



SYSTEM TRANSFORMATION TO ADVANCE RECOVERY AND TREATMENT

Los Angeles County's Substance Use Disorder Organized Delivery System

ADAPTING TO THE NEW TREATMENT SERVICES REQUIREMENTS: Submission and Update Timelines

Service Authorization Requirements

With the launch of the System Transformation to Advance Recovery and Treatment, Los Angeles County's Substance Use Disorder Organized Delivery System (START-ODS), comes new requirements for submitting pre-authorization, authorization and service request forms, as well as specific timeframes to complete initial and updated clinical forms. It is critical to adhere to these timeframes most importantly to ensure timely and appropriate patient care, but also to maintain contract compliance. This document is a summary of key timelines that are further outlined in the [Provider Manual](#) which also includes additional clinical requirements.

Service authorization and medical necessity re-verifications documents outlined below must be e-faxed to SAPC at (323) 725-2045 by the deadlines outlined herein.

New Admissions as of July 1, 2017

Any new admission as of July 1, 2017 must meet eligibility requirements (Medi-Cal, My Health LA or other qualified County programs like AB 109, be assessed using the County's American Society of Addiction Medicine (ASAM) assessment tool or a pre-approved provider-developed form, and meet medical necessity). Documents are on SAPC's website under [Network Provider, Provider Manual and Forms](#).

- [Service Request Form](#) for all ASAM levels of care (LOC) or the Recovery Bridge Housing Authorization Form must include need and justification for level of care
- ASAM assessment, Diagnostic and Statistical Manual (DSM) diagnosis, LOC determination and Licensed Practitioner of the Healing Arts (LPHA) signature (not necessary for Recovery Bridge Housing Authorizations)
- Documentation of perinatal/post-partum status if applicable (ASAM 3.1, 3.3, 3.5 only)
- Probation/Parole/Sherriff identifier for criminal justice patients (ASAM 3.1, 3.3, 3.5 only)

Youth Withdrawal Management

Any individual under 18 years of age needing withdrawal management (WM) services must receive authorization from SAPC. The following documents must be provided:

- [Service Request Form](#)
- ASAM Assessment with DSM diagnosis, and appropriate signatures

Youth Opioid Treatment Program

Any individual less than 18 years of age needing medication-assisted treatment must receive authorization from SAPC. The following documents must be provided:

- [Service Request Form](#); including justification for prescribed medication (e.g., name, dosage, route, frequency, duration, and rationale)
- ASAM Assessment with DSM diagnosis, LOC determination and LPHA signature
- Written parental/guardian consent
- California Department of Health Care Services (DHCS) granted exception in accordance with the California Code of Regulations, Title 9, Section 10425 for OTP maintenance not detoxification.
- Laboratory results, if applicable

Active Patients Admitted before July 1, 2017

Active patients admitted to treatment before July 1, 2017 need to have medical necessity verified according to the following submission schedule and as instructed below:

July 7, 2017	Residential Withdrawal Management (ASAM 3.2-WM)
August 1, 2017	Outpatient Withdrawal Management (ASAM 1-WM)
September 1, 2017	Residential Treatment (ASAM 3.1, 3.3, 3.5)
October 1, 2017	Intensive Outpatient Services (ASAM 2.1)
November 1, 2017	Outpatient Services (ASAM 1.0)
January 1, 2018	Opioid Treatment Programs (ASAM 1-OTP)

To learn more about this process, see the June 15, 2017 [Transitioning to START-ODS Presentation](#).

Medical Necessity Reverifications

Reverification of medical necessity is required for patients continuing in services after the authorization period, or for patients receiving services as of June 30, 2017.

- [Service Request Form](#) for all ASAM LOCs or the Recovery Bridge Housing Authorization Form
- Current Treatment Plan
- Documentation of perinatal/post-partum status if applicable (ASAM 3.1, 3.3, 3.5 only)
- Probation/Parole/Sherriff identifier for criminal justice patients (ASAM 3.1, 3.3, 3.5 only)

Deadlines for Forms and Documentation

The timely access to care and documentation standards must be met under START-ODS to comply with federal and State requirements. The due dates for new admissions and updates for enrolled patients are outlined below.

New Admissions

When enrolling a new patient in services, the following submission and completion deadlines apply:

SERVICE	DUE DATE
Screening for Provisional LOC* *If the agency does not offer the provisional LOC or a Slot/Bed will not be available within 10 days provide referrals (no waitlists allowed)	Date of first contact (walk-ins only) Provide two alternate referral agencies and connect the patient within 48 hours to the preferred provider
Assessment Appointment - Scheduled	Immediately but no longer than 3 calendar days of screening/referral (Note: SASH may move to the next provider if no immediate response or available appointment).
Assessment Appointment - Conducted	Within 10 business days of screening/referral through June 30, 2018 Within 5 business days of screening/referral beginning July 1, 2018
County Residency Eligibility Verification	Date of first service/intake appointment*
Medi-Cal or MHLA Eligibility Verification	
Patient Handbook Provided	
Notice of Policy Practice Provided	
ASAM Assessment	Within 7 calendar days of first service or first intake appointment* for adults (18+)
Medical Necessity Determination	OR Within 14 calendar days of first service or first intake appointment* for youth (ages 12-17)
Data Submission (LACPRS)	
Treatment Plan (Initial Only)	Within 7 calendar days of first service or first intake appointment* for adults (18+), including signatures by both patient and LPHA OR Within 14 calendar days of first service or first intake appointment* for youth (ages 12-17) including signatures by both patient and LPHA <i>If every attempt has been made to complete and obtain signatures within the 7 or 14 calendar day timeframe, but circumstances do not allow for full completion, then the provider must:</i> <ul style="list-style-type: none"> • Include a progress note with justification detailing what prevented completion within the timeframe; • Complete an initial treatment plan based on the information (and signatures) available at the 7 or 14 calendar day deadline; and • Within 30 days (28 for OTP) of first service or first intake appointment* complete a treatment plan based on the assessment, that includes all elements and is signed by the patient and LPHA.

NEW SERVICE REQUESTS				
Level of Care	Pre-Authorized	Authorized	Eligibility Verification	New Patients Only
	Submit Prior to Admission (unless agency incurs the risk)	Within 7 Business Days of First Service or First Intake Appointment for Adults OR Within 14 Business Days of First Service/Intake for Youth (12-17)		
ASAM 3.1, 3.3, 3.5, 3.7, 4.0	✓	✗	✓	Eligibility Verification is not required if an individual is stepping up or stepping down in care within these levels of care (e.g., second point of contact in the system), unless the individual is due for their 6-month renewal in non-OTP settings or 12-month renewal in OTP settings. Transfers between all levels of care require documentation using Discharge/Transfer Form, but do not require submission to SAPC at this time.
ASAM WM 1, 3.2, 3.7, 4.0 (Adults)	✗	✗	✓	
ASAM WM 1, 3.2 (Minors)	✗	✓	✓	
ASAM 1-OTP (Adults)	✗	✗	✓	
ASAM 1-OTP (Minors)	✗	✓	✓	
ASAM 1.0-AR, 1.0, 2.1	✗	✗	✓	
Recovery Bridge Housing (RBH)	✗	✓	✓	

* Providers are required to assist patient transfer Medi-Cal benefits to Los Angeles County if assigned to another California County and assist patients in the Medi-Cal or MHLA application process if eligible but not enrolled, while receiving treatment services.
 * Date of first service or intake appointment is defined as the day when the first clinical service is provided that is reported/claimed; this is generally the screening or assessment.

Eligibility Renewals and Updates for Continuing Patients

When patients continue in treatment services, the following submission and completion deadlines apply:

SERVICE	DUE DATE
Medi-Cal or MHLA Eligibility Verification*	Monthly
Reportable Incident Reporting Form	Within 24 hours of the reportable incident
Treatment Plan (Reviews)	Every 15 calendar days residential LOCs ASAM 3.1, 3.3, 3.5 Every 30 calendar days outpatient LOCs ASAM 1.0, 2.1, 3.2-WM, OTP
Treatment Plan (Updates)	Every 30 calendar days residential ASAM 3.1, 3.3, 3.5 Every 90 calendar days outpatient LOCs ASAM 1.0, 2.1, 3.2-WM, OTP
Discharge/Transfer Form	Must be completed within 30 calendar days of the last face-to-face treatment contact for all LOCs (not required for RBH), and it is not submitted to SAPC

ELIGIBILITY VERIFICATION RENEWAL	
ASAM 3.1, 3.3, 3.5	Within 7 calendar days of end date of current authorization or verification
ASAM WM 1, 3.2, 3.7, 4.0 (Adults)	Not Applicable
ASAM WM 1, 3.2 (Minors)	Not Applicable
ASAM 1-OTP (Adults)	Every 12-months unless otherwise required; and within 21 calendar days of end date of current authorization or verification
ASAM 1-OTP (Minors)	Every 30-days and within 7 calendar days of end date of current authorization or verification
ASAM 1.0-AR, 1.0, 2.1	Every 6-months unless otherwise required and within 21 calendar days of end date of current authorization or verification
Recovery Bridge Housing (RBH)	Perinatal Only – Every 30 calendar days until 60 calendar days after the end of the pregnancy; and 7 calendar days in advance of current authorization

Special Populations Served

If a patient is participating in one of the following county-funded programs, additional documentation requirements apply.

POPULATION	SUMMARY OF REQUIREMENTS
CalWORKs	<ul style="list-style-type: none"> Notify Department of Public Social Services (DPSS) via the PA1923 form for any CalWORKs individual not referred directly by their GAIN Services Worker (GSW) Assessments must be conducted within 48 hours of GSW referral and report back to the GSW using GN6006A, unless the referral was made using GN6006B form which requires the client to submit Submit GN6006B form to the GSW within 5 business days to indicate if client enrolled or the failed to keep the appointment Submit GN6008 form every 90 calendar days or as required to report to the GSW patient progress and/or discharge status Submit GN6007A form to the GSW within 5 business days of changes in LOC Submit GN6007B within 3 business days of discharge
Criminal Justice: Assembly Bill 109 Proposition 36 (2001) Proposition 47	<ul style="list-style-type: none"> Enter patient admission on the Treatment, Court, Probation, eXchange (TCPX) within 72 hours Enter patient's assigned Deputy Probation Officer (DPO) on patient file and obtain the consent to release information form for compliance checks Submit treatment progress report in TCPX at 30 calendar day intervals from the date of admission, and/or as requested by the DPO. Submit discharge reports via TCPX and within five calendar days of discharge Program Completion and Termination Reporting in TCPX: <ul style="list-style-type: none"> Assembly Bill (AB) 109: Confirm completion and/or termination of treatment within 24 hours by entering the information into TCPX, notifying the assigned DPO, and contacting the AB 109 Probation Post Release Community Supervision Notice Center at (626) 308-5271 or via e-mail at PROBAB109.NonCompliance@probation.lacounty.gov Proposition 36 and 47: Confirm completion and/or termination treatment within 48 hours by entering the information into TCPX and notifying the assigned DPO.
Criminal Justice: Superior Court	<ul style="list-style-type: none"> Document the referral to treatment services from Client Engagement and Navigation Services (CENS) and/or Superior Court Submit status and discharge reports at 30 calendar day intervals from the date of admission, and/or as requested by the court Attend and participate in court date appearances as needed Submit a progress report to the Superior Court immediately to report non-compliance or discharge from treatment
General Relief	<ul style="list-style-type: none"> Submit ABP132 every 60 calendar days on treatment progress Submit the Treatment Provider Report of Changes form within 3 calendar days if number of treatment hours goes below 20 hours/week for ASAM 1.0, 2.1 Notify SAPC if treatment extension is required and then submit for final approval to DPSS Report status changes within 5 calendar days
Family Dependency Drug Court (FDDC)	<ul style="list-style-type: none"> Complete section C of the FDDC referral form, ensuring participant has completed section D, and return it via fax to the Department of Children and Family Services (DCFS) FDDC Children's Social Worker (CSW) within 5 business days of the intake appointment Submit an initial report to the DCFS CSW within 5 business days of the treatment admission Submit a progress report to the DCFS CSW within 5 business days prior to the scheduled Court appearance/hearing to reflect patient's progress from last the court hearing that pertains only to the substance use disorder (SUD) treatment services - recommendations and/or comments on visitation rights are not permitted Submit a progress report to the DCFS CSW immediately upon discharge (expected or unplanned)
Homeless	<ul style="list-style-type: none"> Submit the Coordinated Entry System (CES) Survey, including the Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) within 7 calendar days of first service or first intake appointment. Add housing as a goal to the treatment plan and refer to RBH if qualified. Assist in completion of application forms and collection of any required documents; coordinate with the CES Housing Navigator
Juvenile Justice Crime Prevention Act (JJCPA)	<ul style="list-style-type: none"> Submit a Community Based Organization Note every 30 days Enter data in the JJCPA system every 30 calendar days Submit the Program Participant Report to SAPC by the 10th of each month
Promoting Safe and Stable Families Time Limited Family Reunification	<ul style="list-style-type: none"> Complete assessment within 3 business days of receiving the approved DCFS 6006A form Submit Section B of DCFS 6006A within 5 business days to CSW to report on status and/or incomplete appointments Submit DCFS 6007B termination enrollment form to CSW within 3 business days of discharge Submit DCFS 6008 progress report form every 90 calendar days and send to CSW within 3 business days of the end of that period
Title IV-E	<ul style="list-style-type: none"> Complete a brief progress summary within 5 calendar days of the close of each month for the Probation Officer Submit the Program Participant Report to SAPC by the 5th of each month