DOCUMENTATION WITHIN THE SPECIALTY SUD SYSTEM

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

COUNTY OF LOS ANGELES Public Health

Outline

- **Important Network-Wide Issues**
- **Review**
  - Eligibility Verification vs. Service Authorization
  - Preauthorized vs. Authorized Services
  - Justification of Medical Necessity
- **Documentation**

WHEN QUESTIONS ARISE:
1st → Provider Manual
2nd → SAPC website (FAQ's, Timeline Factsheet, Documentation Checklist)
3rd → Call SAPC

County of Los Angeles Public Health

Important Network-Wide Issues

Helpful Resources

- **Provider Manual**
- **Checklist of Required Documentation* (updates coming soon)**
- **START-ODS FAQs**
- ***NEW* Weekly SAPC QI and UM FAQ Provider Call**

Reminders Regarding Authorizations

- If you have questions regarding a submission, please call SAPC and do NOT re fax the materials → we are getting up to 7 duplicate faxes per patient, which is leading to significant inefficiencies
- The 24-hour clock for residential preauthorization approvals BEGINS when the preauthorization submission is COMPLETE
- To review full ASAM assessments and determine medical necessity, **LPHA must have a face-to-face discussion with counselor conducting assessment** to review case (if LPHA did not conduct assessment)
- Must include individualized ASAM assessments (no copy and pasting without modifications), correct DSM diagnosis, and fill out LOC grid appropriately

Important Network-Wide Issues (cont'd)

Reminders Regarding SBAT

- While many providers are now updating their SBAT data on a daily basis, some still are not → this is a contractual requirement
- Must avoid using today's availabilities on yesterday's patients
  - Need to stay disciplined with SBAT data and stick with the availabilities provided

Reminders Regarding Case Management

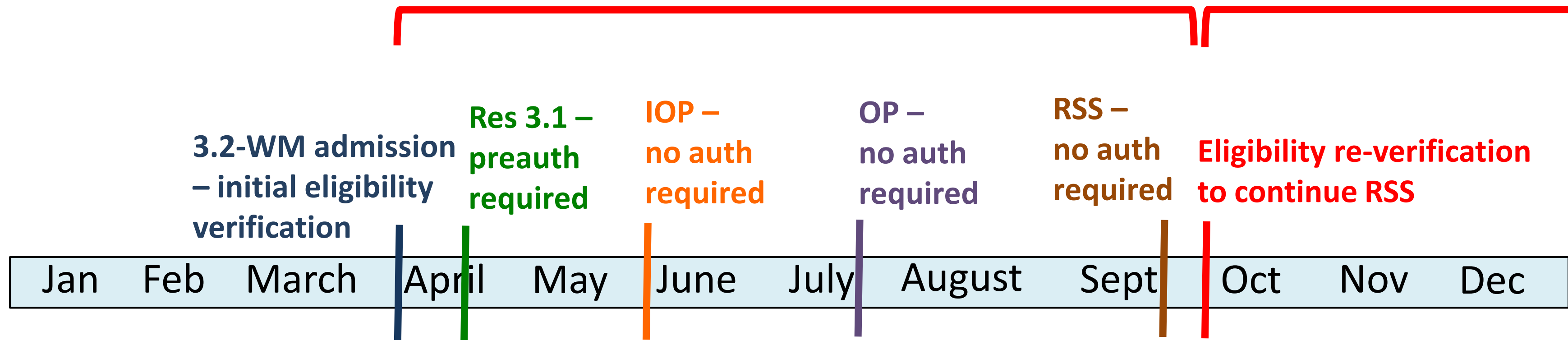
- Providers should NOT turn away MHLA individuals and those who are Medi-Cal eligible, but not yet enrolled → use case management
- Providers should be using the billable case management benefit for things such as discharge planning, planning level of care transitions, exploring housing options, etc → SASH/CENS/WPC is NOT responsible for these case management functions

Reminders Regarding SASH/CENS

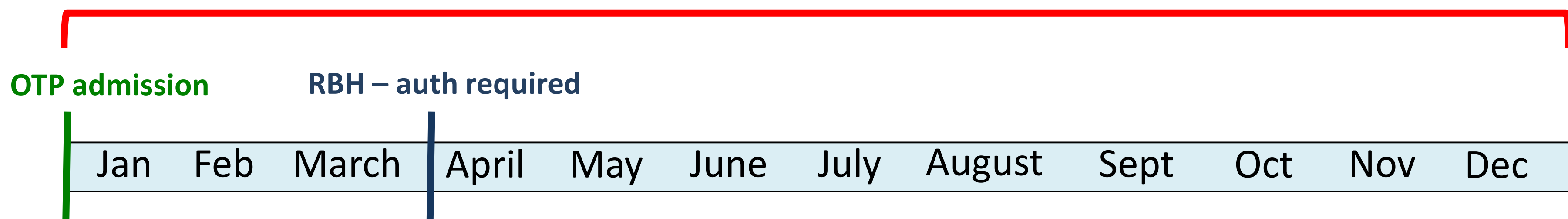
- Many providers are still not picking up their phones during business hours when the SASH attempts to make referrals
- Providers should NOT be performing their intake or doing full ASAM assessment during the SASH phone call
- When the SASH/CENS calls to make referrals, some providers are telling the SASH and patient that they will call the patient back to arrange an appointment within 2 days → inconsistent with the goal of treatment on demand

SUMMARY: Eligibility Verification vs. Service Authorization

Non-OTP Settings



OTP Settings



Eligibility Verification

1. Determine eligibility for Medi-Cal, My Health LA, and/or other County-funded programs

   AND

2. Verify County of Residence (COR) is Los Angeles County (providers should be checking COR at least once per month); benefits need to be assigned to Los Angeles County for Medi-Cal beneficiaries

   AND

3. Establish **medical necessity** which includes a DSM-5 diagnosis for an SUD, and placement at an appropriate level of care as determined by the ASAM Criteria

Audience Participation

- What is the difference between an Eligibility Verification and Service Authorization?

Eligibility Verification vs. Service Authorization

- **Eligibility verification is required whenever a patient enters the specialty SUD system for the first time**, and needs to be **renewed at the end of the eligibility period** for the respective funding source
  - **Drug Medi-Cal** → every 6 mo for non-OTP services, and every 12 mo for OTP services
  - **My Health LA** → annually
  - **Qualified County programs (e.g. AB 109)** → varies based on these qualified County programs

- When a patient enters the specialty SUD treatment system for the first time:
  - Services that do NOT require authorization (outpatient treatment, intensive outpatient treatment, withdrawal management for adults, & OTP) STILL REQUIRE submission of Service Request Forms and accompanying required documentation in order to verify eligibility status → Because medical necessity is a component of both eligibility status and service authorizations

- After eligibility is verified, services that do NOT require authorization(OP treatment, IOP treatment, all levels of withdrawal management *for adults*, & OTP) do NOT require submission of Service Request Form *within* these eligibility periods, and are only required at the time of first treatment episode and when renewal is due.

Audience Participation

- What is the difference between Preauthorized and Authorized Services?

Preauthorization vs Authorization

Service Authorization

- Process of approving certain services that either require:
  - **Preauthorization**
    - Residential Treatment (3.1, 3.3., 3.5)
    - Intensive Inpatient Treatment* (3.7, 4.0)

      *Does NOT refer to withdrawal management (3.7-WM or 4-WM)

  Preauthorized **services require preauthorization for every episode**

  OR

  - **Authorization**
    - Withdrawal Management for youth
    - Medication-Assisted Treatment for youth
    - Recovery Bridge Housing

  ***Authorized* services only require authorization when eligibility needs to be verified or re-verified**

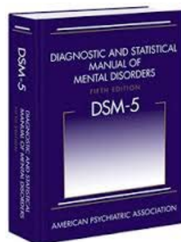
COUNTY OF LOS ANGELES
Public Health

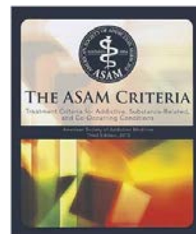
Audience Participation

- **Review of Medical Necessity**
  - *How/what is needed* to establish medical necessity?
  - *Who* can establish medical necessity?
  - *When* does medical necessity need to be established?

Medical Necessity

- **How/What is needed to establish medical necessity?**





Medical Necessity

- **Who can establish medical necessity?**
  - **Licensed LPHA must verify medical necessity** via a face-to-face or telehealth review with the individual conducting the assessment (e.g., SUD counselor
  - **License-Eligible Practitioners** (e.g., Associate Social Worker (ASW), Marriage & Family Therapy Intern (IMFT), a Professional Clinical Counselor Intern (PCCI) or Psychological Assistant) **are considered LPHA's, but are NOT considered *Licensed* LPHA's**, and must work under the supervision of a licensed LPHA and obtain a **co-signature** on the work completed by the license-eligible practitioner

- **When does medical necessity need to be established?**
  - Within 7 calendar days

Documentation

Case Formulation

- **What is a Case Formulation**?
  - A case formulation is a conceptual framework of a patient that incorporates all the key factors of that patient's case into a working idea of how best to help that person.
  - Case formulations both describe and explain how a person's problem has developed and how it is maintained so that treatment can target those core, influencing factors.
    - The "story" of a patient that underlies case formulations should be what guides the treatment and care provided by counselors and clinicians.

Justifying Medical Necessity

2 Simple Steps:

1. Present relevant circumstances of the case
2. Present reasons why it's important for the other person to let you do what you're asking

- **Justifying medical necessity is similar to the strategies you use when asking someone for something, and attempt to explain why they should give you what you want**
  - For example:
    - Asking your boss for a raise.
    - Asking your parents to let you go out with friends.
    - Convincing your spouse why you need a larger TV/new car/new handbag/etc.

How to Document/Justify Medical Necessity

- **Justifying medical necessity involves describing how the counselor/clinician's case formulation informs a patient's specific treatment, including the ASAM level of care.**
- Tell the patient's story, describing the**WHAT and WHY**.
  - Provide a brief summary of the case that describes:
    - History of SUD treatment
      - Substance(s) used
      - Route of administration (eg. IV use)
      - Duration
      - Frequency
      - Consequences of use
      - Readiness to change
    - Co-occurring physical or mental health conditions
    - Psychosocial/environmental factors
      - Relationships
      - Living situation

- **Use the 6 ASAM dimensions to guide your rationale**

Sample Notes

- **Please see handouts* for documentation examples of the following:**
  - Service Request Form
  - Progress Note
  - Treatment plan
  - Discharge/Transfer Form
  - Miscellaneous Note Options (for case management, etc)

*Focus of these examples was on the sections that are most relevant for documenting medical necessity, as opposed to demographic information.

Important Reminders Regarding Documentation

- Documentation is of *key importance* in our managed SUD care model.
- Documentation is needed not only for QI and UM purposes, but also to ensure providers get paid for the services they deliver.
- Missing signatures, incorrect documentation, or conflicting documentation (e.g., different diagnoses for same patient) will slow down processing.
- **Documentation for medical necessity must be individualized**, meaning:
  - Using the same assessment/plan/rationale for multiple patients is not appropriate or beneficial.
  - Documentation should be unique to the patient and reflect treatment based on the clinical features of the individual patient based on socio-cultural environment, the medical necessity criteria, and the resources available.
  - Treatment should be **needs-based** and patients should be treated in the **least restrictive environment** appropriate.

COUNTY OF LOS ANGELES
Public Health

Important Reminders Regarding Documentation (cont'd)

- **ASAM assessments/grids need to be filled out correctly and consistently to demonstrate need for services.**
  - **Diagnoses** should be consistent across the ASAM assessment, Service Request Form, and other documentation.
  - **Level of care information** should be consistent across the Service Request Form, ASAM assessment, and other documentation.

- **When faxing documentation:**
  - **Fax <u>one service request at a time</u>** (do not include multiple patients in one fax)
  - **<u>Only submit one fax</u>**; if you have questions or want to follow up on your submission, call SAPC and **<u>DO NOT re-fax documents to avoid duplication</u>**
  - **Include <u>cover sheet</u>**

Provider Resources/Support

1. **Read the Provider Manual** as your primary reference for questions**.**

2. **Consult the resources available on SAPC website:**
   - **FAQs**
   - **Checklist of Required Documentation**
   - **Timelines Factsheet**
   - **Documentation Examples**

3. **Call SAPC**
   - ***NEW* Weekly QI and UM FAQ Provider Call**– Wednesdays 11:30-12:30pm. Questions submitted in advance by 5pm on Mondays to sapc-qi.um@ph.lacounty.gov. Additional details coming soon.