

Los Angeles County

## **START-ODS**

System Transformation  
To Advance Recovery  
and Treatment



# **Updating Financial Eligibility Admitted Under Other County Funding or MHLA**

Sage Patient Management System:  
Services, Data, and Claims

August 2022 | Version 2.0

## Patients Who Are Admitted Under Other County Funding or MHLA

Updated August 2022

Patients are eligible for full scope of the SUD treatment benefits if they are enrolled in either MHLA or other county funding partners. These partners include, but are not limited to, AB 109, JJCPA, PSSF-TLFR, DHCS WCRTS (Residential Service providers only), Drug Court, and Title IV-E. Providers must include any relevant case numbers, or policy numbers for each corresponding program(s) on the Cal-OMS admission form. As such, providers should accept these patients into treatment the same as those patients with Drug Medi-Cal.

For those patients, enrolled in one or more of the above-mentioned programs or MHLA, providers should complete the Financial Eligibility using only the LA County-Non DMC guarantor as shown in figure 1 below.

Guarantor Selection	
Change Order	Guarantor Name
↓ ↑	LA County - Non DMC
<div style="border: 1px solid #ccc; padding: 2px; display: inline-block;">-- Guarantors --</div> <span style="font-size: 1em;">▼</span>	<div style="background-color: #800000; color: white; padding: 5px 15px; display: inline-block; border: 1px solid #ccc;">Add Guarantor</div>

Figure 1: LA County-Non DMC as sole guarantor

Additionally, when completing the guarantor information, SAPC has previously instructed providers to use “N/A” in the policy field when LA County-Non DMC is the only guarantor. When applicable, providers are also able to enter the name of the primary program the patient is enrolled in, such as “MHLA”, “AB109”, “JJCPA” etc. as seen in figure 2 below. Providers may also utilize the comments section on the Financial Eligibility main page for additional information on eligible programs.

<b>Subscriber Policy Number</b> MHLA
<b>Subscriber Medicaid #</b> 
<b>Subscriber Client Index #</b> 

Figure 2: Program Name Entered in Policy Field for Non-DMC Programs

If providers are assisting the patient obtain DMC benefits, then providers should also include the “Applying for Medi-Cal” guarantor. This would follow the section in this aid, or the separate document titled “Updating Financial Eligibility for Patients Who Obtain Benefits During Treatment.”