Transitioning to START-ODS

Los Angeles County's SUD System Transformation to Advance Recovery and Treatment – Organized Delivery System

Substance Abuse Prevention and Control
County of Los Angeles Health Agency & Department of Public Health

Outline

- **START-ODS Transition Plan**
  - Launching START-ODS on 7/1/17 Prior to Sage
    - Transitioning Active Residential & Non-Residential Cases
  - Launching Sage on 9/1/17
    - Deployment
    - Training

- **Provider Preparation**

START-ODS

SYSTEM TRANSFORMATION TO ADVANCE RECOVERY AND TREATMENT

Los Angeles County's Substance Use Disorder Organized Delivery System

START-ODS is the greatest opportunity in recent history to design and implement an SUD system of care that has the <u>financial</u> and <u>clinical</u> resources to more fully address the complex and multifaceted needs of all our patients.

Specialty SUD services will be delivered in a **managed care environment** and SAPC will become a **specialty SUD managed care plan**

- Responsible for oversight of SUD care provided within a managed care environment, and delivery of these services in accordance with 42 CFR Part 438 managed care requirements
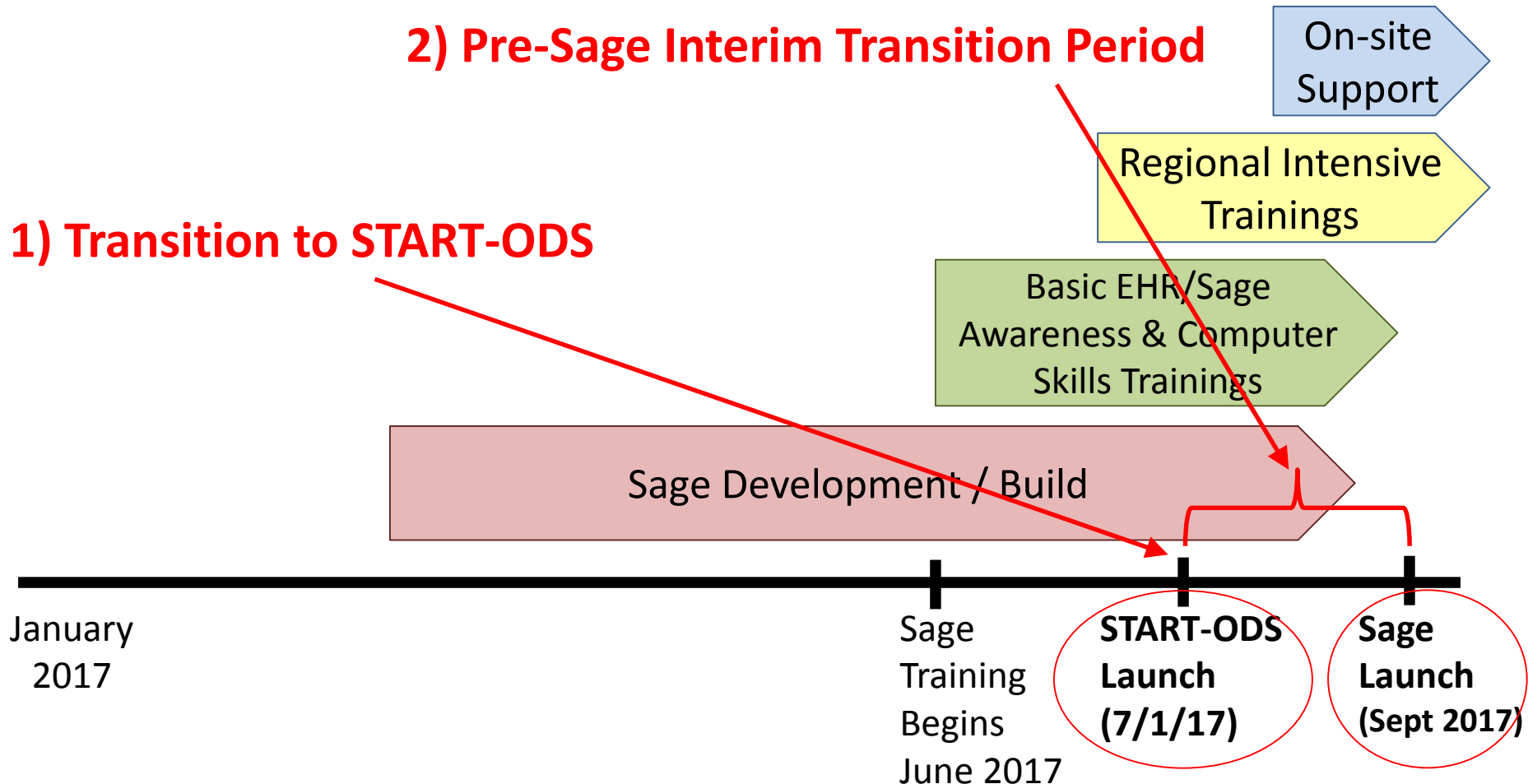
START-ODS Transition Plan

2 key transitions…

START-ODS & Sage Implementation Timeline*

*Purpose of timeline is to demonstrate *relative* timing of launch events; NOT drawn to scale.

2) Pre-Sage Interim Transition Period

On-site Support

Regional Intensive Trainings

1) Transition to START-ODS

Basic EHR/Sage Awareness & Computer Skills Trainings

Sage Development / Build

January 2017

Sage Training Begins June 2017

START-ODS Launch (7/1/17)

Sage Launch (Sept 2017)

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7/1/17 – Overview of START-ODS Launch

- Launch of START-ODS… and all accompanying responsibilities and requirements

Same Electronic Process	*New* Electronic Process	Paper-Based / Manual Process
eBilling (*modified with new START-ODS rates*)	**Service & Bed Availability Tool (SBAT)** available via website	**Service requests and authorizations** (*e.g., residential, MAT for Youth, WM for Youth, Recovery Bridge Housing*)
LACPRS (*same data collection*)		**Clinical documentation** (*e.g., progress notes, treatment plans, etc*)
		ASAM assessments
		Complaints / Grievances (*e.g., regarding SAPC response times, etc*)
		Appeals (*e.g., appealing service authorization decisions by SAPC*)

START-ODS Transition for ALL Cases

- ***Drug Medi-Cal (DMC) Eligibility* Verification**
    - To ensure payment from Medi-Cal at the time of START-ODS launch, **providers need to begin verifying county of residence (COR; must be LA County) and Medi-Cal status starting 6/1/17, at least one (1) month prior to START-ODS launc**h.

    - Providers must continue checking both COR & Medi-Cal status on a monthly basis for each patient thereafter, after launch of START-ODS.

START-ODS Transition of <u>Active Residential Cases</u>

- *<u>Medical necessity</u>* **verification**
  - **All active residential patients in residential treatment (ASAM 3.1, 3.3, 3.5) at the time of START-ODS launch on 7/1/17 will be automatically authorized for continued residential services for sixty (60) calendar days, without a need to submit documentation to SAPC.**

  - ASAM 3.1, 3.3, 3.5 residential services will be reimbursed at ASAM 3.1 rates during this transition period of automatic authorization.

  - They may be discharged prior to sixty (60) calendar days (post-launch) if clinically appropriate, but residential stays beyond those sixty (60) calendar days will require reauthorization by SAPC Utilization Management (UM) staff according to the reauthorization process outlined in the Provider Manual.

START-ODS Transition of <u>Active Non-Residential Cases</u>

- ***Medical necessity* verification**
  - **Non-residential definition:** outpatient, intensive outpatient, Opioid Treatment Program (OTP), and outpatient withdrawal management.

  - **Active non-residential cases at the time of START-ODS launch on 7/1/17 will have their medical necessity verified according to level of care → see following slides.**

  - Active non-residential cases may be discharged prior to these automatic authorization periods if clinically appropriate, with reimbursement with the new DMC-ODS rates for services rendered after 7/1/17.

START-ODS Transition of Active Non-Residential Cases

Medical necessity verification by level of care
OUTPATIENT WITHDRAWAL MANAGEMENT (ASAM 1-WM) CASES • Medical necessity needs to be verified by SAPC *within* 1 month of DMC-ODS launch (by 8/1/17)
INTENSIVE OUTPATIENT (ASAM 2.1) CASES • Medical necessity needs to be verified by SAPC *within* 3 months of DMC-ODS launch (by 10/1/17)
OUTPATIENT (ASAM 1.0) CASES • Medical necessity needs to be verified by SAPC *within* 4 months of DMC-ODS launch (by 11/1/17)
OPIOID TREATMENT PROGRAM (OTP) CASES • Medical necessity needs to be verified by SAPC *within* 6 months of DMC-ODS launch (by 1/1/18)

START-ODS Transition of <u>Active Residential Withdrawal Management Cases</u>

- *<u>Medical necessity</u>* **verification**
  - **All active residential withdrawal management (ASAM 3.2-WM) cases at the time of START-ODS launch on 7/1/17 need to be submitted to SAPC to verify DMC eligibility and medical necessity within seven (7) calendar days of START-ODS launch on 7/1/17**.

  - Active ASAM 3.2-WM cases may be discharged prior to those seven (7) calendar days, if clinically appropriate, with reimbursement with the new DMC-ODS rates for services rendered after 7/1/17.

  - ASAM 3.2-WM services do not require preauthorization or authorization, but are not reimbursed beyond fourteen (14) calendar days. Exceptions may be made to extend ASAM 3.2-WM stays based on medical necessity, but these are anticipated to be rare and would require SAPC authorization.

  - Care should be transitioned to a lower level of care, as soon as clinically indicated.

Sept 2017 – Transitioning from Partially Electronic to Fully Electronic Specialty SUD System with Launch of Sage
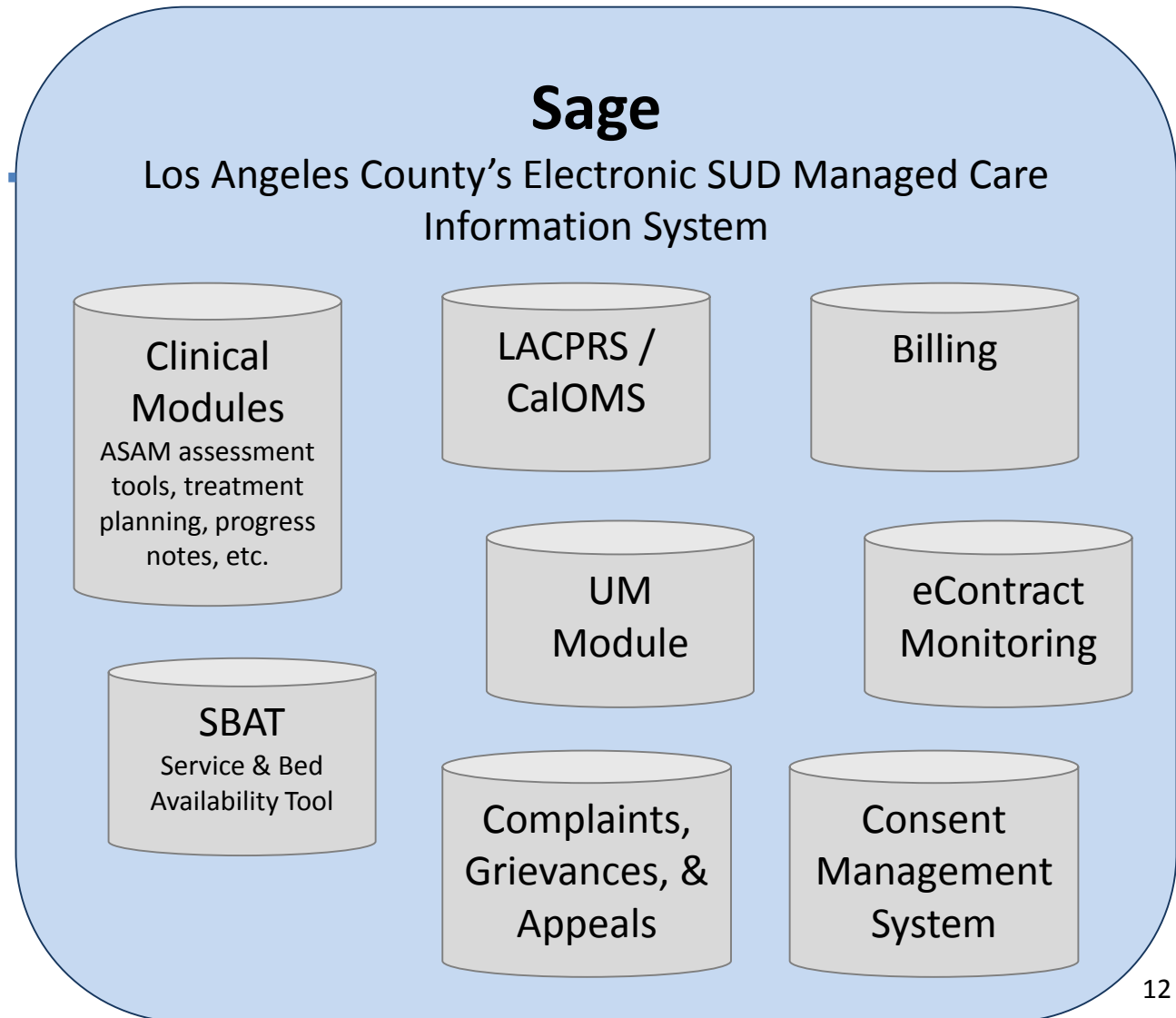
Pre-Sage

Same Electronic Process	*New* Electronic Process	Paper-Based / Manual Process
eBilling (*modified with new START-ODS rates*)	**Service & Bed Availability Tool (SBAT)** available via website	**Service requests and authorizations** (*e.g., residential, MAT for Youth, WM for Youth, Recovery Bridge Housing*)
LACPRS (*same data collection*)		**Clinical documentation** (*e.g., progress notes, treatment plans, etc*)
		ASAM Assessments
		Complaints / Grievances (*e.g., regarding SAPC response times, etc*)
		Appeals (*e.g., appealing service authorization decisions by SAPC*)

Post-Sage

Other electronic health information systems

Health Information Exchanges (HIE)

- **All functions will transition to an electronic format via Sage**

- **Workflows for Sage & non-Sage users will be different**

Sage
Los Angeles County's Electronic SUD Managed Care Information System

Clinical Modules
ASAM assessment tools, treatment planning, progress notes, etc.

LACPRS / CalOMS

Billing

UM Module

eContract Monitoring

SBAT
Service & Bed Availability Tool

Complaints, Grievances, & Appeals

Consent Management System

Sage vs. non-Sage Users

- **Non-Sage Users:** Providers who are utilizing their own electronic health record (EHR) currently may choose to continue using it, in which case SAPC will work with these providers to ensure necessary connections

- **Sage Users:** Providers who don't have EHRs or prefer to change their systems may choose to utilize Sage

  - **In either case, <u>providers will be required to possess a certified EHR</u> to provide specialty SUD services in a managed care environment, but the actual EHR system is an individualized business decision**

Benefits to Implementing Sage

1. **Alignment with DMC-ODS waiver and SAPC priorities**
2. **Fully functioning EHR** with clinical (including assessments), administrative, data reporting, and billing functionality
3. **Good value –** SAPC will fund licensing and implementation costs for Sage and will also share technical support responsibilities with providers to ensure continued evolution of the EHR with the addiction field and SUD service delivery requirements
4. **Minimizing disallowances & streamlining auditing** from improved accuracy and reporting of service delivery and data

Who Will Be Using Sage?

- **<u>Adult & youth treatment service providers</u> (OP/IOP/RS/WM/OTP*/CM/RSS/PCS)**
  - *OTP's → will utilize ASAM assessments, UM module, billing, & data reporting through Sage, but otherwise clinical functions will remain on current EHR platforms

- **Services that will <u>NOT</u> utilize Sage, with consideration for future connection**
  - Prevention services
  - DUI services

Sage Deployment

Sage will be implemented across all SAPC provider sites simultaneously in September

Sage

Training will be critical to a successful Sage implementation → SAPC will employ a graduated and multifaceted training approach during implementation, with various levels of trainings for both SUD providers and SAPC staff

Sage Implementation Training Plan – <u>3 Levels</u>

| Level	Training Topic	Start Date (tentative)
Level 1	**Basic Trainings** • **Basic EHR/Sage Awareness** – to increase familiarity with Sage and EHRs in general • **Basic Computer Skills Training** (as needed; in computer lab) – to ensure that attendees have sufficient computer proficiency to benefit from trainings	Early July 2017
Level 2	**Regional Intensive Trainings** in regional computer labs across LA County • **Level 2A:** End-user Sage trainings (typical user) • **Level 2B:** Superuser trainings (individuals who can both train others within provider agencies and provide necessary on-site support, when necessary) • **Level 2C:** Online refresher courses (Supplemental online trainings for individuals who need additional support and to address provider staff turnover**)**	Mid-July 2017
Level 3	**On-site Go-Live support**	First 30 days of Launch

Training Content*

*Color coded based on anticipated difficulty of implementation to assist with planning at the provider agency level (Red = more challenging; Yellow = somewhat challenging; Green = less challenging)

- **NEW** billing system
- **NEW** clinical documentation
- **NEW** service authorization (e.g., utilization management) process
  - Importantly, the service authorization process involves both understanding the *technical aspects* of how to submit service requests on Sage, as well as the *policy aspects* of SAPC's required submission materials & timeframes
- **NEW** electronic assessments (ASAM CONTINUUM & ASAM Triage Tool)
- **NEW** appeal process
- **NEW** compliant/grievance process
- **REVISED** LACPRS
- **NEW** Service & Bed Availability Tool (SBAT)

Training Logistics

- **Trainings will be conducted by Netsmart at computer training room locations spread out across the County**
  - Training schedule with locations, dates/times, and additional information is pending
  - Approximately 10 – 12 trainees per training
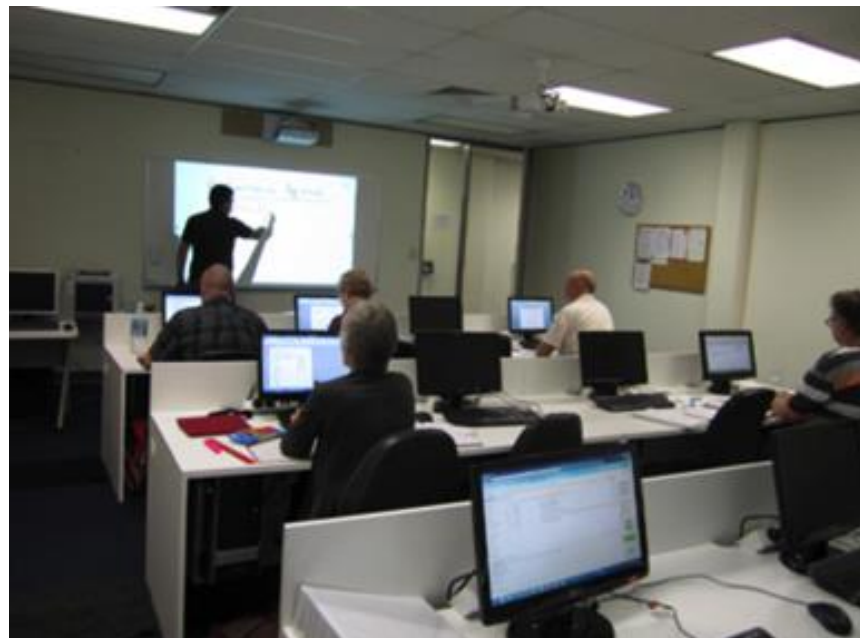
Post-Implementation Training

- **SAPC will financially support Sage training during launch/implementation**

- **After the launch/implementation period for Sage, providers will be responsible for ensuring their staff receive sufficient training on Sage to ensure proficiency and planning ahead for staff turnover**

- **Providers opting to utilize Sage will be required to purchase SAPC-approved trainings through Netsmart to ensure quality**
  - **Netsmart will offer providers online, instructor-assisted training courses**
  - **These are allowable costs for provider budgets**

- **Prior to being given access to Sage, users will be required to demonstrate proficiency by successfully passing a written competency exam**

Provider Preparation

Necessary Provider Preparation for START-ODS and Sage

- **Ensure your hardware meet technical specifications to support Sage & County security requirements**

|	Minimum	Preferred
Processor	1 gigahertz (GHz) or faster 32-bit (x86) or 64-bit	2 gigahertz (GHz) or faster 32-bit (x86) or 64-bit
RAM	1 GB of memory or greater	2 GB of memory or greater
Hard Disk Space	1 GB of available space or greater	2 GB of available space or greater
Monitor	VGA or higher (1024 x 768 pixels)	VGA/XGA (1024 x 768 pixels) or higher
Mouse	Microsoft Mouse, or compatible pointing device	Microsoft Mouse, or compatible pointing device
Operating System	Windows 8.1 or later, or Mac OS X 10.9 or later Note – Windows 8 RT is not supported	Windows 8.1, Windows 10, or Mac OS X 10.9 or later Note – Windows 8 RT is not supported
Network Requirement/ Internet Connection	30 kbs per Concurrent user Latency below 90ms	50 kbs+ per Concurrent user Latency below 60ms
Browser	IE 10 (Windows 8.1); IE 11 (Windows 8.1, 10); (IE 32-bit only in compatibility mode); Chrome (16-48); Firefox (10-44)	IE 10 (Windows 8.1); IE 11 (Windows 8.1, 10); (IE 32-bit only in compatibility mode); Chrome (48); Firefox (44)

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Necessary Provider Preparation for START-ODS and Sage (cont'd)

- **RESPOND TO ALL SAPC SURVEYS IN A TIMELY MANNER**
  - Many of these surveys are related to critical information gathering for us to successfully implement Sage and the SBAT
  - Given current timeline, responses need to be measured in days, not weeks
  - SAPC wants to help providers be successful, but need your help in order to do so

Necessary Provider Preparation for START-ODS and Sage (cont'd)

- **Attend all IT-related meetings and send appropriate staff to trainings arranged by SAPC**
  - Ensure your staff have <u>general familiarity with EHRs and Sage</u> (e.g., share these slides)
  - Ensure your staff possess <u>basic computer skills</u> so they can benefit from the Sage trainings (e.g., invest in basic computer skills trainings, as needed)
  - **Short-term**
    - Allot time and resources for designated staff to attend Sage implementation trainings to receive <u>end-user and superuser (train-the-trainer) training</u>
  - **Medium-term**
    - <u>Build IT and EHR infrastructure into your business planning</u>
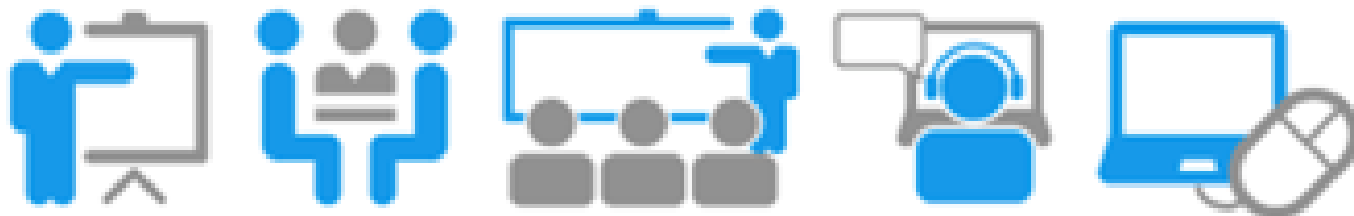
Necessary Provider Preparation for START-ODS and Sage (cont'd)

- **Build new START-ODS and EHR infrastructure into your business plans**

Summary

- **START-ODS is a MAJOR and necessary shift in the way the specialty SUD system conducts business, and will be launching 7/1/17.**
  - Transitioning active clients into START-ODS will depend on level of care (*see prior slides for more details*).
  - With the requirements of START-ODS on both SAPC and its providers, there is a critical need to leverage technology to improve patient care and services in a managed care environment.

- **Sage is an EHR that will serve as the backbone of the specialty SUD system in Los Angeles County, with clinical, administrative, data reporting, and billing functionality.**
  - Sage training will be essential for success, including allocation of provider staff time and resources.

- **Providers can and should be preparing NOW for both START-ODS and Sage.**

- **In the short-term, implementing START-ODS will be challenging, but in the medium- to long-term, our patients, providers, and the SUD field as a whole will benefit.**

- **START-ODS**
  - *SAPC Website*
    - http://publichealth.lacounty.gov/sapc/HeathCare/HealthCareReform.htm
  - *Trainings*
    - See handout titled **"*Web-Based Clinical Training Resource List*"** for helping clinical training links

- **Sage**
  - *Sage Website* (will be updated regularly; check back often!)
    - http://publichealth.lacounty.gov/sapc/Sage/Sageinfo.htm
  - *EHR Basics*
    - https://www.healthit.gov/providers-professionals/learn-ehr-basics