COUNTY OF LOS ANGELES
Public Health

Utilization Management-Provider Meeting

Los Angeles County Department of Public Health
July 19th, 2023
Substance Abuse Prevention & Control

Agenda

- Authorization Blackout Status Update
- Residential Re-Authorizations for Patients Experiencing Homelessness
- Reminder: Initial Engagement Authorizations for Non-Residential Levels of Care
- Reminder: Obtaining Authorizations for Contingency Management
- Intercounty Transfer of Medi-Cal benefit process update
- Quality Improvement Documentation Review & Focus Groups
- SAPC Referrals-Essential Contact List
- Open Discussion
- Adjourn

Authorization Blackout Status Update

Authorization Blackout Status Update

Communication Release

7/13/2023

REMINDER: Service Authorization Request Blackout Period

- SAPC implemented a Service Authorization Request Blackout period on 7/1/2023. We realize that these service authorization blackout periods can be disruptive. The requirement that providers submit authorizations within 30-days from the initial date of service will be suspended throughout the service auth request blackout time period.
- Providers will have 30 days from the date the blackout is lifted to submit auths.

Authorization Blackout Status Update

- ***Key dates:***
- **The Service Authorization Request Blackout Period is anticipated to take place from Saturday 7/1/2023 through later-July 2023.**
- During this time, providers must hold submissions of all service auth requests with start dates from 7/1/2023.
- Otherwise, starting 7/1/2023 new service auth requests with start date 7/1/2023 and submitted during blackout will be automatically denied by UM.

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Public Health

Authorization Blackout Status Update

- Providers can continue to submit authorizations for dates of service prior to 7/1/2023 during the blackout
- *During the blackout, providers should continue to document the clinical care in accordance with required timeframes, including the Sage-based ASAM assessments and accompanying Misc note for level of care justification) in Sage.*

- ***Please Note: Providers will continue to need to complete medical necessity documentation and remain subject to UM review of this documentation for adherence with SAPC required timeframes.***

Authorization Blackout Status Update

- QI/UM will continue to review all authorizations submitted prior to 7/1/2023 during the Service Authorization Request blackout period.
- Once the Service Authorization Request Blackout is lifted, providers may submit service auth requests with start date on or after 7/1/2023. QI/UM will begin processing these requests as they are revised.
- Service auth requests with DOS prior to 7/1/2023 must be submitted using the current process (Auth Grouping) information.
- Service auth requests with start dates of 7/1/2023 and after must use the *new* Benefit Plan authorization submission process.
- More information about how to submit these Benefit Plan authorizations is available through the Sage PCNX trainings and in future Sage Communications posted via http://publichealth.lacounty.gov/sapc/providers/sage

Residential Re-Authorizations for Patients Experiencing Homelessness

Residential Re-Authorizations for Patients Experiencing Homelessness

- Patients experiencing homelessness at the time of admission to residential treatment are at increased risk of returning to problem substance use if they do not have a place to stay following discharge
- Providers should establish a housing plan for patients experiencing homelessness during their residential admission during the so that patients are discharged with a place to stay after discharge.
- SAPC recognizes that successful housing plans are more feasible for patients who are completing residential treatment as compared with patients who leave against treatment advice.

Residential Re-Authorizations for Patients Experiencing Homelessness (Effective date: 7/1/23)

- SAPC Utilization Management criteria for approval of requests for continued residential admissions for patients experiencing homelessness who do not have a place to stay includes the following:
  - The patient's homelessness status is appropriately documented in CalOMS, on a current problem list finalized/signed by an LPHA (required every 30 days), and/or documented within the Patient's EMR
  - The patient agrees to ongoing residential admission and treatment
  - The provider has documented their efforts to establish a post-discharge housing plan for the patient
  - The above is documented within a Miscellaneous Note/Progress Note that is submitted alongside the request for residential level of care reauthorization

Discharge Planning for PEH

COUNTY OF LOS ANGELES Public Health

Within three (3) calendar days of admission, providers must initiate the following:

1. Develop a housing plan

2. Engage in Problem-Solving

- Identify options of maintaining current housing
- Identify immediate and safe housing alternative within patient's family.

3. Coordinated Entry System (CES)

- Conduct CES Triage Tools if patients have not completed one or existing information needs update
- CES Triage Tools are based on the Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT)

4. Point of Contact in the Homeless Management Information System (HMIS)

5. Assist in Document Readiness

SAPC Provider Manual 7.0 pages 56-61

Housing Planning

County of Los Angeles Public Health

- ❑ Begins when treatment planning starts

- ❑ The housing plan, notes and updates should be entered in Miscellaneous Notes/Progress Notes in Sage

- ❑ Reviewed with the patient at least every 15 days

- ❑ The main components include:
  1. List of housing options
  2. Three achievable goals
  3. Plan of how to connect the patient to a list of social and housing programs/services
  4. Any challenges encountered
  5. New goals set once other goals have been achieved

SAPC Provider Manual 7.0 pages 57-58

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Key Elements in the Housing Process

County of Los Angeles Public Health

CES

- Began in 2011 in Skid Row and expanded to all 8 service planning areas (SPAs) by 2014
- Connect people to the best fit housing resources in a timely manner
- Teams in each SPA meet regularly
- Integrating Housing First, Harm Reduction and Trauma Informed Care approaches
- Directory, CES Matcher contact list and Survey Packet provided in this presentation (at the end)

VI-SPDAT

- Released to the public in 2010
- Used in the US, Canada and Australia
- Developed as a pre-screening tool
- It is a self-report screener
- Determines if a client has high, moderate or low acuity
- As a screener no special training is required to use the tool
- Versions are available for individuals, families and youth
- Video on how to give the VI-SPDAT
- https://www.youtube.com/watch?v=4p0jsMrgiP4

HMIS

- A secure online database via LAHSA
- Coordinated care coordination
- Streamlined referrals
- Unduplicated intake
- Protection of confidential information
- Improved coordination of care
- **Providers must log-in every 30 days to maintain access**
- **HMIS is how you know if your patient has been matched to a housing resource**
- **HMIS Training & Videos**
  - https://www.lahsa.org/hmis/
  - https://www.lahsa.org/videos?v=293-hmis-100-basic-navigation-training-

1. https://www.lahsa.org/ces/about
2. http://file.lacounty.gov/SDSInter/dmh/240602_VI-SPDATv2.0FamilyUS.pdf
3. https://www.lahsa.org/hmis/about

Outreach Teams

County of Los Angeles Public Health

Department of Mental Health (DMH)

- Homeless Outreach Mobile Engagement (HOME)

Department of Health Services (DHS)

- Housing for Health
- Multidisciplinary Street-based Engagement Teams (MDTs)

LAHSA & Others

- Homeless Engagement Teams (HET)
- County, City, and Community (C3) Teams

If someone is not connected with a homeless outreach team then you can use LA-HOP to submit a request and a team will be assigned to reach out to the patient

For more information visit: https://www.lahsa.org/portal/apps/la-hop/

Individuals Who Are Undocumented

- Housing subsidies are limited as those with undocumented status are not eligible for Federal housing
- If a patient is worried about their immigration status, where it is impacting their recovery, providers may utilize care coordination to connect the patient to appropriate services.

Coalition for Humane Immigrant Rights
https://www.chirla.org/resources/all-resources/
Retrieved 7/13/21

https://oia.lacounty.gov/
Retrieved 7/13/21

Los Angeles Homeless Services Authority

Immigration Legal Services Referral List
https://www.lahsa.org/documents?id=2607-legal-services-referral-list
Retrieved 7/13/21

Helping Immigrant Clients with Proposition 47 and Other Post-Conviction Legal Options

https://lccr.com/wp-content/uploads/CSJ-ImmigrationToolKit-FINAL-ONLINE.pdf
Retrieved 5/5/2020

Housing Agencies/Programs in CA and in L.A. County

U.S. Department of Housing and Urban Development (HUD)

HUD

California Department of Housing and Community Development

CA HCD

Los Angeles County Development Authority (LACDA)

LACDA

Housing Authority of the City of Los Angeles (HACLA)

HACLA

DPSS

Housing Program

CalWORKS

DHS

Housing for Health

Housing for Health

DMH

Housing and Job Development Division

Housing and Job Development

DPH

Recovery Bridge Housing

Service & Bed Availability Tool

GettyImages-92677774.jpg

Reminder: Initial Engagement Authorizations for Non-Residential Levels of Care

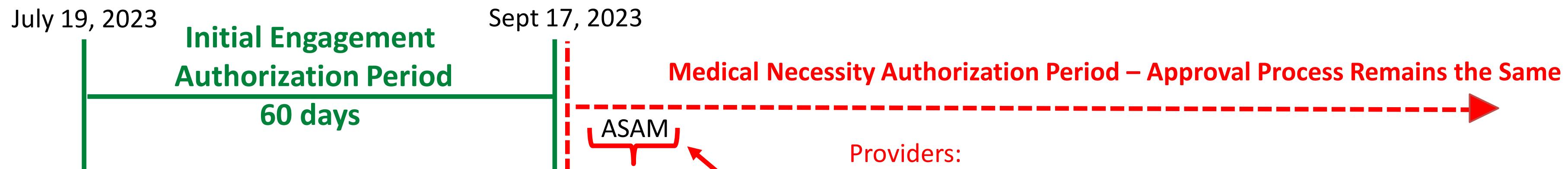
Initial Engagement Authorizations for Non-Residential Levels of Care

- **Submit a Full (Standard) Authorization When Medical Necessity Has Been Established**
  - No need to wait 30/60d before submitting a full authorization request
- **For initial engagement authorizations prior to establishing medical necessity**
  - Make this explicit via a miscellaneous note
  - Problem List/Treatment Plan should include a plan to conduct an ASAM assessment within the initial authorization period timeframe

- See Eligibility and Member Authorization for details.

See DHCS Behavioral Health Information Notice (BHIN) 21-019: https://www.dhcs.ca.gov/Documents/BHIN-21-019-DMC-ODS-Updated-Policy-on-Medical-Necessity-and-Level-of-Care.pdf

Authorization Periods – Patients Aged 20 and Under or PEH



For **NON-RESIDENTIAL SERVICES**, initial authorizations for patients **aged 20 and under** and **People Experiencing Homelessness (PEH)** will be set at 60 days *while they are being engaged and medical necessity is being established.*

Providers:

- Should engage patient to try to complete ASAM assessment and establish medical necessity throughout the initial 60-day authorization, but if this is not possible, the timelines for ASAM assessments and establishing medical necessity are the same as previously:
  - 7- or 14-days to complete ASAM assessment upon the end of the initial 60-day authorization period depending on clients who are 21 and over (7-days) or aged 20 and under (14-days); and
  - 30 days to submit all documentation to establish medical necessity and submit complete member authorization.

1 **Initial 60-Day Engagement Authorization Period**

- Patient must be LA County Resident
- Must meet SAPC Financial Eligibility requirements
- **Must meet age requirement of being 20 or under**
- **Documentation of homelessness status is required (if applicable)**
- Does NOT need to meet medical necessity

2 **New Authorization Request** submitted following initial 60-day authorization. In this example, the second authorization would begin Sept 6, 2021 and provider will have 7- or 14-days (depending on age of patient) to finalize the ASAM assessments and 30 days to submit all necessary documentation to establish medical necessity, as per current requirements.

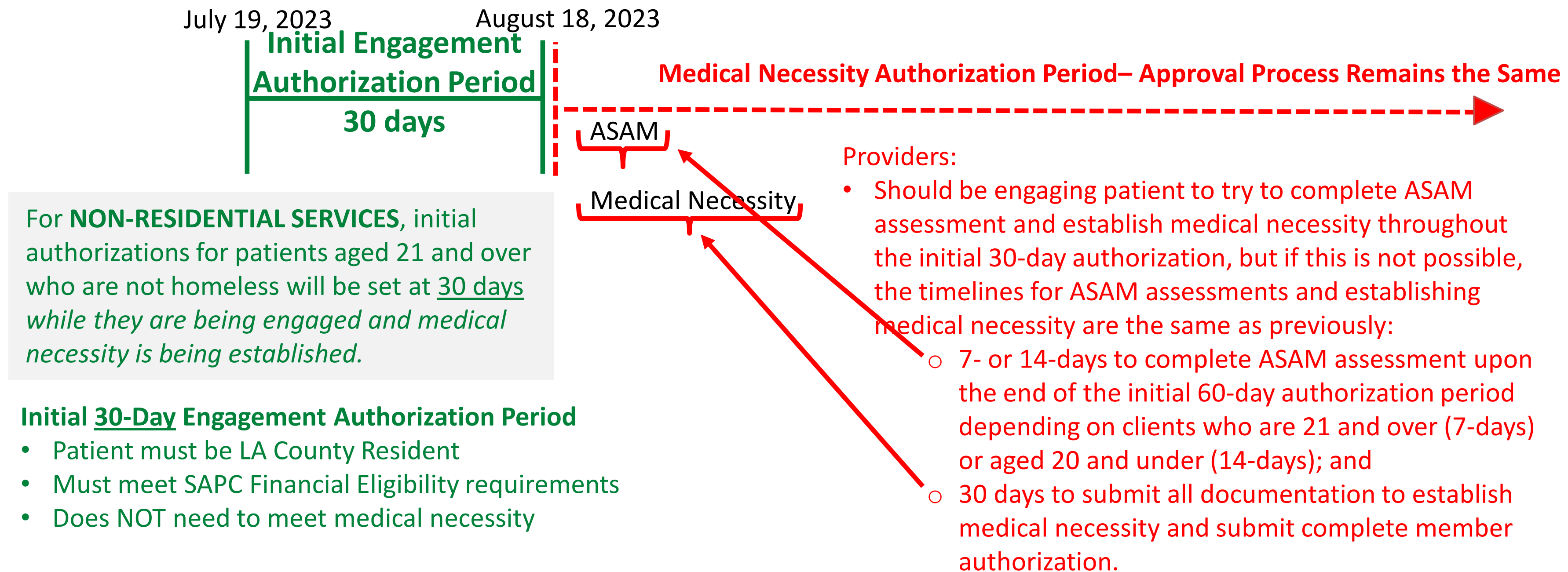
Total Authorization Length

- **Outpatient Services* → 2 months for the initial authorization period for those aged 20 and under and PEH, and then 4 months for the new authorization once medical necessity is established** (in this example, it would end on Jan 31, 2022)
- **OTP Services** → 2 months for the initial authorization period for those aged 20 and under and PEH, and then 10 months for the new authorization once medical necessity is established** (in this example, it would end on July 31, 2022)

*Total time will equal 6 months for outpatient services

**Total time will equal 12 months for OTP services

Authorization Periods – All Other Patients Aged 21 and Over that are Not Homeless



2 **New Authorization Request** submitted following initial 30-day authorization. In this example, the second authorization would begin August 7, 2021 and provider will have 7- or 14-days (depending on age of patient) to finalize the ASAM assessments and 30 days to submit all necessary documentation to establish medical necessity, as per current requirements.

Total Authorization Length

- **Outpatient Services* → 30 days for the initial authorization period for those aged 21 and over who are not homeless, and then 5 months for the new authorization once medical necessity is established** (in this example, it would end on Jan 31, 2022)
- **OTP Services** → 30 days for the initial authorization period for those aged 21 and over who are not homeless, and then 11 months for the new authorization once medical necessity is established** (in this example, it would end on July 31, 2022)

*Total time will equal 6 months for outpatient services

**Total time will equal 12 months for OTP services

Authorizations for Contingency Management

Overview

- The Contingency Management (CM) is a benefit specific to Medi-Cal beneficiaries.
- CM is an evidence-based, cost-effective program for beneficiaries suffering from substance use disorders; California will be focusing on stimulant use disorder. Participants producing urine toxicology testing confirmed abstinence from stimulant will be positively reinforced with progressively increasing values of gift cards over the course of 24 weeks.
- The initial pilot program spans **May 1, 2023 to March 31, 2024**, with the earliest dates of CM service based upon the provider agency site's completion of CM enrollment as confirmed by the DHCS Recovery Incentives Program Liaison.

Authorization Submissions for CM

- Providers should submit **two** authorizations requests for patients participating in CM:
  - A Non-Residential LOC Authorization
  - A RI Program- Contingency Management Authorization

- The CM Program requires patients to have the diagnosis of a moderate or severe Stimulant Use Disorder, documented via a Finalized ASAM and via CalOMS
- The time the providers spend conducting this assessment is billable via the (non-CM) Non-Residential LOC Authorization
- Participants in CM are encouraged to participate in additional non-residential services, but it is not a requirement to receive ongoing non-residential services in order to be receiving CM

CM Authorization Submissions

- Only providers that have completed CM onboarding should submit CM auths. The start date for auths cannot be earlier than their CM onboarding date confirmed by the DHCS Recovery Incentives Program Liaison (RecoveryIncentives@dhcs.ca.gov). The earliest possible date is 5/1/2023.
- Eligible providers should select the RI Program- Contingency Management Authorization Grouping which is an auth specific to CM claims. *CM claims cannot be submitted to other auth groups, and other auth groups do not include CM-specific claim codes.*
- For CM auths, select RI Program – Contingency Management as a Benefit Plan under the Funding Source & Benefit Plan Information section:

Funding Source & Benefit Plan Information

Funding Source:	Benefit Plan:
Drug Medi-Cal	- Please Choose One - *
Program:	- Please Choose One - DMC SUD Services RI Program- Contingency Management
Recovery Facility 2	

CM Authorization Requirements

1. LA County Residency with active Medi-Cal or clients who are in the ICT process confirmed to have a county residence showing as LA County
   - *Patients without Medi-Cal are not eligible to participate in the CM program.*
2. A **Finalized ASAM** that includes diagnosis for Stimulant Use Disorder with Moderate or Severe specifiers
3. Clients in residential services can be enrolled in CM on the day of transition and admission to non-residential LOCs.
4. Miscellaneous note is required (*LPHA finalization* on miscellaneous note is not required)
   - Indicate the authorization is for CM benefit
   - Client meets criteria for moderate or severe Stimulant Use Disorder
   - Previous discharge date and re-enrollment date if applicable

6. CM Authorizations will be approved for up to 180 days
7. CM pilot ends on **3/31/2024**: CM authorization end dates will not extend beyond 3/31/2024

InterCounty Transfers (ICT):

Medi-Cal (MC) transfer of benefits from one county to their new county of residence ensuring no interruption or overlap of MC benefits

County of Los Angeles Public Health

Are you struggling with processing InterCounty Transfers (ICT)?

Contact Nancy (ncrosby@ph.lacounty.gov) for help!

- A training is available including:
  - How to complete a Medi-Cal ICT for a new admission
  - Selection of Guarantor
  - Documentation supporting transfer to Los Angeles County effective date
    - Change Report Summary
    - Notice of Action
  - Electronic methods of verification of Residency
    - What is available to providers vs SAPC
  - BenefitsCal
    - When it can and cannot be used
  - Department of Health Care Services (DHCS) Information Notices pertaining to ICT

What is an ICT?

Medi-Cal transfer of benefits that allows uninterrupted coverage as the beneficiary moves from one County to their new County of Residence within California.

*For step-by-step instructions on updating Financial Eligibiity in Sage for ICT process, visit: http://publichealth.lacounty.gov/sapc/NetworkProviders/FinanceForms/FinancialEligibility/DocumentingChangesFinancialEligibilityStatus.pdf

ICT through Benefits CAL

Agency & Patient

- If coming from a County that is available in BenefitsCal, assist patient with creating an account, change the patient address to LAC
- Agency writes a Miscellaneous Note for the steps taken

DPSS

- Once DPSS processes this change (approximately 1-7 days) a Change Report Summary will be uploaded to the patient's BenefitsCal account including a benefit Effective Date

Agency

- Agency screenshots the Change Report Summary and uploads to patient chart under Attachments and writes a MISC note for steps taken, updates FE, and bills for Care Coordination
- Take note of ELIGIBILITY Date and submit Treatment Authorization (they will be approved starting on the date the patients benefit became active in LAC)

BenefitsCal link

- <u>Alameda, Fresno, San Francisco, San Luis Obispo and Sonoma (not in benefitscal)</u>

Communication Release

2/24/2023

New Certified Peer Support Specialist User Roles in Sage

On May 6, 2022 through BHIN 22-026, DHCS provided guidance for the claiming requirements of Certified Peer Support Specialist. Accordingly, SAPC has implemented two new user roles to Sage and the Sage ProviderConnect User Creation form for Certified Peer Support Specialist:

Access Group 14: Certified Peer Support Specialist: Allows these staff to conduct nonclinical treatment services including, Educational Skill Building, Engagement Services, Therapeutic Activity, view and edit the problem list/treatment plans and the documentation of those services.

Access Group 15: Financial + Certified Peer Support Specialist: For Certified Peer Support Specialists who conduct nonclinical treatment services as well as submit billing claims or are involved in financial matters.

To request Sage access for a Peer Support Specialist, follow the steps outlined on the Sage User Enrollment page.

Financial Eligibility for Intercounty Transfers

Intercounty Transfers (ICT) require a slight modification to the Financial Eligibility workflow to minimize errors and state denials. Providers frequently enter a generic date of 7/1/2017 or 12/01/2017 in the Coverage Effective Date field for the DMC or Non-DMC guarantors. However, for ICT cases, the Coverage Effective Date must reflect the date of transfer to LA County residence or responsibility. Once the provider receives verification that the patient's county of residence or county of responsibility has been transferred to LA, providers should enter the date of transfer as the Coverage Effective Date. Any date entered prior to that date may result in claims for dates of service prior to the transfer being sent to the State then denied.

COUNTY OF LOS ANGELES
Public Health

Quality Improvement Documentation Review & Focus Groups

Naloxone

- Naloxone is an opioid antagonist that rapidly reverses the effects of an opioid overdose. With a fentanyl overdose, multiple doses of naloxone may need to be administered[1].

- Fentanyl is a synthetic high potency opioid (50 times stronger than heroin and 100 times stronger than morphine) which is the major contributor to opioid overdose in LA County.
- Fentanyl is colorless and odorless, and can be mixed with drugs like heroin, cocaine, and methamphetamine or manufactured to resemble other prescription opioids[2].
  - Fentanyl-laced drugs are dangerous because people may be unaware that their drugs contain fentanyl, which can result in an overdose[2].

- Per SAPC IN 22-04 “Naloxone should be prescribed and/or distributed to patients with opioid, stimulant, sedative and other use disorders where patients are at risk for opioid overdose.”

1. http://www.cdph.ca.gov/Programs/CCDPHP/sapb/Pages/Naloxone.aspx
2. http://www.cdc.gov/stopoverdose/fentanyl/index.html

Naloxone

- All patients engaged in SUD treatment, regardless of whether they report using opioids, are at risk for opioid overdose or observing and overdose and would benefit from a naloxone via pharmacy or OTP dispensing or via distribution.

- A recent qualitative chart review by **SAPC's Quality Improvement unit** revealed that many patient charts across the SAPC contracted provider network lacked documentation that patient was either prescribed, dispensed, or handed naloxone.

- The following locations are useful for documenting the prescribing or distribution of Naloxone:
  - For primary providers: Patient Medications tab in Sage, Discharge and Transfer form tab, Misc. Note/Progress Note Type Discharge Planning/Summary or Misc. Note/Progress Note Type MAT.
  - For secondary providers: Patient Med List or Discharge Planning uploaded in attachments

Care Coordination

- Care Coordination, previously referred to as Case Management is an essential component of SUD treatment at all LOCs.
- Per Provider Manual "Care Coordination consists of activities to provide coordination of SUD care, mental health care, and medical care, and to support the patient with linkages to services and supports designed to restore the patient to their best possible functional level".
- A recent qualitative chart review by **SAPC's Quality Improvement unit** revealed that many providers are documenting services that do not fit the billable definition of Care Coordination under Care Coordination/Case Management.
- It is important that providers educate their work force to be able to distinguish which activities are considered Care Coordination and which activities are not as to avoid the risk of future recoupment or disallowances.

Care Coordination

- Activities must be comprised of the following 3 core functions to meet the billable criteria for Care Coordination.
  - **Connection**
    - Establishing connections through referrals that link patients to housing, educational, social, prevocational, vocational, rehabilitative, or other community services. Coordination
  - **Coordination**
    - Requires acting as a bridge between health and human service providers to ensure that information is appropriately exchanges, and patients are successfully linked to needed resources/services.
  - **Communication**
    - Communication may include telephone, emails, letters, and progress notes and/or reports to the County, State, and other service providers on behalf of the patient.

Examples of Care Coordination Activities

- LPHA assisted Patient with linkage to local DMH clinic. LPHA contacted Palmdale Mental Health Center and spoke with intake worker Jessica to make referral and schedule appointment. Patient was provided with an intake appointment on Monday 8/31/23 at 11:00am. ROI uploaded in attachments.
- Counselor assisted patient with creating a DMV profile and scheduling appointment for patient to obtain a CA ID. Counselor informed patient of the documents they would need to bring to their appointment. Patient's DMV appointment is scheduled for Friday 7/28/23 at 2:30pm.
- Case Manager provided to patient the results from their STI testing and offered to link them to the Jeffrey Goodman Special Care Clinic in Los Angeles. Patient signed ROI and Case Manager placed phone referral/faxed patient's test results.
- Admissions staff assisted patient with creating a profile on https://benefitscal.com and submitting a change of address to facilitate ICT. Obtained Change Summary Report and uploaded in patient's attachments for eligibility verification purposes.

Examples of Non-Care Coordination Activities

- Coordination/communication with internal service providers
  - Counselor contacted in house medical clinic to obtain patient’s COVID-19 test results.
  - LPHA spoke with in house psychiatrist to request a medication eval.
- Reviewing patient’s financial eligibility information/submitting authorizations
  - Admissions staff ran 270 report and uploaded into patient’s attachments.
  - Case manager submitted request for service reauthorization
- Collateral Services
  - Counselor assisted patient in contacting their mother to ask her to mail him his driver’s license.
- Case Reviews
  - LPHA, Counselor, and Case Manager met to discuss patient’s progress in treatment and discuss potential challenges/barriers to recovery.

Contact Information: SAPC Quality Improvement

- Phone **626-299-3531**
- Email SAPC.QI.UM@ph.lacounty.gov

SAPC Referrals-Essential Contact List

Essential Contact Info

- For a specific authorization question, contact the care manager named in SAGE
- UM General number: **(626) 299-3531** and email: SAPC.QI.UM@ph.lacounty.gov
- Netsmart Helpdesk for SAGE technical problems/questions: **(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**

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

quotefancy