# SAPC Provider Utilization Management Meeting

Los Angeles County Department of Public Health

August 20th, 2025

Substance Abuse Prevention & Control

# Agenda

- **Clinical Documentation Updates & Reminders**
- **PM 10.0 is published!**
- **Intercounty Transfer of Medi-Cal Benefits/EST UNIT**
- **Essential Contact Info/SAPC Referrals Process**
- **Discussions/Questions**
- **Adjourn**

# Clinical Documentation Updates & Reminders

**Why does documentation matter to 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 <mark>observational</mark> and <mark>narrative</mark> in content and is written by counselors, clinicians and certified Peers to <mark>analyze the process</mark> and <mark>contents</mark> of patient encounters. Clinical documentation is a critical component of quality healthcare delivery and serves multiple purposes"

# Why is documentation important for UM?

- Standardized documentation by counselors, clinicians,

  and staff helps with

  – treatment consistency

  – improves quality of care

  – success rate for approving service authorization

  requests

**Submitting service requests when they are complete**

- What does complete mean?
    - All necessary documents
    - All necessary signatures
- Review the "Checklist of Required Documentation for Utilization Management" on the SAPC website

**Summary**

- UM and provider network collaboration is key for the authorization process
- Submitting complete and timely documentation is crucial for authorizations
- Your appropriate clinical document (s) (progress note, problem list, ….etc) provide insight into your work with your patients

Secondary Provider Documentation Updates and reminders

- Downtime procedures until EHR forms approved. Reminder to the provider to use SAPC Paper forms until new forms are approved.
- How long does the review/approval process take for secondary providers clinical documentation forms?

      on average 1 month

What should we do if we just got into contract with a new EHR vendor?

Organizing and updating the "approved provider documentation" is in progress

      - QI Documentation Taskforce

# Medical Necessity

- How does one expand on symptoms which may be either chronic or acute in a way that supports medical necessity?

- Providers should include detailed description of patient's presentation/symptoms as well as functional impairments, and/or biopsychosocial factors contributing to patient's substance use and relapse risk.

- Examples:

- Instead of stating "patient is experiencing psychosis", provide specifics such as "patient reports ongoing intermittent auditory hallucinations, command, and paranoid type. Per Pt, 'the voices tell me I should leave because someone here wants to hurt me'".

- Instead of stating "patient is experiencing legal issues" provide specifics such as "Pt has ongoing legal issues including being on summary probation and having open DCFS case. Pt's next DCFS court date is 3/1/25 and Pt reports if she loses her children she is going to "give up" because 'what is the point'".

- For medical issues instead of only stating "Pt has a history of seizures", provide specifics such as "Pt has a recent history of ETOH withdrawal related seizures, with last seizure 6 weeks prior to admission. Pt is non-compliant with prescribed medications and states 'I forget to take my medications when I'm drinking'".

- For behavior preventing lower LOC participation and requiring higher LOC, instead of stating "Pt presents agitated", provide specifics such as "Pt presented as agitated and aggressive at time of screening, evidenced by pressured and rapid speech, threats to staff, and postured stance. Pt required IV sedation and requires 24 hour 1:1 nursing for safety and medical observation for medication management."
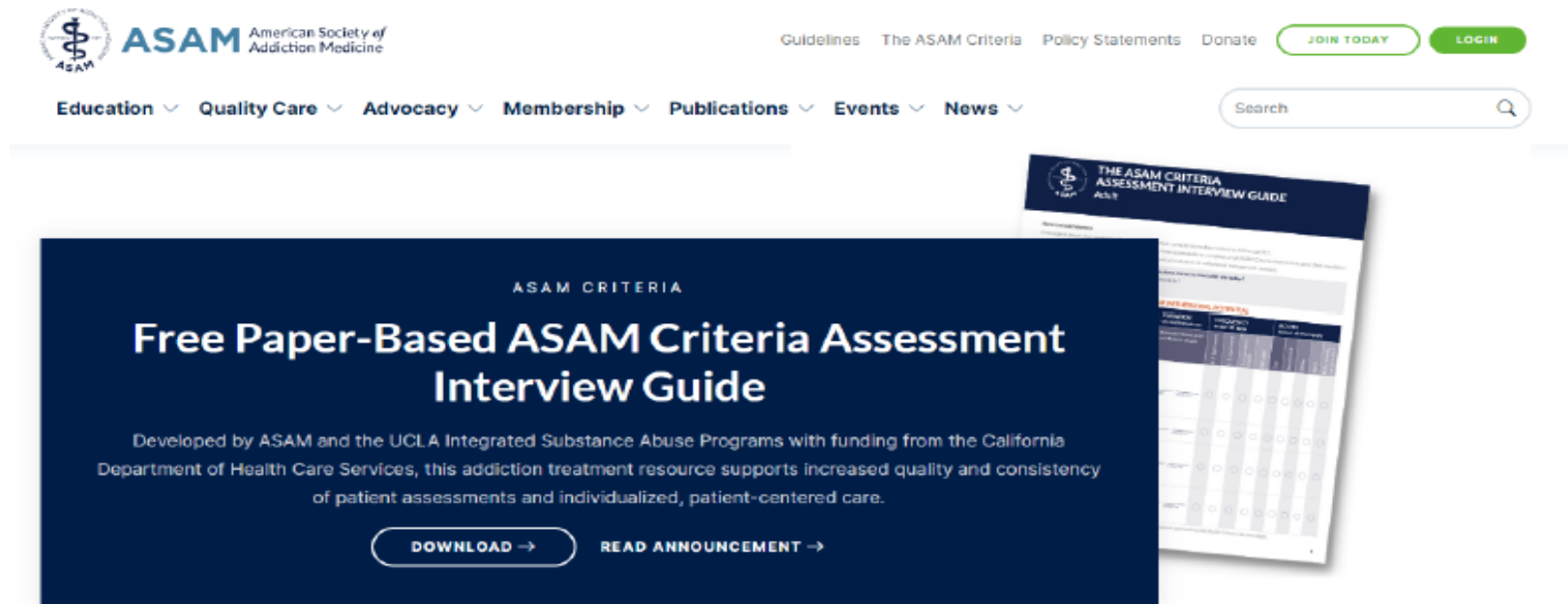
# OTP provider, do I need to get patient's signature on Treatment Plan?

- Yes patient signature is still required for Treatment Plans for OTP providers

# Updated Adult Paper ASAM (3rd Edition) Form for SAGE Downtimes



| Subject | Date |
|---|---|
| **Manuals & Guides** | **Bulletins** | **Clinical** | **Beneficiary** | **Contracts & Compliance** | **Finance** | **CRLA** |

**Clinical Forms and Documents - Treatment Services Related**

| Subject | | Date |
|---|---|---|
| Updated Paper ASAM-Adult | | |
| – Updated-Paper-ASAM-Criteria-Adult-Jan2025 *(New - January 2025)* | | 01/06/25 |
| – OLD LOC Determination Tool-Optional *(New - January 2025)* | | 01/06/25 |
| Progress Note | | 09/11/23 |
| Checklist of Required Documentation for Utilization Management | | |
| – Sage Version 7.1 | | 10/23/24 |
| ASAM Assessment Requirements | | 10/07/24 |

– <mark>Continue to use the ASAM CONTINUUM tool accessible through SAGE Paper tool is only for use during SAGE downtimes</mark>

– http://publichealth.lacounty.gov/sapc/providers/manuals-bulletins-and-forms.htm?tm#clinical

- SAPC approved form posted via
- http://publichealth.lacounty.gov/sapc/NetworkProviders/ClinicalForms/TS/Updated-Paper-ASAM-Criteria-Adult-Jan2025.pdf

# PM 10.0 is published!

**Eligibility Verification**

  Updated timeframes
  Added reference to BHIN 24-001

**Authorized Services**

  Clarified 30-day submission timeline for initial and continued services
  Added policy on late submissions
  Added SAPC review procedures
  Expanded denial notification section to reflect timeline
  Clarified retroactive reimbursement

• **Table 15: Residential Authorization and Reauthorization Service Limits…………….…179**
 Moved table from Pre-Authorized Services
 Updated and reformatted information to align new section
• **Residential Treatment…………………..180-182**
 New section header
Workforce
• **Table 16: Types of Licensed Practitioners of the Healing Arts…………………………………….186**
 New Table
• **Clinical Trainees……………………….186-187**
    Updated information and guidelines

**Timeliness of Authorization Submissions**

Member authorizations and reauthorizations need to be submitted to SAPC-QI and SAPC-UM within 30 calendar days of admission or within 30 calendar days of reauthorization start date.

**Five (5) exceptions to the 30 days rule** – authorization submissions should be held pending the establishment of financial eligibility in the following circumstances:

1. An individual who applied for Medi-Cal but has not established DMC benefits yet.
2. Awaiting receipt of an OHC denial.
3. Pending resolution of Sage technical issue that prevented authorization submission (providers need to document Sage Help Desk Ticket Number related to the technical issue).
4. Pending ICT of Medi-Cal benefit.
5. Authorizations for RI-CM

http://publichealth.lacounty.gov/sapc/bulletins/START-ODS/25-12/SAPC-IN-25-12-Provider-Manual-v10.0-Attachment-I.pdf

http://publichealth.lacounty.gov/sapc/bulletins/START-ODS/25-12/SAPC-25-12-Provider-Manual-v10.0-QRG-Attachmnet-II.pdf

# 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

# Are you struggling with processing InterCounty Transfers (ICT)?

Contact Eligibility Support Team (DPH-SAPC-EST@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

*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

***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.*

# ICT through Benefits CAL

**Agency & Patient**
- Assist patient with creating a BenefitsCal 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 <u>BenefitsCal</u> 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)

## <u>BenefitsCal</u> link

## Figure 1: Key Inter-County Transfer Steps

| | |
|---|---|
| **Option 1: Using BenefitsCal Website** | Assist the client in creating a new account or signing into an existing account on the BenefitsCal website. |
| | Complete the MC382/383 form to allow the provider to become an authorized representative on behalf of the client, helping to facilitate further updates. Once completed, upload it into the client's BenefitsCal account and the client chart. |
| | Link the client's case from the originating county to LA County. Medi-Cal benefits will show as pending in LA County. It will become active once the County of Responsibility has transferred. |
| | After completing the updated residence in BenefitsCal, download or print the resulting Change Report Summary (CRS) and upload it to the client's chart in Sage. SAPC-UM will honor the CRS effective date as meeting funding requirements when approving the Member Service Authorization Request (SAR). |
| **Option 2: Working with DPSS** | Contact the local LA County Department of Public Social Services (DPSS) office and report the change of residence. |
| | Call the DPSS Customer Service ICT Hotline at (866) 613-3777. Press 1 for English; after the recording, press 5 for Disability Accommodation and Other Hotlines; then press 3 for Benefits Transfer Request. |
| | Notify the DPSS Eligibility Worker (EW) that your client needs to transfer their existing DPSS case from the originating county to LA County. |
| | A Notice of Action (NOA) confirming the county transfer and effective date will be mailed to the client. |
| | Upload the NOA to the client's chart, as SAPC-UM will use the effective date to authorize treatment. |
| | While not recommended, the client may also contact DPSS in person via phone. Please note that this method may initiate a transfer of both County Responsibility and Residence, which can take one (1) to three (3) months to transfer to LA County and will not be retroactive to the request date. |
| **Provider Agency** | Complete a Care Coordination Progress Note in the client's chart for all actions taken to support the ICT process. |
| | After one (1) to three (3) weeks, contact DPH-SAPC-EST@ph.lacounty.gov to confirm the transfer of residence or wait until AEVS provides confirmation that the County of Responsibility is LA County. |
| | Submit SAR using the effective date on the NOA or CRS or with confirmation of County of Residence 19 in MEDS or MEDSLITE. |
| | Select DMC as Guarantor in the Financial Eligibility form to reflect the effective date found on the NOA/CRS, the date found on the client's Medi-Cal card, or the Issue Date indicated in MEDSLITE. |
| | During the time the transfer of residence is being processed, the provider may utilize any non-DMC funding found in the Other Funding Programs in the CalOMS that the client qualifies for. In that case, select non-DMC as the guarantor and bill accordingly. Once the County of Residence is transferred to County 19 and all claims to the non-DMC funding source have been submitted, change the guarantor to DMC. If not other funding sources, continue with DMC as guarantor. |
| | To access the AEVS, submit the following forms and register for the provider portal: |

If there are additional questions after using BenefitsCal, provider agencies may also contact SAPC to verify the information using the MEDS/MEDSLITE systems. For assistance, email DPH-SAPC-EST@ph.lacounty.gov and ensure that Protected Health Information (PHI) is not included in the email message.

← → C ⟳ ⚠ Not secure publichealth.lacounty.gov/sapc/providers/manuals-bulletins-and-forms.htm?tm#finance ☆ ⬚ | ⬚ | ⊙ ⋮

⠿ Apps ⬚ DPH Managed Favorites ⬚ | ⊡ Mail - Nancy Crosby... ⊕ MEDS Search ⬥ Netsmart myAvatar... ⚑ AEVS » | ⬚ All Bookmarks

Providers ▾

# Manuals, Bulletins, and Forms

SAPC Home / Network Providers / Manuals, Bulletins, and Forms

To search for a specific document use the search box or click on the tabs below.

🔍 Search ✕

Click **here** if you want to expand all tabs and view all documents.

| Manuals & Guides | Bulletins | Clinical | Beneficiary | Contracts & Compliance | Finance | CRLA |

## Finance Related Forms and Documents

| Subject | Date |
|---|---|
| Inter-County Transfer and Other Medi-Cal Eligibility Topics *(New - June 2025)* | 📄PDF 06/26/25 |
| Inter-County Transfer and Other Medi-Cal Eligibility Topics Recording *(New - June 2025)* | 📄 06/26/25 |

# Updated Contact Email for Appeal/Grievances

sapc_appeal@ph.lacounty.gov

## Beneficiary

| Subject | | Date |
|---|---|---|
| Appeal Form *(Updated - October 2024)* | [w] | 10/31/24 |
| Complaint and Grievance Form *(Updated - October 2024)* | [w] | 10/31/24 |

| | |
|---|---|
| **Email: sapc_appeal@ph.lacounty.gov** | **Mail:** Substance Abuse Prevention and Control, Contracts and Compliance Branch, 1000 South Fremont Avenue, Building A9 East, 3rd floor, Box 34, Alhambra, California 91803 |
| **Phone: (626) 299-4532** | |
| **Fax: (626) 458-6692** | |
| **If you need this form in alternate format (e.g., large print, braille, or audio), call 888-742-7900 press 7.** | |

http://publichealth.lacounty.gov/sapc/providers/manuals-bulletins-and-forms.htm#beneficiary

# 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**
- To <u>file</u> an appeal**:  sapc_appeal@ph.lacounty.gov**
  - Grievance and Appeal Follow-Up: **(626) 293-2846**
    - The Grievance and Appeal Follow-Up Phone Number is for providers or patients who have questions or concerns <u>after</u> receiving a Grievance and Appeals (G&A) Resolution Letter

# SAPC Referral Process

| Unit/Branch/Contact | Email/Phone Number | Description of when to contact |
|---|---|---|
| Sage Help Desk | (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) | 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.lacouty.gov | DHCS policy, DMC-ODS general questions, SBAT |
| Clinical Standards and Training | SAPC.cst@ph.lacounty.gov | Clinical training questions, documentation guidelines, requests for trainings |
| File an Appeal | sapc_appeal@ph.lacounty.gov | |
| Grievance and Appeal Follow Up (G&A) | (626) 293-2846 sapc_appeal@ph.lacounty.gov | Providers or patients who have questions or concerns after receiving 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 | DPH-SAPC-EST@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 | Patient calls requesting for service |

# Discussions/Questions

**"The opposite of addiction is not sobriety; the opposite of addiction is connection."**

*- Johann Hari*