

Utilization Management-Provider Meeting

Los Angeles County Department of Public Health
April 20, 2022
Substance Abuse Prevention & Control



Agenda

- **Applying for Medi-Cal Documentation Requirements**
- **Care Coordination and MyHealthLA**
- **Notice of Adverse Benefit Determination (NOABD) Letters**
Assisting patients with filing appeals
- **Resubmission Timeline Reminder**
- **New Adult Paper-Based ASAM for SAGE Downtimes**
- **Open Discussion**

Los Angeles County
START-ODS
System Transformation
To Advance Recovery
and Treatment

Los Angeles County's
Substance Use Disorder
Organized Delivery System



Substance Use Disorder Treatment Services
PROVIDER MANUAL
MARCH 2022 | Version 6.0

SAPC | Substance Abuse
Prevention and Control



Applying for Medi-Cal Documentation Requirement

- Case management note for assisting patient with services related to applying for Medi-Cal can include:
 - 1) Collaborating with patient on entering information into application electronically
 - 2) Communicating with DPSS personnel to initiate application
 - 3) Assist patient with follow up on progress of application
 - 4) Assisting patient with securing documentation required for the application process and transmitting the documentation to DPSS
 - 5) Resolving barriers to pt qualifying for Medi-Cal (i.e. errors in income reporting by others, etc.) and provide examples of each time of note:

1. If time allows I will quickly review when it is appropriate to use "Applying for Medi-Cal".

Applying for Medi-Cal Documentation Requirement (Continued)

Reasonable documentation verifying that the patient has Medi-Cal:

- 1) DPSS mobile app screen shot of the approval and the case number(L number), this proof is required along with provider attestation that the screenshot belongs to the patient as a misc note.
- 2) Or calling DPSS with assistance of the provider requesting a written document (DPSS letter) as proof of Medi-Cal approval.

- **DPSS contact info:**

Toll Free (866) 613-3777

Local Numbers

(310) 258-7400

(626) 569-1399

(818) 701-8200



Care Coordination and Applying for My Health LA

- See this Job Aid under the provider manual and forms section of our website: <http://publichealth.lacounty.gov/sapc/NetworkProviders/FinanceForms/FinancialEligibility/UpdatingFinancialEligibilityAdmittedUnderOtherCountyFundingMHLA.pdf>
- Use the LA County Non-DMC guarantor if the patient is enrolling in for MHLA; do NOT use Applying for Medi-Cal when the patient is in the process of enrolling in MHLA.
- When completing CalOMS, if you select MHLA as the funding, you will be required to enter a number in that section, which must be a 13 digit numerical ID. If there is no ID number you can use, please document via a miscellaneous notes you are assisting the patient with MHLA enrollment and please be sure to update the CalOMS with the MHLA enrollment number once obtained.
- Patients applying for My Health LA **cannot** use the **30 day Applying for Medi-cal benefit**.

Care Coordination and Applying for My Health LA (continued)

- Case management note or miscellaneous note documenting that the patient is enrolling in My Health LA:
 - 1) Helping the patient enter information into application electronically or by calling the local clinic based on the patient's zip code
 - 2) Communicating with local clinic personnel to initiate application and getting an application number
 - 3) Assist patient with follow up on progress of application
 - 4) Assisting patient with securing documentation required for the application process and transmitting the documentation to the MHLA clinic for enrollment
 - 5) Resolving barriers to pt qualifying for My Health LA (i.e. errors in income reporting by others, ID card etc.).

Grievance and Appeal Form

The Appeal Form is available via the Clinical Forms and Documents section of our Provider Manual and Forms Page:

<http://publichealth.lacounty.gov/sapc/NetworkProviders/ClinicalForms/AQI/AppealForm.pdf>

Email: SAPCmonitoring@ph.lacounty.gov

Phone: (626) 299-4532

Fax: (626) 458-6692

Appeal Update

- Appeals filed without the patient's involvement, including appeal forms filed without the patient's written consent, must include a written justification for why the patient was unable to be involved with filing the appeal. Appeals filed without the patient's involvement will be processed as a complaint/grievance in accordance with SAPC complaint/grievance protocols (SAPC Provider Manual Page 189).

Essential Phone Numbers

- UM General number: **(626) 299-3531**
- Netsmart Helpdesk: **(855) 346-2392**
- Phone Number to file an appeal: **(626) 299-4532**
- Providers or patients who have questions or concerns after receiving a Grievance and Appeals (G&A) Resolution Letter should contact the **G&A number** at **(626) 293-2846**

Clarification

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

Timeliness of Authorization Submissions

- Member authorizations and reauthorizations must be submitted to the SAPC Quality Improvement and Utilization Management Unit within thirty (30) calendar days of admission or within thirty (30) calendar days of the first date of service.
- Four exceptions to the 30 days rule – authorization submissions should be held pending the establishment of financial eligibility in the following circumstances:
 1. Outside Los Angeles county beneficiary pending transfer
 - *Prospective policy change if LA County Residency following transfer is sufficient*
 2. An individual who applied for Medi-Cal but has not established DMC benefits yet
 3. Awaiting receipt of an Other Health Coverage denial
 4. Pending resolution of SAGE technical issue that prevented authorization submission (providers must document SAGE Help Desk Ticket Number related to the technical issue)
- All service authorization requests, including those delayed due to establishment of financial eligibility, must adhere to and meet Medi-Cal standards and requirements for timelines of clinical assessment.

30d Timeliness of Authorization are required as of 11/1/2020:

<http://publichealth.lacounty.gov/sapc/bulletins/START-ODS/20-11/SAPCIN20-11MemberAuthorizationSubmission.pdf>

Criteria for Authorization Resubmissions

Authorization resubmissions are not accepted when an authorization is denied due to lack of medical necessity, and SAPC providers will be directed to file an appeal to request reconsideration of an authorization request denied by SAPC due to lack of medical necessity.

SAPC UM only accepts authorization resubmissions in these circumstances:

1. Authorization that was submitted in error and withdrawn by the provider
2. Re-authorization that was submitted prior to 30d before the end of the current authorization
3. Resubmission to correct the treatment funding source



<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.

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

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