



Clinical Services Division: Utilization Management & Quality Improvement Updates

Los Angeles County Department of Public Health
All Provider Meeting March 5, 2024
Substance Abuse Prevention & Control



Agenda



Medication Services Incentives

3a Medications for AUD and OUD

3b Naloxone



Access to Care (R95) Capacity Building Initiatives

2C-2 Initial Engagement Authorizations

2F-2 Harm Reduction + SSP Admissions



R95 Capacity Building 1E Workforce Funding Opportunity



Medication Services Incentives

Metric 3A: At least 50% of patients agency-wide with opioid (OUD) and/or alcohol (AUD) use disorder within the fiscal year either receive MAT education and/or Medication Services that include MAT

Non-OTPs

- Applicable MAT / Medication Service Codes are:
 - 90792
 - 99202 through 99205
 - 99212 through 99215
 - 99441 through 99443
 - H0034
 - H2010M

OTPs

- Services must be *specific to AUD medications* and the applicable MAT / Medication Service Codes are:
 - S5001AB (Naltrexone Long Acting Injection)
 - S5001C (Disulfiram)
 - 90792
 - H0034



Medication Services Incentives

Metric 3B: At least 50% of clients served agency-wide within the fiscal year receive naloxone

Non-OTPs

- Applicable code: H2010N

OTPs

- Services must be naloxone dispensed from the OTP medication unit.
- Applicable codes: S5000D and S5001D



<http://publichealth.lacounty.gov/sapc/providers/payment-reform/access-to-care.htm>

3.	Medications for Addiction Treatment (MAT)	3a	At least 50% of clients agency-wide with opioid (OUD) and/or alcohol (AUD) use disorder within the fiscal year either receive MAT education and/or Medication Services that include MAT* *NOTE: OTP settings must ensure that at least 50% of clients with AUD either receive MAT for AUD education and/or Medication Services that include MAT for AUD in order to meet this incentive benchmark	Numerator is the applicable MAT / Medication Service Code ¹ and/or H2010M (MAT Education). Denominator is clients with OUD (F11.*) and/or AUD (F10.*) diagnosis	\$30,000-Tier 1 \$45,000-Tier 2 \$60,000-Tier 3
		3b	At least 50% of clients served agency-wide within the fiscal year receive naloxone	Numerator is # of clients that received naloxone ² (by prescription or via distribution documented in the record) at a given agency during a FY and denominator is total # of clients served	\$30,000-Tier 1 \$45,000-Tier 2 \$60,000-Tier 3

¹ Applicable MAT / Medication Service Codes are, for non-OTP settings: 90792, 99202 through 99205, 99212 through 99215, 99441 through 99443, H0034, and H2010M. Applicable codes for OTP settings are S5001AB, S5001C, 90792, and H0034 specific to AUD medications.

² For non-OTP levels of care, when naloxone is provided to a patient, providers register that the patient received naloxone by submitting a claim that includes the H2010N service code associated with documentation that naloxone was prescribed and/or distributed on the date of service of that claim. Within OTPs, the service codes that count towards the numerator of this metric are S5000D and S5001D.



Access to Care (R95) Capacity Building Initiatives: 2C & 2F

2C. 30- and 60-Day Engagement Period for Outreach and Engagement

Capacity Building 2C leverages new State allowances to establish medical necessity and complete the ASAM assessment within 30-days for adults (21+), and 60-days for youth (12-20) and adults experiencing homelessness in non-residential facilities to engage individuals who need SUD services but who may be ambivalent or not ready to receive care in a more traditional treatment setting. Development and conducted trainings for staff to ensure understanding of changes throughout organization.

2C-1 Engagement Policy and Staff Training

+

2C-2 Claims Verification under an approved 30-60 days authorization
**Required to participate in R95 Initiatives*

+

2F. Bidirectional Referrals for Lower Barrier Care

Capacity Building 2F supports providers in establishing bidirectional referral relationships between their treatment sites and harm reduction agencies to promote new admissions in alignment with updated admission and discharge policies.

2F-1 Execute MOUs (different from 2A-3 and 2B-1) with harm reduction and overdose prevention hubs

+

2F-2 Claim Verification for new Harm Reduction/Overdose prevention Hubs Admissions (non FBS)

+

<http://publichealth.lacounty.gov/sapc/providers/payment-reform/access-to-care.htm>

2C-2 Claims Verification under an approved 30-60 days authorization

SERVICE AUTHORIZATION REQUEST Submit Discard Add to Favorites

Member Service Authorization
FY 23/24+ Authorizations
Member Service Authorization 21-40
Care Manager
Diagnosis
Comments
Provider Search
Doc Request Date
Online Documentation

Brief Member Review **Member Authorization History** **Authorization Number**

Initial or Continuing Authorization [?]

Initial Continuing

Funding Source Authorization Is For * **Begin Date Of Authorization ***

Select x v [Calendar] T Y

Provider To Be Authorized **End Date Of Authorization ***

[Search] [Calendar] T Y

Contracting Provider Program *

Select x v

Current Authorization Status *

Approved Denied Pending

<http://publichealth.lacounty.gov/sapc/providers/sage/sage-pcnx.htm>
Sage-PCNX Service Authorization Request Guide

2C-2 Claims Verification under an approved 30-60 days authorization

Doc Request Date	
Initial Engagement	<p>Required.</p> <ul style="list-style-type: none"> Select Yes if the authorization is a Non-Residential initial authorization where the patient is in the initial assessment period and medical necessity has not yet been established.
	<ul style="list-style-type: none"> Select No if <ol style="list-style-type: none"> This is a Residential Authorization This is a Withdrawal Management Authorization or Medical necessity has been established

<http://publichealth.lacounty.gov/sapc/providers/sage/sage-pcnx.htm>
[Sage-PCNX Service Authorization Request Guide](#)



When Authorization is Required During Patient Engagement

Single Screening Visit

- Co-triage documented
- **No request for authorization required; billed through p-auth**
- No CalOMS required

Recovery Services

- Includes assessment, care coordination, counseling (individual and group), family therapy, recovery monitoring, relapse prevention
- Full ASAM not required (although welcomed)
- **No request for authorization required; billed through p-auth**
- **Pre-admission engagement of patients** → no CalOMS required
- Once admitted to a formal course of treatment → CalOMS required within 7 days of date of admission

ASAM 0.5, 1.0, 2.1, OTP LOCs → Initial Engagement Authorizations

- A formal admission that includes assessment, care coordination, counseling (individual and group), family therapy, medication services (including MOUD / MAUD / Rx for other SUDs), patient education, SUD crisis intervention services
- CalOMS required within 7 days of admission
- Initial engagement authorization available for 30d (housed patients 21 years old and older) / 60d (PEH and/or age 20 years old and younger) during which a **full ASAM is not required**



Timing for Submission Auth Requests

- Providers should hold request for authorization until the patient's clinical trajectory and financial eligibility has been established.
- For Medi-Cal members who became disenrolled, provider agencies should use care coordination to re-enroll patients in Medi-Cal and hold the auth submission until the patient's Medi-Cal eligibility has been re-established.
- Establishing financial eligibility is one of the permitted exceptions to the 30 days rule governing timeliness of authorization submissions.

2F-2 Claim Verification for Harm Reduction/SSP Admissions

ABC HODA (000262499)

ABC HODA (000262499)
F, 24, 01/01/2000
Ht: -, Wt: -, BMI: -

Ep: 1 : Recovery Inc
Problem P: -
DX P: -

CAL-OMS ADMISSION

Client Identification and Demographic Data

- Cal OMS Submission Details
- Client Identification
- Race
- Ethnicity
- Veteran Consent and Disability Data
- Sexual History

Transaction Data

- Admission Data**
- Admission Data
- Funding Programs
- MHLA/RBH

Admission Data

3.1. Proposition 36 Participant? 3.1

Yes No

3.2. What is your Principal Source of Referral? 3.2

Harm Reduction Agency/Syringe Services

3.3. Days Waited to Enter Treatment 3.3

3.4. Number of Prior Episodes 3.4



Workforce Development Capacity-Building Start-Up Funding

1E Addiction Medication Prescribing Clinician

1E. Addiction Medication Prescribing Clinician

Supports financial cost-sharing with Network Providers to recruit, retain and utilize (1 FTE) addiction medication (MAT) prescribing clinician per agency regardless of tier level. Clinician must provide the full range of applicable addiction medication services as outlined in SAPC Information Notice 24-01. Start-up funds for up to 75% of funds to support implementation planning (FY 23-24) and up to 25% once implementation completed (FY 24-25).

1E-1 Start-up of up to 75% of funds disbursed once addiction medication prescribing clinician implementation plan has been approved.

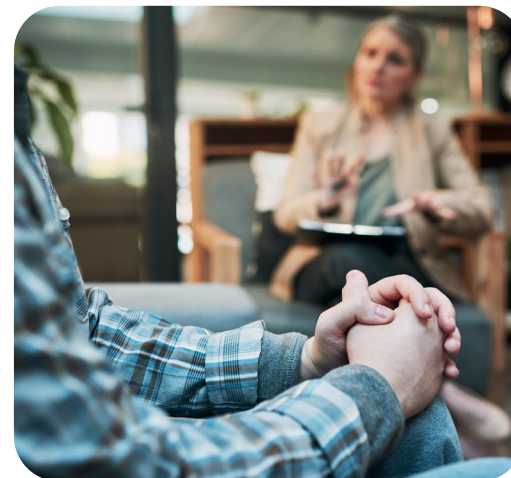
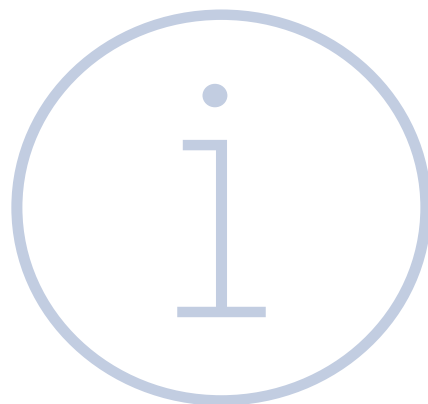
- 1E MAT Prescribing Clinician Cost-Sharing Meeting Video Recording - March 1, 2024
- 1E Addiction Medication Prescribing Clinician Cost Sharing Meeting - March 1, 2024
- 1E MAT Prescribing Clinician Cost-Sharing Meeting Video Recording - March 27, 2024
- 1E Addiction Medication Prescribing Clinician Cost Sharing Meeting - March 27, 2024
- 1E Instructions for MAT Prescribing Clinician Start-Up Cost Sharing Due 04/19/24
- 1E Implementation Plan MAT Prescribing Clinician Start-Up Cost Sharing non-OTP Due 04/19/24
- 1E Implementation Plan MAT Prescribing Clinician Start-Up Cost Sharing OTP-only Due 04/19/24
- Invoice 1 SAPC FY 23-24 Capacity Building Start-Up Funds Attestation Due 04/19/24

1E-2 – Start-Up funds of up to 25% of funds disbursed Year 2- per 40 hours per week of prescribing clinician services. Requires Quarterly implementation updates and verification of addiction medication (MAT) prescribing clinician staffing.

<http://publichealth.lacounty.gov/sapc/providers/payment-reform/workforce-development.htm>

Addiction Medication Prescribing Clinician Requirements

- Prescribing clinician(s) works as a member of the agency care team
- Can include more than one practitioner
 - For example, 40 hours/week of prescribing clinician time can include two eligible practitioners each working 20 hours/week
- The clinicians' medication services are billed through SAPC (not through a managed care plan or other payer)
- Must provide the full range of *applicable* addiction medication services as described within [SAPC Information Notice 24-01](#)
 - Methadone cannot be prescribed through pharmacies; non-OTP clinicians are not expected to provide prescriptions for methadone to treat OUD



Provide Information
About Addiction
Medications



Ask About Problem Substance Use

- **Opioid, Alcohol, Tobacco,** Stimulants, Cannabis
- DSM-5 Checklist
- Within 24 hours of initial date of service



Offer Addiction Medication Evaluation

- Directly
OR
- Through Coordinated Referral
- If accepted, plan should be in place within 24 hours of initial DOS.

If Patient is Currently Treated with a Controlled Substance



Policies and Procedures for Administering / Storing / Disposing of Controlled Substances



Staff Training Requirements

- Schedule for medication evaluation (directly or through referral)
- Medical treatment should be adjusted based upon an individualized determination of the risk/benefits for each patient

- All agencies should support treatment with all addiction medications, including methadone and buprenorphine, when medically appropriate (based upon the patient's individualized medication evaluation)

- All agencies are required to educate staff about addiction medications and about their addiction medication policies

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**



UNIT/BRANCH/CONTACT	EMAIL/Phone Number	Description of when to contact
Sage Help Desk	Phone Number: (855) 346-2392 ServiceNow Portal: https://netsmart.service-now.com/plexussupport	All Sage related questions, including billing, denials, medical record modifications, system errors, and technical assistance
Sage Management Branch (SMB)	SAGE@ph.lacounty.gov	Sage process, workflows, general questions about Sage forms and usage
QI and UM	SAPC.QI.UM@ph.lacounty.gov UM (626)299-3531- (No Protected Health Information PHI)	All authorizations related questions, Questions about specific patient/auth, questions for the office of the Medical Director , medical necessity, secondary EHR form approval
Systems of Care	SAPC_ASOC@ph.lacounty.gov	Questions about policy, the provider manual, bulletins, and special populations (youth, PPW, criminal justice, homeless)
Contracts	SAPCMonitoring@ph.lacounty.gov	Questions about general contract, appeals, complaints, grievances and/or adverse events. Agency specific contract questions should be directed to the agency CPA if known.
Strategic and Network Development	SUDTransformation@ph.lacounty.gov	DHCS policy, DMC-ODS general questions, SBAT
Clinical Standards and Training (CST)	SAPC.cst@ph.lacounty.gov	Clinical training questions, documentation guidelines, requests for trainings
Phone Number to file an appeal	(626) 299-4532	
Grievance and Appeals (G&A)	(626)293-2846	Providers or patients who have questions or concerns after receiving a Grievance and Appeals Resolution Letter or follow up with an appeal.
CalOMS	HODA_CalOMS@ph.lacounty.gov	CalOMS Questions
Finance Related Topics	SAPC-Finance@ph.lacounty.gov (626) 293-2630	For questions regarding Finance related topics that are not related to billing issues
Out of County Provider	Nancy Crosby (ncrosby@ph.lacounty.gov)	Out of county provider requesting assistance in submitting authorization for LA County beneficiary & resident Intercounty Transfer / Medi-cal eligibility (MEDS- acceptable aid codes) / Applying for Medi-cal general questions
SASH	(844) 804-7500	Patients calls requesting for service



Discussion & Questions

