of Required Documentation

Residential -3.1, 3.3 & 3.5 ASAM levels of care – Youth (17 and younger)

Initial Eligibility Verification Request

- ☐ Sage Service Authorization Request Form
- ☐ Financial Eligibility
- ☐ Provider Diagnosis (ICD-10)
- ☐ Cal-OMS Admission
- ☐ Provider Site Admission

To Determine Medical Necessity:

- ☐ Complete SAPC Paper ASAM Assessment for Youth, requires LPHA or licensed eligible LPHA signatures
- ☐ DSM-5 Substance Use Disorder diagnosis
- ☐ Medical Necessity Justification Progress Note signed by LPHA or licensed eligible LPHA.

Re-Verification of Eligibility

- ☐ Sage Service Authorization Request Form
- ☐ Financial Eligibility
- ☐ Provider Diagnosis (ICD-10)

To Determine Medical Necessity:

- ☐ **Updated Problem List (on an approved form) – finalized by LPHA or licensed eligible LPHA within the last 30 days of authorization start date**
  - ☐ SUD centered problem(s)
  - ☐ Required signatures from:
    - LPHA &/or licensed eligible LPHA
    - Counselors (if applicable)
- ☐ Medical Necessity Justification Progress Note signed by LPHA or licensed eligible LPHA including information supporting need for continued services
- ☐ Additional clinical information, as requested by SAPC QI & UM staff

Perinatal and Parenting – PPW Patients

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All the above documentation (as applicable), plus the following information at time of review:

- ☐ **Perinatal: Initial authorization -**proof of pregnancy (e.g. pregnancy results, clinical documentation) and **Women's Health History Form** completed in Sage
- ☐ **Perinatal: Re-authorizations –**Estimated delivery date (EDD) or proof of birth (including date of birth) and **Women's Health History Form** completed in Sage
- ☐ **Parenting:** Progress Note with child(ren)'s information (first and last name, age, date of birth, & services provided)

Patient Discharges & Transfers

- ☐ Required Sage-related processes when patient is discharged:
  - Sage Discharge and Transfer Form
  - Discharge from Cal-OMS

Checklist of Required Documentation

Medications for Addiction Treatment (MAT) – Youth (17 and younger)

Initial Authorization Request

- ☐ Sage Service Authorization Request Form
- ☐ Financial Eligibility
- ☐ Provider Diagnosis (ICD-10)
- ☐ Cal-OMS Admission

To Determine Medical Necessity:

- ☐ Complete SAPC Paper ASAM Assessment for Youth, requires LPHA signature or licensed eligible LPHA signatures
- ☐ DSM-5 Substance Use Disorder diagnosis
- ☐ Justification for the prescribed medication (e.g., name, dosage, route, frequency, duration, and rationale) via Progress Note signed by LPHA

Re-authorization

- ☐ Sage Service Authorization Request Form
- ☐ Financial Eligibility
- ☐ Provider Diagnosis (ICD-10)

To Determine Medical Necessity:

- ☐ **Updated Problem List (on an approved form) – finalized by LPHA or licensed eligible LPHA within the last 30 days of authorization start date**
  - ☐ SUD centered problem(s)
  - ☐ Required signatures from:
    - LPHA &/or licensed eligible LPHA
    - Counselors (if applicable)
- ☐ Medical Necessity Justification Progress Note signed by LPHA or licensed eligible LPHA including information supporting need for continued services
- ☐ Additional clinical information, as requested by SAPC QI & UM staff

Discharge

- ☐ Required Sage-related processes when patient is discharged:
  - Sage Discharge and Transfer Form
  - Discharge from Cal-OMS

Checklist of Required Documentation

All levels of Withdrawal Management (WM) for Youth (17 and younger)

Initial Authorization Request

This service is limited to a 14-calendar day per episode, unless medical necessity warrants extended treatment in this setting

- ☐ Sage Service Authorization Request Form
- ☐ Financial Eligibility
- ☐ Provider Diagnosis (ICD-10)
- ☐ Cal-OMS Admission
- ☐ Provider Site Admission

To Determine Medical Necessity:

- ☐ Complete SAPC Paper ASAM Assessment for Youth, requires LPHA signature or licensed eligible LPHA signatures (best practice but not required)
- ☐ DSM-5 Substance Use Disorder diagnosis
- ☐ Medical Necessity Justification Progress Note signed by LPHA or licensed eligible LPHA
  - Current signs and symptoms of withdrawal
  - See current Provider Manual for more details
- ☐ Pertinent laboratory/drug testing results (if applicable)
- ☐ Additional clinical information, as requested by SAPC QI & UM staff, to validate continued medical necessity

Discharge

- ☐ Required Sage-related processes when patient is discharged:
  - Sage Discharge and Transfer Form
  - Discharge from Cal-OMS

Checklist of Required Documentation

Recovery Incentive – Contingency Management – Youth (17 and younger)

Initial Authorization Request

- ☐ Sage Service Authorization Request Form
- ☐ Financial Eligibility – active Medi-cal
- ☐ Provider Diagnosis (ICD-10) of Stimulant Use Disorders with Moderate or Severe specifiers
- ☐ Provider Site Admission
- ☐ Complete SAPC Paper ASAM Assessment for Youth, finalized by LPHA or licensed eligible LPHA
- ☐ Medical Necessity Justification Progress Note
  - ☐ Indicate the authorization is for CM benefits
  - ☐ Client meets or continues to meet criteria for moderate or severe Stimulant Use Disorder
  - ☐ Previous discharge date and re-enrollment date (as applicable)

Re-enrollment Request

- ☐ Sage Service Authorization Request Form
- ☐ Financial Eligibility active Medi-cal
- ☐ Provider Diagnosis (ICD-10) of Stimulant Use Disorders with Moderate or Severe specifiers
- ☐ Complete SAPC Paper ASAM Assessment for Youth, finalized by LPHA or licensed eligible LPHA
- ☐ Medical Necessity Justification Progress Note
  - ☐ Indicate the authorization is for CM benefits
  - ☐ Client meets or continues to meet criteria for moderate or severe Stimulant Use Disorder

    Previous discharge date and re-enrollment date (as applicable)

Patient Discharges & Transfers

- ☐ Required Sage-related processes when patient is discharged:
  - Sage Discharge and Transfer Form

Checklist of Required Documentation

Non-SAPC Lines of Business (Private Pay Patients)

The State requires providers to use Sage for submission of Cal-OMS data for non-SAPC lines of business and may use Sage for clinical documentation for this group as well

Providers should not submit Sage Authorizations or billing for these patients

SAPC will not review clinical documentation for patients that fall outside of our responsibility

- ☐ Sage Cal-OMS Admission/Discharge Forms
- ☐ Sage Financial Eligibility Form
  - Should indicate "Private Pay" under payor for patients who are not enrolled in or eligible for Medi-Cal and do have My Health LA and fall outside of SAPC's responsibilities
- ☐ Clinical Documentation, as needed, to meet your business needs