



## QI & UM Checklist of Required Documentation Sage Version 6.0

### Member Authorizations:

- Service Authorizations within Sage are required for all levels of care, Recovery Bridge Housing (RBH) and Recovery Incentives-Contingency Management (RI-CM)

### Service Authorization updates:

- See [SAPC Information Notice 22-17](#) for details on authorization submission for At-Risk populations

### For service authorizations, please ensure you utilize appropriate ASAM:

- Youth = 17 and younger years of age – SAPC Paper ASAM Assessment for Youth
- Young Adults = 18 to 20 years of age – ASAM CONTINUUM Comprehensive Assessment
- Adults = 21 years of age & over – ASAM CONTINUUM Comprehensive Assessment
- For 0.5 = 17 and younger (Youth) and 18 to 20 (Young Adult) – ASAM Screener for Youth and Young Adults

### Documentation:

- To reduce risk of denials and avoid review delays- Do not submit authorization until all documentation is complete and LPHA finalized (as applicable)
- For [Intercounty Transfers \(ICT\)](#) submit the authorization when **one** of the following is available:
  - A Change Report Summary is uploaded in the patient's chart indicating Los Angeles County with the eligibility date
  - A Notice of Action (NOA) from LA County is uploaded in the patient chart indicating Los Angeles County with the eligibility date
  - SAPC has confirmed the address change or new eligibility in Automated Eligibility Verification System (AEVS), Avatar MEDS or MEDSLITE
- All Sage forms & assessments must be completed and signed on the date indicated on the documentation
- Do not back or forward date documentation; chart in real time
- If you are experiencing technical issues and unable to chart in real time; contact [Netsmart Helpdesk](#) and the QI & UM department at 626-299-3531 for guidance
- If you are unable to temporarily access electronic clinical forms, please visit this [link](#) for paper versions of SAPC-required forms to ensure prompt documentation (e.g. ASAM Assessment, treatment plans)
  - Enter a Progress Note describing technical issue and include Netsmart Helpdesk ticket number

**Medical Necessity Justification Progress Note -Required for all authorizations:**

- Briefly explain how patient meets requested level of care
- Include information on patient’s SUD history, current clinical condition, & progress in treatment; must be finalized by LPHA and/or LPHA eligible staff

**ASAM Reassessment:**

- For details on when an ASAM reassessment is required, refer to document titled “[ASAM Assessment Requirements for Level of Care Transitions](#)”
- Information from previous ASAM CONTINUUM Comprehensive Assessment may be pulled forward for re-assessment purposes; **update clinical info as needed** and time/date of re-assessment

**Eligibility verification period extending past requested authorization dates of service:**

- See [Eligibility Verification and Member Authorizations](#)
- Recovery Bridge Housing (RBH) requires concurrent enrollment in outpatient services. Outpatient treatment provider is responsible for the extension of eligibility verification period

**Grievance and Appeal Process (G&A):**

- Please refer to the [Appeal form](#) and [Grievance/Complaint form](#) for additional details

**Initial Engagement Non-Residential Authorizations for Adults 21 & over, not experiencing homelessness:**

- Limited to 30-day authorization (only applicable to OTP, 1.0, 2.1 LOCs)
  - For continuation of care following initial engagement period, medical necessity must be established
- Must have active funding at time of submission (Medi-Cal &/or Non-DMC)
- Do not request more than 30 days
- Enter a Progress Note to indicate the request is an Initial Engagement Authorization

**Initial Engagement Non-Residential Authorizations for 17 and younger (Youth), 18 to 20 (Young Adult) and Adults 21 & over experiencing homelessness:**

- Limited to 60-day authorization (only applicable to OTP, 0.5, 1.0, 2.1 LOCs)
  - For continuation of care following initial engagement period, medical necessity must be established
- Must have active funding at time of submission (Medi-Cal &/or Non-DMC)
- Do not request more than 60 days
- Enter a Progress Note to indicate the request is an Initial Engagement Authorization and if applicable, homelessness status

**Please refer to the Checklist below for details on requirements for each LOC**

## Checklist of Required Documentation

### Early Intervention - 0.5 ASAM level of care – Young Adults (18-20)

#### Initial Eligibility Verification Request

- Sage Service Authorization Request Form
- Financial Eligibility
- Provider Diagnosis (applicable ICD-10/Z codes)
- Cal-OMS Admission
- Clinical Contact Information

**To Determine Medical Necessity:**

- Complete ASAM Screener for Youth and Young Adults
- Medical Necessity Justification Progress Note

#### Re-Verification of Eligibility

- Sage Service Authorization Request Form
- Financial Eligibility
- Provider Diagnosis (applicable ICD-10/Z codes)
- Clinical Contact Information

**To Determine Medical Necessity:**

- Updated ASAM Screener for Youth and Young Adults within the last 30 days from the re-authorization start date documenting client's continued risk for developing an SUD disorder**
- Medical Necessity Justification Progress Note
- Updated Problem List (on an approved form) – finalized by LPHA or licensed eligible LPHA within the last 90 days of authorization start date
  - SUD centered problem(s)
  - Required signatures from:
    - LPHA &/or licensed eligible LPHA
    - Counselors (if applicable)

### Perinatal and Parenting – PPW Patients

\*See [SAPC Bulletin No. 18-11](#) for additional details on Pregnant and Parenting Women (PPW) Services

**All the above documentation (as applicable), plus the following information at time of review:**

- Perinatal: Initial authorization** -proof of pregnancy (e.g. pregnancy results, clinical documentation)
- Perinatal: Re-authorizations** –Estimated delivery date (EDD) or proof of birth (including date of birth)
- Parenting:** Progress Note with child's information (first and last name, age, date of birth, & services provided)

#### Patient Discharges & Transfers

- Required Sage-related processes when patient is discharged:
  - Sage Discharge and Transfer Form
  - Discharge from Cal-OMS

## Checklist of Required Documentation

### Outpatient – 1.0 & 2.1 ASAM level of care – Young Adults (18-20) & Adults (21 & over)

Initial Eligibility Verification Request	Re-Verification of Eligibility
<ul style="list-style-type: none"> <li><input type="checkbox"/> Sage Service Authorization Request Form</li> <li><input type="checkbox"/> Financial Eligibility</li> <li><input type="checkbox"/> Provider Diagnosis (ICD-10)</li> <li><input type="checkbox"/> Cal-OMS Admission</li> <li><input type="checkbox"/> Clinical Contact Information</li> </ul> <p><b><u>To Determine Medical Necessity:</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Complete ASAM CONTINUUM Comprehensive Assessment finalized by LPHA or licensed eligible LPHA</li> <li><input type="checkbox"/> DSM-5 Substance Use Disorder diagnosis</li> <li><input type="checkbox"/> Medical Necessity Justification Progress Note signed by LPHA or licensed eligible LPHA</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Sage Service Authorization Request Form</li> <li><input type="checkbox"/> Financial Eligibility</li> <li><input type="checkbox"/> Provider Diagnosis (ICD-10)</li> <li><input type="checkbox"/> Clinical Contact Information</li> </ul> <p><b><u>To Determine Medical Necessity:</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Updated Problem List (on an approved form) – finalized by LPHA or licensed eligible LPHA within the last 90 days of authorization start date</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> SUD centered problem(s)</li> <li><input type="checkbox"/> Required signatures from:                             <ul style="list-style-type: none"> <li>• LPHA &amp;/or licensed eligible LPHA</li> <li>• Counselors (if applicable)</li> </ul> </li> </ul> </li> <li><input type="checkbox"/> Medical Necessity Justification Progress Note signed by LPHA or licensed eligible LPHA including information supporting need for continued services</li> <li><input type="checkbox"/> Additional clinical information, as requested by SAPC QI &amp; UM staff</li> </ul>

### Perinatal and Parenting – PPW Patients

\*See [SAPC Bulletin No. 18-11](#) for additional details on Pregnant and Parenting Women (PPW) Services

**All the above documentation (as applicable), plus the following information at time of review:**

- Perinatal: Initial authorization** –proof of pregnancy (e.g. pregnancy results, clinical documentation)
- Perinatal: Re-authorizations** –Estimated delivery date (EDD) or proof of birth (including date of birth)
- Parenting:** Progress Note with child(ren)’s information (first and last name, age, date of birth, & services provided)

### Patient Discharges & Transfers

- Required Sage-related processes when patient is discharged:
  - Sage Discharge and Transfer Form
  - Discharge from Cal-OMS

## Checklist of Required Documentation

### Opioid Treatment Program (OTP) -Young Adults (18-20) & Adults (21 & over)

Initial Eligibility Verification Request	Re-Verification of Eligibility
<ul style="list-style-type: none"> <li><input type="checkbox"/> Sage Service Authorization Request Form</li> <li><input type="checkbox"/> Financial Eligibility</li> <li><input type="checkbox"/> Provider Diagnosis (ICD-10)</li> <li><input type="checkbox"/> Cal-OMS Admission</li> <li><input type="checkbox"/> Clinical Contact Information</li> </ul> <p><b><u>To Determine Medical Necessity:</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Complete ASAM CONTINUUM Comprehensive Assessment finalized by LPHA or licensed eligible LPHA</li> <li><input type="checkbox"/> DSM-5 Substance Use Disorder diagnosis</li> <li><input type="checkbox"/> Medical Necessity Justification Progress Note signed by LPHA or licensed eligible LPHA</li> </ul> <p><b><u>Transitioning from detox to maintenance:</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> All of the above, plus:</li> <li><input type="checkbox"/> Discharge patient from detox on Cal-OMS</li> <li><input type="checkbox"/> Admit patient into maintenance on Cal-OMS</li> </ul> <p><b><u>Detox in OTP settings – up to 21 days:</u></b></p> <p>No service authorization; bill Fee-for-Service Medi-Cal</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Required: Cal-OMS detox admission</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Sage Service Authorization Request Form</li> <li><input type="checkbox"/> Financial Eligibility</li> <li><input type="checkbox"/> Provider Diagnosis (ICD-10)</li> <li><input type="checkbox"/> Clinical Contact Information</li> </ul> <p><b><u>To Determine Medical Necessity:</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Treatment Plan – updated &amp; finalized by LPHA or licensed eligible LPHA within the last 90 days of authorization start date</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> SUD centered goals and explain need for ongoing services</li> <li><input type="checkbox"/> Required signatures from:                             <ul style="list-style-type: none"> <li>• Patient</li> <li>• LPHA &amp;/or licensed eligible LPHA</li> <li>• Counselors (if applicable)</li> </ul> </li> </ul> </li> <li><input type="checkbox"/> Medical Necessity Justification Progress Note signed by LPHA or licensed eligible LPHA including information supporting need for continued services</li> <li><input type="checkbox"/> Additional clinical information, as requested by SAPC QI &amp; UM staff</li> </ul>

### Perinatal and Parenting – PPW Patients

\*See [SAPC Bulletin No. 18-11](#) for additional details on Pregnant and Parenting Women (PPW) Services

**All the above documentation (as applicable), plus the following information at time of review:**

- Perinatal: Initial authorization** -proof of pregnancy (e.g. pregnancy results, clinical documentation)
- Perinatal: Re-authorizations** –Estimated delivery date (EDD) or proof of birth (including date of birth)
- Parenting:** Progress Note with child(ren)’s information (first and last name, age, date of birth, & services provided)

### Patient Discharges & Transfers

- Required Sage-related processes when patient is discharged:
  - Sage Discharge and Transfer Form
  - Discharge from Cal-OMS

## Checklist of Required Documentation

### Residential -3.1, 3.3, 3.5 levels of care -Young Adults (18-20) & Adults (21 & over)

#### Initial Pre-Authorization Request

- Sage Service Authorization Request Form
- Financial Eligibility
- Provider Diagnosis (ICD-10)
- Cal-OMS Admission
- Clinical Contact Information

**To Determine Medical Necessity:**

- Complete ASAM CONTINUUM Comprehensive Assessment finalized by LPHA or licensed eligible LPHA
- DSM-5 Substance Use Disorder diagnosis
- Medical Necessity Justification Progress Note signed by LPHA or licensed eligible LPHA

#### Re-Authorization Request

- Sage Service Authorization Request Form
- Financial Eligibility
- Provider Diagnosis (ICD-10)
- Clinical Contact Information

**To Determine Medical Necessity:**

- Updated Problem List (on an approved form) – finalized by LPHA or licensed eligible LPHA within the last 30 days of authorization start date**
  - SUD centered problem(s)
  - Required signatures from:
    - LPHA &/or licensed eligible LPHA
    - Counselors (if applicable)
- Medical Necessity Justification Progress Note signed by LPHA or licensed eligible LPHA including information supporting need for continued services
- Additional clinical information, as requested by SAPC QI & UM staff

### Perinatal and Parenting – PPW Patients

\*See [SAPC Bulletin No. 18-11](#) for additional details on Pregnant and Parenting Women (PPW) Services

**All the above documentation (as applicable), plus the following information at time of review:**

- Perinatal: Initial authorization** -proof of pregnancy (e.g. pregnancy results, clinical documentation)
- Perinatal: Re-authorizations** –Estimated delivery date (EDD) or proof of birth (including date of birth)
- Parenting:** Progress Note with child(ren)’s information (first and last name, age, date of birth, & services provided)

### Patient Discharges & Transfers

- Required Sage-related processes when patient is discharged:
  - Sage Discharge and Transfer Form
  - Discharge from Cal-OMS

## Checklist of Required Documentation

### All Levels of Withdrawal Management (WM) for Young Adults (18-20)

#### Adults (21 & over)

(1-WM, 2.0 WM, 3.2 WM, 3.7 WM, & 4.0 WM)

#### Initial Authorization Request

This service is limited to a 14-calendar day per episode, unless medical necessity warrants extended treatment in this setting

- Sage Service Authorization Request Form
- Financial Eligibility
- Provider Diagnosis (ICD-10)
- Cal-OMS Admission
- Clinical Contact Information

#### To Determine Medical Necessity:

- Complete ASAM CONTINUUM Comprehensive Assessment finalized by LPHA or licensed eligible LPHA (best practice but not required)
- DSM-5 Substance Use Disorder diagnosis
- Medical Necessity Justification Progress Note signed by LPHA or licensed eligible LPHA
  - Current signs and symptoms of withdrawal
  - See current Provider Manual for more details
- Pertinent laboratory/drug testing results (if applicable)
- Additional clinical information, as requested by SAPC QI & UM staff

#### Patient Discharges & Transfers

- Required Sage-related processes when patient is discharged:
  - Sage Discharge and Transfer Form
  - Discharge from Cal-OMS

## Checklist of Required Documentation

### Recovery Bridge Housing – Young Adults (18-20) & Adults (21 & over)

Initial Authorization Request	Re-Authorization Request
<ul style="list-style-type: none"> <li><input type="checkbox"/> Sage Service Authorization Request Form</li> <li><input type="checkbox"/> Financial Eligibility</li> <li><input type="checkbox"/> Provider Diagnosis (ICD-10)</li> <li><input type="checkbox"/> Clinical Contact Information</li> <li><input type="checkbox"/> Medical Necessity Justification Progress Note                             <ul style="list-style-type: none"> <li><input type="checkbox"/> Verifies enrollment in outpatient (OP, IOP, OTP, OP-WM) treatment</li> <li><input type="checkbox"/> Identifies which outpatient provider is providing the treatment</li> <li><input type="checkbox"/> Documents homelessness status</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Sage Service Authorization Request Form</li> <li><input type="checkbox"/> Financial Eligibility</li> <li><input type="checkbox"/> Provider Diagnosis (ICD-10)</li> <li><input type="checkbox"/> Clinical Contact Information</li> <li><input type="checkbox"/> Approved Member Authorization for outpatient care</li> <li><input type="checkbox"/> Medical Necessity Justification Progress Note                             <ul style="list-style-type: none"> <li><input type="checkbox"/> Patient still does not have permanent or alternative housing</li> <li><input type="checkbox"/> Steps taken to secure housing</li> </ul> </li> </ul> <p>To ensure all required documentation is submitted in a timely fashion – RBH provider is responsible for collaborating &amp; communicating with outpatient provider</p> <p style="color: red;">* Limited to 180 days in a 365-day period from the day the patient first enters RBH (not based on calendar or fiscal year)</p>

### Discharge

<ul style="list-style-type: none"> <li><input type="checkbox"/> Required Sage-related processes when patient is discharged:                             <ul style="list-style-type: none"> <li>• Sage Recovery Bridge Housing Discharge Form</li> </ul> </li> </ul>
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### Perinatal and Parenting – PPW Patients

\*See [SAPC Bulletin No. 18-11](#) for additional details on Pregnant and Parenting Women (PPW) Services

<p style="text-align: center;"><b>All the above documentation (as applicable), plus the following information at time of review:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Perinatal: Initial authorization</b> -proof of pregnancy (e.g. pregnancy results, clinical documentation)</li> <li><input type="checkbox"/> <b>Perinatal: Re-authorizations</b> –Estimated delivery date (EDD) or proof of birth (including date of birth)</li> <li><input type="checkbox"/> <b>Parenting:</b> Progress Note with child’s information (first and last name, age, date of birth, &amp; services provided)</li> </ul>
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## Checklist of Required Documentation

### Recovery Incentive – Contingency Management - Young Adults (18-20) & Adults (21 & over)

Initial Authorization Request	Re-enrollment Request
<ul style="list-style-type: none"> <li><input type="checkbox"/> Sage Service Authorization Request Form</li> <li><input type="checkbox"/> Financial Eligibility – active Medi-cal</li> <li><input type="checkbox"/> Provider Diagnosis (ICD-10) of Stimulant Use Disorders with Moderate or Severe specifiers</li> <li><input type="checkbox"/> Clinical Contact Information</li> <li><input type="checkbox"/> Complete ASAM CONTINUUM Comprehensive Assessment finalized by LPHA or licensed eligible LPHA</li> <li><input type="checkbox"/> Medical Necessity Justification Progress Note                             <ul style="list-style-type: none"> <li><input type="checkbox"/> Indicate the authorization is for CM benefits</li> <li><input type="checkbox"/> Client meets or continues to meet criteria for moderate or severe Stimulant Use Disorder</li> <li><input type="checkbox"/> Previous discharge date and re-enrollment date (as applicable)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Sage Service Authorization Request Form</li> <li><input type="checkbox"/> Financial Eligibility active Medi-cal</li> <li><input type="checkbox"/> Provider Diagnosis (ICD-10) of Stimulant Use Disorders with Moderate or Severe specifiers</li> <li><input type="checkbox"/> Clinical Contact Information</li> <li><input type="checkbox"/> Complete ASAM CONTINUUM Comprehensive Assessment finalized by LPHA or licensed eligible LPHA</li> <li><input type="checkbox"/> Medical Necessity Justification Progress Note                             <ul style="list-style-type: none"> <li><input type="checkbox"/> Indicate the authorization is for CM benefits</li> <li><input type="checkbox"/> Client meets or continues to meet criteria for moderate or severe Stimulant Use Disorder</li> <li><input type="checkbox"/> Previous discharge date and re-enrollment date (as applicable)</li> </ul> </li> </ul>

# **Documentation for Youth**

## Checklist of Required Documentation

### Prevention - 0.5 ASAM level of care – Youth (17 and younger)

Initial Eligibility Verification Request	Re-Verification of Eligibility
<ul style="list-style-type: none"> <li><input type="checkbox"/> Sage Service Authorization Request Form</li> <li><input type="checkbox"/> Financial Eligibility</li> <li><input type="checkbox"/> Provider Diagnosis (ICD-10 and Z codes)</li> <li><input type="checkbox"/> Cal-OMS Admission</li> <li><input type="checkbox"/> Clinical Contact Information</li> </ul> <p><b><u>To Determine Medical Necessity:</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Complete ASAM Screener for Youth and Young Adult</li> <li><input type="checkbox"/> Medical Necessity Justification Progress Note</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Sage Service Authorization Request Form</li> <li><input type="checkbox"/> Financial Eligibility</li> <li><input type="checkbox"/> Provider Diagnosis (ICD-10 and Z codes)</li> <li><input type="checkbox"/> Clinical Contact Information</li> </ul> <p><b><u>To Determine Medical Necessity:</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Updated ASAM Screener for Youth and Young Adult within 30 days from the re-authorization to document client continues to be at risk for developing an SUD disorder</b></li> <li><input type="checkbox"/> Medical Necessity Justification Progress Note</li> <li><input type="checkbox"/> <b>Updated Problem List (on an approved form) – finalized by LPHA or licensed eligible LPHA within the last 90 days of authorization start date</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> SUD centered problem(s)</li> <li><input type="checkbox"/> Required signatures from:                             <ul style="list-style-type: none"> <li>• LPHA &amp;/or licensed eligible LPHA</li> <li>• Counselors (if applicable)</li> </ul> </li> </ul> </li> </ul>

### Perinatal and Parenting – PPW Patients

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- Perinatal: Initial authorization** -proof of pregnancy (e.g. pregnancy results, clinical documentation)
- Perinatal: Re-authorizations** –Estimated delivery date (EDD) or proof of birth (including date of birth)
- Parenting:** Progress Note with child’s information (first and last name, age, date of birth, & services provided)

### Patient Discharges & Transfers

- Required Sage-related processes when patient is discharged:
  - Sage Discharge and Transfer Form
  - Discharge from Cal-OMS

## Checklist of Required Documentation

### Outpatient - 1.0 & 2.1 ASAM levels of care – Youth (17 and younger)

Initial Eligibility Verification Request	Re-Verification of Eligibility
<ul style="list-style-type: none"> <li><input type="checkbox"/> Sage Service Authorization Request Form</li> <li><input type="checkbox"/> Financial Eligibility</li> <li><input type="checkbox"/> Provider Diagnosis (ICD-10)</li> <li><input type="checkbox"/> Cal-OMS Admission</li> <li><input type="checkbox"/> Clinical Contact Information</li> </ul> <p><b><u>To Determine Medical Necessity:</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Complete SAPC Paper ASAM Assessment for Youth, requires LPHA or licensed eligible LPHA signatures</li> <li><input type="checkbox"/> DSM-5 Substance Use Disorder diagnosis</li> <li><input type="checkbox"/> Medical Necessity Justification Progress Note signed by LPHA or licensed eligible LPHA</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Sage Service Authorization Request Form</li> <li><input type="checkbox"/> Financial Eligibility</li> <li><input type="checkbox"/> Provider Diagnosis (ICD-10)</li> <li><input type="checkbox"/> Clinical Contact Information</li> </ul> <p><b><u>To Determine Medical Necessity:</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Updated Problem List (on an approved form) – finalized by LPHA or licensed eligible LPHA within the last 90 days of authorization start date</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> SUD centered problem(s)</li> <li><input type="checkbox"/> Required signatures from:                             <ul style="list-style-type: none"> <li>• LPHA &amp;/or licensed eligible LPHA</li> <li>• Counselors (if applicable)</li> </ul> </li> </ul> </li> <li><input type="checkbox"/> Medical Necessity Justification Progress Note signed by LPHA or licensed eligible LPHA including information supporting need for continued services</li> <li><input type="checkbox"/> Additional clinical information, as requested by SAPC QI &amp; UM staff</li> </ul>

### Perinatal and Parenting – PPW Patients

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- Perinatal: Re-authorizations** –Estimated delivery date (EDD) or proof of birth (including date of birth)
- Parenting:** Progress Note with child’s information (first and last name, age, date of birth, & services provided)

### Patient Discharges & Transfers

- Required Sage-related processes when patient is discharged:
  - Sage Discharge and Transfer Form
  - Discharge from Cal-OMS

## Checklist of Required Documentation

### Residential -3.1, 3.3 & 3.5 ASAM levels of care – Youth (17 and younger)

Initial Eligibility Verification Request	Re-Verification of Eligibility
<ul style="list-style-type: none"> <li><input type="checkbox"/> Sage Service Authorization Request Form</li> <li><input type="checkbox"/> Financial Eligibility</li> <li><input type="checkbox"/> Provider Diagnosis (ICD-10)</li> <li><input type="checkbox"/> Cal-OMS Admission</li> <li><input type="checkbox"/> Clinical Contact Information</li> </ul> <p><b><u>To Determine Medical Necessity:</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Complete SAPC Paper ASAM Assessment for Youth, requires LPHA or licensed eligible LPHA signatures</li> <li><input type="checkbox"/> DSM-5 Substance Use Disorder diagnosis</li> <li><input type="checkbox"/> Medical Necessity Justification Progress Note signed by LPHA or licensed eligible LPHA.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Sage Service Authorization Request Form</li> <li><input type="checkbox"/> Financial Eligibility</li> <li><input type="checkbox"/> Provider Diagnosis (ICD-10)</li> <li><input type="checkbox"/> Clinical Contact Information</li> </ul> <p><b><u>To Determine Medical Necessity:</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Updated Problem List (on an approved form) – finalized by LPHA or licensed eligible LPHA within the last 30 days of authorization start date</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> SUD centered problem(s)</li> <li><input type="checkbox"/> Required signatures from:                             <ul style="list-style-type: none"> <li>• LPHA &amp;/or licensed eligible LPHA</li> <li>• Counselors (if applicable)</li> </ul> </li> </ul> </li> <li><input type="checkbox"/> Medical Necessity Justification Progress Note signed by LPHA or licensed eligible LPHA including information supporting need for continued services</li> <li><input type="checkbox"/> Additional clinical information, as requested by SAPC QI &amp; UM staff</li> </ul>

### Perinatal and Parenting – PPW Patients

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- Perinatal: Re-authorizations** –Estimated delivery date (EDD) or proof of birth (including date of birth)
- Parenting:** Progress Note with child(ren)’s information (first and last name, age, date of birth, & services provided)

### Patient Discharges & Transfers

- Required Sage-related processes when patient is discharged:
  - Sage Discharge and Transfer Form
  - Discharge from Cal-OMS

## Checklist of Required Documentation

### Medications for Addiction Treatment (MAT) – Youth (17 and younger)

Initial Authorization Request	Re-authorization
<ul style="list-style-type: none"> <li><input type="checkbox"/> Sage Service Authorization Request Form</li> <li><input type="checkbox"/> Financial Eligibility</li> <li><input type="checkbox"/> Provider Diagnosis (ICD-10)</li> <li><input type="checkbox"/> Cal-OMS Admission</li> <li><input type="checkbox"/> Clinical Contact Information</li> </ul> <p><b><u>To Determine Medical Necessity:</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Complete SAPC Paper ASAM Assessment for Youth, requires LPHA signature or licensed eligible LPHA signatures</li> <li><input type="checkbox"/> DSM-5 Substance Use Disorder diagnosis</li> <li><input type="checkbox"/> Justification for the prescribed medication (e.g., name, dosage, route, frequency, duration, and rationale) via Progress Note signed by LPHA</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Sage Service Authorization Request Form</li> <li><input type="checkbox"/> Financial Eligibility</li> <li><input type="checkbox"/> Provider Diagnosis (ICD-10)</li> <li><input type="checkbox"/> Clinical Contact Information</li> </ul> <p><b><u>To Determine Medical Necessity:</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Updated Problem List (on an approved form) – finalized by LPHA or licensed eligible LPHA within the last 30 days of authorization start date</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> SUD centered problem(s)</li> <li><input type="checkbox"/> Required signatures from:                             <ul style="list-style-type: none"> <li>• LPHA &amp;/or licensed eligible LPHA</li> <li>• Counselors (if applicable)</li> </ul> </li> </ul> </li> <li><input type="checkbox"/> Medical Necessity Justification Progress Note signed by LPHA or licensed eligible LPHA including information supporting need for continued services</li> <li><input type="checkbox"/> Additional clinical information, as requested by SAPC QI &amp; UM staff</li> </ul>

### Discharge

<ul style="list-style-type: none"> <li><input type="checkbox"/> Required Sage-related processes when patient is discharged:             <ul style="list-style-type: none"> <li>• Sage Discharge and Transfer Form</li> <li>• Discharge from Cal-OMS</li> </ul> </li> </ul>
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## Checklist of Required Documentation

### All levels of Withdrawal Management (WM) for Youth (17 and younger)

#### Initial Authorization Request

This service is limited to a 14-calendar day per episode, unless medical necessity warrants extended treatment in this setting

- Sage Service Authorization Request Form
- Financial Eligibility
- Provider Diagnosis (ICD-10)
- Cal-OMS Admission
- Clinical Contact Information

#### To Determine Medical Necessity:

- Complete SAPC Paper ASAM Assessment for Youth, requires LPHA signature or licensed eligible LPHA signatures (best practice but not required)
- DSM-5 Substance Use Disorder diagnosis
- Medical Necessity Justification Progress Note signed by LPHA or licensed eligible LPHA
  - Current signs and symptoms of withdrawal
  - See current Provider Manual for more details
- Pertinent laboratory/drug testing results (if applicable)
- Additional clinical information, as requested by SAPC QI & UM staff, to validate continued medical necessity

#### Discharge

- Required Sage-related processes when patient is discharged:
  - Sage Discharge and Transfer Form
  - Discharge from Cal-OMS

## Checklist of Required Documentation

### Recovery Incentive – Contingency Management – Youth (17 and younger)

Initial Authorization Request	Re-enrollment Request
<ul style="list-style-type: none"> <li><input type="checkbox"/> Sage Service Authorization Request Form</li> <li><input type="checkbox"/> Financial Eligibility – active Medi-cal</li> <li><input type="checkbox"/> Provider Diagnosis (ICD-10) of Stimulant Use Disorders with Moderate or Severe specifiers</li> <li><input type="checkbox"/> Clinical Contact Information</li> <li><input type="checkbox"/> Complete ASAM CONTINUUM Comprehensive Assessment finalized by LPHA or licensed eligible LPHA</li> <li><input type="checkbox"/> Medical Necessity Justification Progress Note                             <ul style="list-style-type: none"> <li><input type="checkbox"/> Indicate the authorization is for CM benefits</li> <li><input type="checkbox"/> Client meets or continues to meet criteria for moderate or severe Stimulant Use Disorder</li> <li><input type="checkbox"/> Previous discharge date and re-enrollment date (as applicable)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Sage Service Authorization Request Form</li> <li><input type="checkbox"/> Financial Eligibility active Medi-cal</li> <li><input type="checkbox"/> Provider Diagnosis (ICD-10) of Stimulant Use Disorders with Moderate or Severe specifiers</li> <li><input type="checkbox"/> Clinical Contact Information</li> <li><input type="checkbox"/> Complete ASAM CONTINUUM Comprehensive Assessment finalized by LPHA or licensed eligible LPHA</li> <li><input type="checkbox"/> Medical Necessity Justification Progress Note                             <ul style="list-style-type: none"> <li><input type="checkbox"/> Indicate the authorization is for CM benefits</li> <li><input type="checkbox"/> Client meets or continues to meet criteria for moderate or severe Stimulant Use Disorder</li> <li><input type="checkbox"/> Previous discharge date and re-enrollment date (as applicable)</li> </ul> </li> </ul>



## Checklist of Required Documentation

### Non-SAPC Lines of Business (Private Pay Patients)

The State requires providers to use Sage for submission of Cal-OMS data for non-SAPC lines of business and may use Sage for clinical documentation for this group as well

Providers should not submit Sage Authorizations or billing for these patients

SAPC will not review clinical documentation for patients that fall outside of our responsibility

- Sage Cal-OMS Admission/Discharge Forms
- Sage Financial Eligibility Form
  - Should indicate “Private Pay” under payor for patients who are not enrolled in or eligible for Medi-Cal and do have My Health LA and fall outside of SAPC’s responsibilities
- Clinical Documentation, as needed, to meet your business needs