



## Communication Release

8/26/2021

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### State System Adjudication Errors Update

On August 5, 2021, the State notified counties of adjudication errors in their Short Doyle Medi-Cal system that may have caused some claims to deny inappropriately. The majority of the issues identified were attributed to an update the State installed in their adjudication system on June 8, 2021. The State has resolved this issue and SAPC has resumed billing to the State as of 8/23/2021. SAPC continues to seek additional information from DHCS on these inappropriately denied claims to assist SAPC and providers in identifying if any claims sent to the State by SAPC were affected. SAPC will provide additional details as available upon further discussion with the State.

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### CalOMS Discharge Status Field

On the CalOMS Discharge and CalOMS Administrative Discharge forms, the Discharge Status field is a mandatory field for SAPC to submit the records to the State, however, it is not currently required within Sage. SAPC is working to correct this so that the field is required in Sage before submitting. It is very important that providers complete this field on all CalOMS Discharges and Administrative Discharges. SAPC staff may have to reach out to providers to complete this field so that the record can be accepted by the State. Additionally, providers should be completing either the CalOMS Discharge or Administrative Discharge the day the patient leaves treatment.

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### ASAM Continuum Release Update (Repeat)

On August 17, 2021, ASAM developers updated the ASAM Continuum with the below changes.

#### Question Updates:

- In the Drug and Alcohol section, updates ensure alignment between responses regarding the patient's last use of a substance and past 30-day frequency of use. An error message will now display if the interviewer has indicated a need for alcohol use treatment (ASd25a) when the patient did not endorse alcohol use. A similar error message will display if the interviewer has indicated a need for drug use treatment (ASd25d) when the patient did not endorse any (non-alcohol) drug use.

#### Question Updates (CONTINUUM RISE only):

Help/hint text in the blue info icons now better reflects the future-oriented, re-entry focus of the following RISE questions:

- ASf04, "When you re-enter the community, what will your living arrangements be?"
- ASf05, "How long did you live in these arrangements before entering the controlled environment?" (If with parents or family, only count since age18)"
- ASf19j, "Upon re-entering the community, what is the likelihood that you could be hurt or victimized by another?"
- ASf19d, "Upon re-entry, will you be in close contact with anyone you have abused or neglected?"
- ASf19e, "Is that neglect or abuse likely to occur during your substance use?"
- ASf19i, "Upon re-entering the community, what is the likelihood that you could cause harm to or neglect others?"
- ASf19f, "Is it likely that family neglect/abuse will worsen without care at a level greater than Level 2?"
- ASf19k, "Is the risk of harm only a problem during alcohol or drug intoxication?"
- ASf19l, "Upon re-entering the community, will you be able to locate and get yourself to community resources safely?"

#### Narrative Report Updates:

- We have clarified statements regarding the amount of time a patient has spent in a correctional facility.
- Free text entered in the Medical Section of the assessment now outputs more clearly in the Medical History subsection of the Narrative Report.
- Output in the Interviewer Impressions and Recommendations – Alcohol and Drugs subsection regarding primary substance now reads, "Currently, {name of substance} is/are his/her/their most significant substance use problem."

- Statements in the Alcohol & Drug Section regarding lifetime and past 30-day use have been separated into different paragraphs to improve readability.
- Sentences stating which substances are *not* problematic for the patient will no longer appear in the Narrative Report output.
- Various terms have been updated to reflect more current terminology, e.g., “opiates” has been replaced throughout with “opioids.”
- RISE output regarding the patient’s probation/parole status has been clarified to state that the patient will be on probation/parole upon re-entry into the community (if the interviewer endorses this in the assessment).

**Summary Report Updates:**

We have clarified the Final Level of Care Recommendations section. Level of Care recommendations are now more clearly presented as a package of services to be combined as needed. Withdrawal Management, Opioid Treatment Services (OTS), and Opioid Treatment Program (OTP) recommendations, if applicable, are now listed before any Level of Care recommendations that should be considered in order to address patients’ needs in Dimensions 2 through 6.