

Clinical / Utilization Management / Quality Improvement Updates

Los Angeles County Department of Public Health
September 6, 2022
Substance Abuse Prevention & Control



Agenda

- **CalAIM Documentation Redesign**
 - **Problem List Standards**
 - **Progress Note Timeliness**
- **Financial Eligibility Resources**

CaAIM Documentation Standards



Problem List

- » Will include, but is not limited to:
 - » Diagnoses identified by a provider acting within their scope of practice, if any.
 - » Problems identified by a provider acting within their scope of practice, if any.
 - » Problems identified by other providers acting within their respective scopes of practice, if any.
 - » Problems identified by the beneficiary and/or significant support person, if any.
 - » The name and title of the provider that added or removed the problem, and the date the problem was added or removed.
- » The problem list will be updated on an ongoing basis.



Problem List

- Problem List Requirements
 1. Problem (minimum one SUD related): may be listed as a diagnosis, illness, social determinant of health, patient-reported symptom/illness/problem, z-code, and/or description of an issue
 2. Problem Added By- and credential
 3. Practitioner Title
 4. Date Added: date the problem was added to the Problem List
 5. Date Removed: date the problem was identified for removal
 6. Removed By - and credential and title

6. Problem List must be Finalized/Signed by LPHA and dated within the last 30 days of start date for residential reauthorizations or last 90 days for non-residential reauthorizations – in adherence with Provider Manual standards.
- 7. This excludes OTPs who will continue to utilize Treatment Plans.**

Problem List Formats:

Treatment Plan Problem(s)

5 Problem Statement:

Alcohol use

Problem Added By: Esther Orellana, Ph.D.

Practitioner Title: Licensed Psychologist

Date Added: 7/2/2022

SAPC Problem List Paper Version (for Secondary Sage users and for Primary users during downtime)

<http://publichealth.lacounty.gov/sapc/NetworkProviders/ClinicalForms/TS/ProblemListMain.pdf>

Operationalizing the Problem List in Sage

Field	Old way of entry	New entry requirements
Problem Statement	Listed as a sentence, often in the patient's own words	<p>Within the scope of the practitioner identifying the problem, this can be listed as a diagnosis, Social Determinant of Health, Z-Code, or description of an issue.</p> <p>MUST also include:</p> <p>"Added by:"- Practitioner's Name who identified/added the problem AND credential (ex. RADT-I, CACD-II, LCSW)</p> <p>"Practitioner Title:" ex. Registered SUD Counselor, Certified SUD Counselor, Licensed Social Worker</p> <p>"Date Added:"- Date the Problem was added</p> <p>"Date Removed:"- If applicable, add the date the problem was identified for removal.</p> <p>"Removed by:" The practitioner, credential, and title that removed the problem.</p>
Long Term Goal	What the patient wants to achieve by the end of treatment at that level of care	<p>"N/A"</p> <p>This is no longer required, but can still be filled with what the patient identifies as a long-term goal</p>
Treatment Start Date	The date the patient started treatment	No change. Continue to enter the date the patient started treatment.
Dimension	Select the dimension(s) associated with the Problem Statement.	No change. Continue selecting the dimension associated with the Problem.
Short Term Goal(s) (SMART)	Enter a Specific, Measurable, Achievable, Relevant, Time-Bound goal.	<p>"N/A"</p> <p>This is no longer required, but can still be filled in with a SMART goal.</p>
Action Steps	What staff or the patient are going to do to help meet the goals.	<p>"N/A"</p> <p>This is no longer required as it is expected to be noted in each progress note.</p>
Target Date	Expected day of completion.	Leave Blank
Complete Date	Date goal met.	Leave Blank

Operationalizing the Problem List in Sage

	Problem Statement	Long-Term Goal	Treatment Start Date	Dimension	Short Term Goal(s) (SMART)	Action Steps	Target Date	Complete Date
Select	Problems with Housing ^Problem Added By: John Smith, CADC-II^Practitioner Title: Certified SUD Counselor ^Date Added: 7/3/2022	"Get housing"	07/01/2022	Dimension 3	N/A	N/A		
Select	Problem with Employment^Problem Added By: Maria Gonzalez, RADT-I^Practitioner Title: Registered SUD Counselor ^Date Added: 7/2/2022^Date Removed: 8/5/2022^Removed by: John Smith, CADC-II, Certified SUD Counselor	N/A	07/01/2022	Dimension 3, Dimension 5	N/A	N/A		
Select	Alcohol use^Problem Added By: Esther Orellana, Ph.D.^Practitioner Title: Licensed Psychologist^Date Added: 7/2/2022	N/A	07/01/2022	Dimension 4	N/A	N/A		

Treatment Plan Problem(s) Item 2

Problem Statement **Problem with Employment**

Problem Added By: Maria Gonzalez, RADT-I

Practitioner Title: Registered SUD Counselor

Date Added: 7/2/2022

Date Removed: 8/5/2022

Removed by: John Smith, CADC-II, Certified SUD Counselor

Long-Term Goal **N/A**

Treatment Start Date **07/01/2022**

ASAM Dimensions

1. Acute intoxication and/or Withdrawal Potential; 2. Biomedical

4. Readiness to change; 5. Relapse Continued Use, or Continued

Dimension **Dimension 3, Dimension 5**

Short Term Goal(s) (SMART) **N/A**

Action Steps **N/A**

Target Date (blank)

Complete Date (blank)



Once the form is saved, above is what the Treatment Plan Problem table will look like.



To the left is what the printed treatment plan would look like. Although not in a table format, it has the necessary components of the Problem List.

Flexibility Period for Problem List Timeliness

- Any authorizations submitted by the provider for dates of service between 7/1/2022 to 10/15/2022:
- Timeliness of completing Problem List will be waived during this grace period
- If a Problem List is submitted but is missing an SUD problem, UM will contact provider and provide 7 calendar days for provider to submit additional information via Updated Problem List.

Correcting Problem Lists Documented on Incorrect Form

- If Problem List was submitted on incorrect form SAPC UM will contact provider to resubmit on corrected / appropriate form.
Examples:
 - Primary user used Problem List Paper version outside of Sage downtime
 - SAPC Treatment Plan Paper version
 - Unapproved Problem List form
- SAPC Providers have 7 calendar days from the date of auth submission for the provider to resubmit Problem List on the appropriate form

Correcting Problem List Errors

- If Problem List is in draft, will provide 7 calendar days for provider to finalize
- If Problem List is finalized late, will accept without applying date modification for DOS through 10/15/2022
- If updates were not received after 7 calendar days:
 - Denial-medical necessity criteria not met (if not finalized, missing SUD problem)
 - Denial- insufficient documentation (if missing other required element tied to SUD problem)
- Provider can appeal denials in the usual manner that address documentation corrections after a denial was issued

Q&A On Documentation Required for Authorization

- Is the miscellaneous note for level or care justification still required?

Yes

- Is client's signature required for Problem List?

No

- Does one of the problems have to be related to SUD?

Yes, not less than one problem must be related to an SUD

- After the Problem List grace period ends on 10/15/2022, what if the problem list was not finalized within 7 days?

UM will issue denial or partial approval based on the date the problem list was finalized

Q&A On Documentation Required for Authorization

- Can a SUD Counselor document a diagnosis made by an LPHA?

Yes, provided they document the name and title of the diagnosing LPHA and the date the diagnosis was identified, added, or removed next to the diagnosis listed on the Problem List

- Can a SUD Counselor document a patient-reported diagnosis?

Yes, provided that they specify that the diagnosis was patient reported

- Will UM deny authorizations when a problem list includes a SUD counselor's name / title next to a diagnosis?

No. SAPC UM will confirm that the problem list includes not fewer than one substance-related problem for which treatment by a SAPC contractor is appropriate. SAPC monitors compliance with problem list documentation that aligns diagnoses with LPHA names/titles through SAPC contract compliance mechanisms, not through auth denials.

Q&A On Documentation Required for Authorization

- Does a problem list need to be submitted with an initial authorization?
No. Problem lists are required for reauthorizations of ongoing care, not for initial authorization for a patient starting (or restarting) treatment.
Residential problem lists remain valid for 30 days to support re-authorization requests and non-residential problem lists remain valid for 90 days to support non-residential re-authorization requests
- Where do I ask questions about a Problem List error on an authorization request I submitted?
Contact the care manager assigned to the authorization
- I'm a secondary provider. How do I get my Problem List Format approved by SAPC?
Email Problem List form to SAPC.QI.UM@ph.lacounty.gov

CaAIM Documentation Resources

- [SAPC CaAIM Documentation Requirements Training Presentation File](#)
- [SAPC CaAIM Documentation Requirements FAQs](#)
- [Upcoming CaAIM Documentation Requirements Trainings on Sept 9 and Sept 22](#)

- This slide deck will also be available via
<http://www.publichealth.lacounty.gov/sapc/NetworkProviders/Regulations.htm>

- Also refer to:
 - [SAPC July 5 Provider Meeting Recap](#)
 - [SAPC August 17 UM Meeting Recap](#)
 - Correction: problem lists will not be required to be submitted with initial authorization requests

Paper-Based Problem Lists for SAGE Downtimes

- Problem List: <http://publichealth.lacounty.gov/sapc/NetworkProviders/ClinicalForms/TS/ProblemListMain.pdf>
- Addendum: <http://publichealth.lacounty.gov/sapc/NetworkProviders/ClinicalForms/TS/ProblemListAddendum.pdf>
- Note: All new admissions as of 7/1/2022 require a Problem List. Existing patients with active Treatment Plans finalized prior to 7/1/2022 can continue to use Treatment Plan until next Treatment Plan is due (30 days for residential re-authorizations and 90 days for outpatient re-authorizations). Existing patients with an expired Treatment Plan will require a Problem List effective 7/1/2022.



**SUBSTANCE ABUSE PREVENTION AND CONTROL
PROBLEM LIST**

PATIENT INFORMATION			
1. Name (Last, First, and Middle):		2. Date of Birth (mm/dd/yyyy):	3. Medi-Cal or MHLA Number:
4. Address:			
5. Sage Client Number:	6. Gender:	7. Preferred Language:	8. Race/Ethnicity:
9. Phone Number:		Okay to Leave a Message? <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. DSM-5 Diagnosis(es) Primary Diagnosis: Secondary Diagnosis: Tertiary Diagnosis:			
11. Was a Physical Exam Completed? <input type="checkbox"/> Yes, provide the date the physical exam was completed: <input type="checkbox"/> No, provide the date of scheduled physical exam appointment:			
12. Initial Problem List Date:		13. Updated Problem List Date:	
PROVIDER AGENCY			
14. Name:	15. Address:		16. Email:
17. Contact Person:	18. Phone Number:		19. Fax Number:
ASAM Dimensions: 1. Acute intoxication and/or Withdrawal Potential; 2. Biomedical Conditions and Complications; 3. Emotional, Behavioral or Cognitive Conditions/Complications; 4. Readiness to change; 5. Relapse Continued Use, or Continued Problem Potential; 6. Recovery Environment			
PROBLEM # 1			
20. Problem:			
21. Added By:	22. Practitioner's Title:	23. Date Added:	
24. Dimension(s):			
25. Removed By:	26. Practitioner's Title:	27. Date Removed:	

<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.

Reminder: Progress Note Standards

Per BHIN 22-019, the following Progress Notes updates are effective 7/1/2022.

- Progress notes shall be finalized within three (3) business days of providing the service. Crisis notes shall be completed within 24 hrs.
 - Including co-signatures, if applicable.
- Diagnosis and CPT codes do NOT need to be in the body of the Note but does need to be on the claim.
- Daily summary or encounter-based progress notes (*provided there is not less than one encounter documented each day*) are required for services that are billed on a daily basis, such as residential care. Weekly progress notes are not acceptable.
- Group Services rendered by multiple providers: one progress note with one provider signature is acceptable.

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**

Financial Eligibility Resources



VERIFICATION ACTIONS YOU CAN COMPLETE ONLINE

- **Eligibility**
- **Batch Eligibility**
- **Automated Provider Services**
- **Medi-service reservations (limited MCAL services)**
- **Medicare Drug Pricing**
- **PDF RAD/Medi-Cal Financial Summary**
- **Share of Cost**

HOW TO ACCESS MCAL VERIFICATION SYSTEMS

Must have a Medi-Cal provider number and PIN, and have either an electronic or paper Medi-Cal Point of Service (POS) Network/Internet Agreement form on file:

Required forms to gain access to activate automated systems

[Electronic POS/Internet form](#)- Electronic Docusign Version

[Paper POS/Internet form](#)- Printable version

For information about Provider Enrollment: Visit the [Provider Enrollment](#) page.

- Please call the Telephone Service Center (TSC) at [1-800-541-5555](tel:1-800-541-5555) for more information

Automated Eligibility Verification System (AEVS): 1-800-456-AEVS(2387)

- DO NOT need enrollment; DO need a PIN to access.

How can I receive or reset my PIN #?

- Providers received their initial Provider Identification Number (PIN) as part of their program enrollment.
- Methods for PIN Confirmation or Replacement: Medi-Cal fee-for-service providers with seven-character Provider Identification Numbers (PINs) may request a Telephone Service Center (TSC) agent at 1-800-541-5555 to confirm or reset their PIN.

Helpful State Resources for Providers

- **Online Medi-Cal Provider Manual**

- https://files.medi-cal.ca.gov/pubsdoco/manual/man_query.aspx?wSearch=* *z00*+OR+* *z01*&wFLogo=Part1+%23+Medi-Cal+Program+and+Eligibility&wPath=N

- **AEVS transaction log- Useful to keep a record of eligibility inquires (can be uploaded to Sage)**

- <https://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part1/aevtrn1form.pdf> –

- **Where to find answers**

- <https://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part1/0Cgetstart.pdf>

- **Eligibility Benefits Instructions:**

- <https://filesaccepttest.medi-cal.ca.gov/pubsdoco/Publications/masters-MTP/Part1/eligrec.pdf>

- **Printable versions of the POS and Eligibility Enrollment forms**

- [Form: Medi-Cal Point of Service \(POS\) Network/Internet Agreement \(point frm1 net\)](#) (Revision Date Oct 16, 2020) | (167KB)
- [Form: Medi-Cal Eligibility Verification Enrollment Form \(point frms\)](#) (Revision Date Oct 16, 2020) | (120KB)



Home Apply For Benefits Programs Help

English

Log In

New? [Create An Account](#)

04/27/2022

LA County users:

Please create a new account in BenefitsCal and link to your case to access your benefits. Welcome to BenefitsCal!

[Read More](#)

NaN of 5

< 1/5 >

Welcome to BenefitsCal.

Here you can apply for Medi-Cal, CalFresh and CalWORKS.

Ready? Let's do this.

[Learn more about BenefitsCal](#)

Apply Now

See If You Qualify



Do I Qualify?

- Create a BenefitCAL account
- Link out of County case to the account, and
- Report the change, and
- Click on the information link and update the address

Verification for UM: Change Summary Report for Intercounty Transfer



Submit Date

Submit Time

Case Number

Change Report Summary

Programs		Food (CalFresh)
		Health Coverage (Medi-Cal)

Your Information

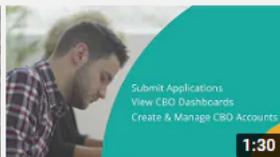


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BenefitsCal: Community Based Organization (CBO)... 4.8K views · 11 months ago CC	BenefitsCal: How to apply for benefits 10K views · 1 year ago CC	BenefitsCal: How to report a change 4.9K views · 1 year ago CC	BenefitsCal: How to upload a document 21K views · 1 year ago CC	BenefitsCal: How to link a case 15K views · 1 year ago CC	BenefitsCal: Customer Dashboard Overview 3.6K views · 1 year ago CC
					
BenefitsCal: How to reset a password	Journey to BenefitsCal 8.2K views · 1 year ago	Welcome to BenefitsCal 10K views · 1 year ago			



We got your reported changes.

Confirmation Receipt

Date	7/21/2021
Time	05:48 PM
Case Number	K200002
Changes	Money & Accounts

Text, email or print a copy of your receipt for your records.



Download or print a summary of your changes for your records.



[BACK TO DASHBOARD](#)

Click to text, email, download, or print a receipt of the changes reported.



2:25 / 2:45 Js

[Help & Resources](#)

BenefitsCal 



Medi-Cal Verification Systems

 **Medi-Cal Providers**


Providers ▾


Beneficiaries

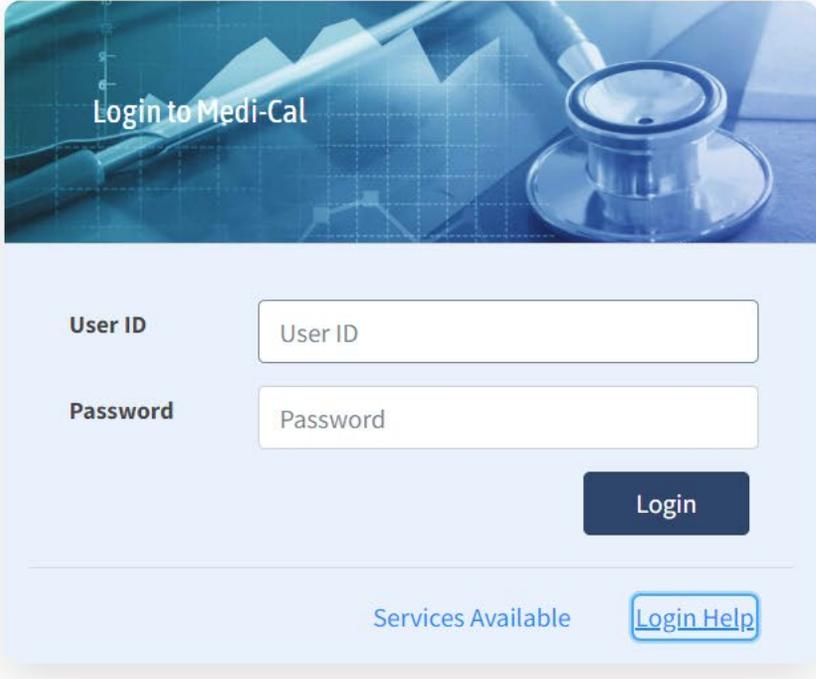

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Login to Medi-Cal

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Updating FE for MyHealthLA Enrollees now Eligible for Medi-Cal

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

sage
Managed by **SAPC**

**Documenting
Changes in Financial
Eligibility Status**

Updating FE for MyHealthLA Enrollees now Eligible for Medi-Cal



Coverage Expiration Date	05/31/2020
Effective Date Of Contract	01/01/2000

Figure 2: Coverage Expiration Date for Applying for Medi-Cal After Benefits Acquisition

The “DMC Medi-Cal” guarantor must be added and set as the primary guarantor using the “Change Order” arrows to move “California Department of Alcohol and Drugs” to the top of the list order (Figure 3). Providers must ensure the “**Coverage Effective Date**” (Figure 4) within the guarantor details corresponds to the same date the Medi-Cal benefits became effective. This information is available on the benefits card or the notification sent to the patient. It is recommended that the patient apply online through the YBN portal so that any needed information can be accessed online easily.

Guarantor Selection	
Change Order	Guarantor Name
↓ ↑	CALIFORNIA DEPARTMENT OF ALCOHOL AND DRU
↓ ↑	LA County - Non DMC
↓ ↑	Applying for Medi-Cal
-- Guarantors -- <input type="button" value="Add Guarantor"/>	

Figure 3: Benefits Acquired During Treatment

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