

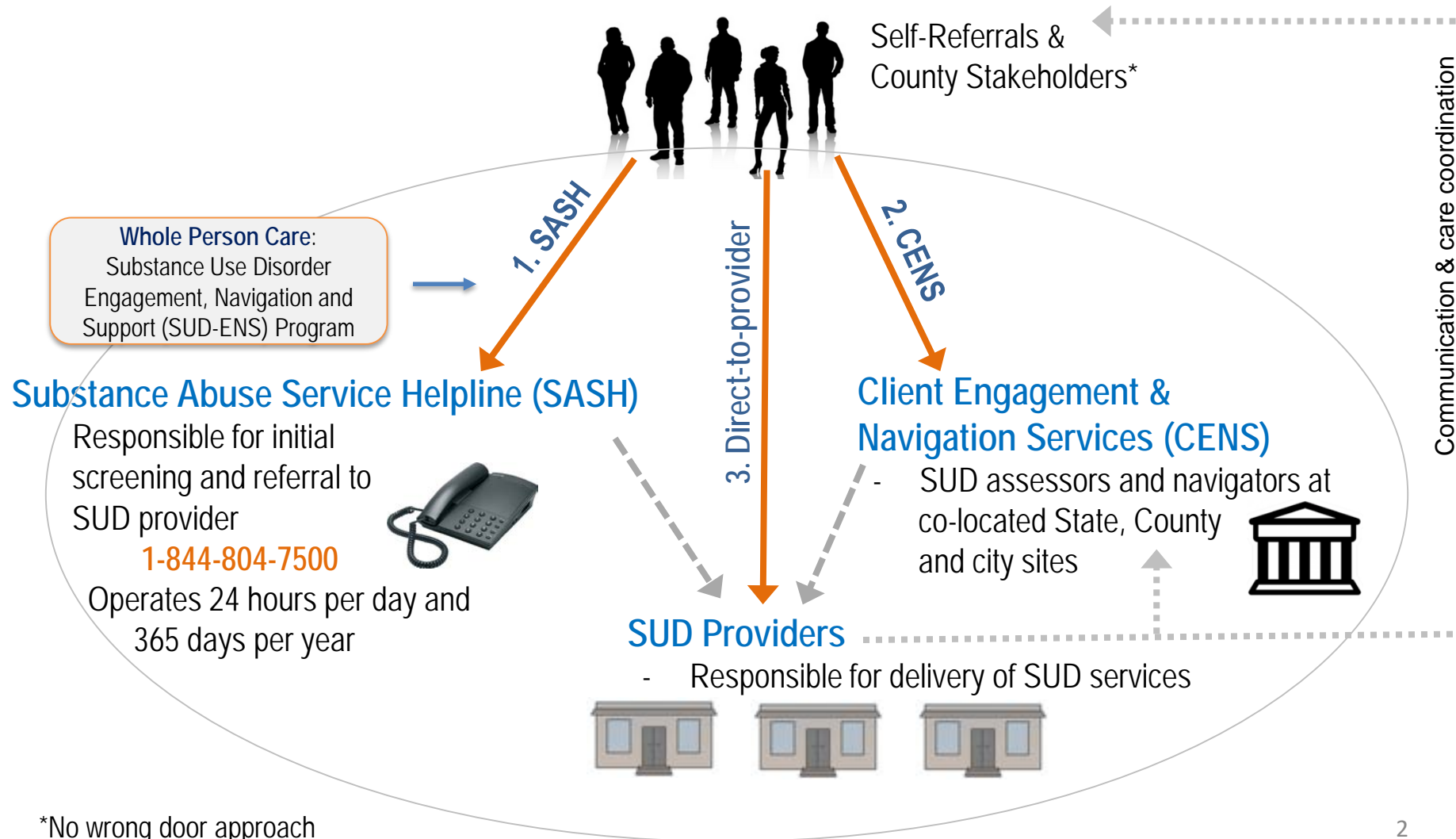


Youth & Adult Screening and Referral Connection Training for Treatment Providers

Department of Public Health
Substance Abuse Prevention and Control Division



Main Entryways into the Specialty SUD System





Introduction and Overview

- Why was the Referral Connection Form developed?
 - To document and track Screenings of individuals who access services Direct-to-provider
 - HCPCS H0049 will allow providers the ability to be reimbursed for screenings completed at contracted service locations
 - **All Treatment Providers (including Secondary Users)** will be required to document screenings within the Referral Connections Form in ProviderConnect
- In the event of a Sage Outage refer to: Bulletin 17-11 Sage Outage Procedure

NEW SCREENING EXPECTATIONS BEGINNING SEPTEMBER 2019

Beginning September 2019, All Treatment Network Providers are required to:

- (1) Complete either a CO-Triage or Youth Engagement Screener for each individual who comes to the facility requesting treatment services; and
- (2) Connect the individual to treatment either at your agency or another agency, and document the referral attempt(s) and the scheduled appointment in the Referral Connection Form; and
- (3) Submit a claim when both (1) and (2) are completed.



STEP 1: ADMISSION FORM

Determine if the individual has been served in the treatment network before and then complete the Admission Form in Sage





Admitting a Patient Into Sage

Providers **ALWAYS** need to verify using “**Add New Client/Client Search**” before creating a new patient within Sage to make sure that a client profile does not already exist, which will help to avoid duplicate patient charts.

- “Look Up Client” section → Only searches patients at your specific site
- “**Add New Client/Client Search**” section → Searches all patients across entire Sage network
 - If the patient shows on the “**Add New Client/Client Search**” results but not on “Look Up Client”, this means the patient has been seen by another provider in our network, but not your specific agency.
 - **DO NOT** create a new patient in this situation, simply open the chart to add an episode for your agency.

Add New Client/Client Search



1. Enter all required fields and the Date of Birth (DOB) if known to get the highest possible match.

The score is based on how much the result matches the search criteria entered:



A score of 231 is an exact match based on the 5 criteria entered.

A score without the DOB is 191, which would still indicate a match, but not as strong.

In this scenario, based on the search criteria entered, it is very certain the top result is the patient that is being searched.

2. **IF THERE IS A MATCH:** Select the **Blue Hyperlink** with the ID to further verify the patient and begin documenting if there is a match, starting with the patient demographics.

Search Results							
ID	Name	Date Of Birth	Client's Address City	Client's Address Zipcode	Alias	Social Security Number	Score
42248	MARK THOMPSON	12/06/1991	LOS ANGELES	90064		960-38-1697	231
65651	MARK THOMPSON	09/08/1984	ALHAMBRA	91803		454-36-6861	91
41458	MARK B THOMPSON	05/09/1967	Alhambra	91803		325-90-3110	91
107991	MARK P THOMPSON	02/12/1960	Alhambra	91803		764-55-9657	91
125964	MARK X THOMPSON	08/05/1951	LONG BEACH	90804		501-32-4206	91

Do not select “Create Admission for New Client” for this situation since the patient was found and already exists in the system.

Selecting the patient ID link will associate this patient with a new episode for your agency.

Add New Client/Client Search



3. **IF NO MATCH IS DISPLAYED:** When search results populate as “No clients found”, this means there are no patients within the entire SAPC network of providers that meet any of the criteria entered.

1st verify the information entered was correctly input.

2nd select the “Create Admission for New Client” button if an appropriate match is not found.

Search Criteria	
Social Security Number:	<input type="text" value="999-88-1111"/>
Last Name:	<input type="text" value="Testt"/>
First Name:	<input type="text" value="Patient"/>
Sex:	<input checked="" type="radio"/> Female - F <input type="radio"/> Male - M <input type="radio"/> Transgender (F to M) - FTM <input type="radio"/> Transgender (M to F) - MTF <input type="radio"/> Unknown - U
Date of Birth:	<input type="text" value="01/01/1900"/>

Search

No clients found.

Create Admission for New Client

✔ Select “**Create Admission for New Client**” in this situation since the patient was not found and does not exist in the system. Adding the patient will open a new episode for your agency and create new Sage ID.

Admission Form and Demographics



- After selecting an existing patient or creating a new patient, the first screen is always admission and demographics.
- When conducting a **screening and the patient will not be admitted to the agency** only the following fields are required (but all are recommended):
 - Sex
 - Date of Birth
 - Admission Date
 - Program
 - Attending Practitioner
 - Type of Admission
 - Age
 - Admission Time
 - Social Security Number
 - First Name, Last Name
 - Address
 - Race
 - Primary Language

Admission Information	
Sex <input type="radio"/> Female - F <input checked="" type="radio"/> Male - M <input type="radio"/> Transgender (F to M) - FTM <input type="radio"/> Transgender (M to F) - MTF <input type="radio"/> Unknown - U	
Date of Birth 10/21/1985	Age 33
Admission Date 07/24/2019	Admission Time 08:10 AM <small>HH:MM AM/PM</small>
Program Recovery Inc	Admitting Practitioner USER,TEST (003005)
Attending Practitioner USER,TEST (003005)	Treatment Service SPA 6 - South - 6
Type of Admission First Admission - 1	Social Security Number 123-45-6789
Demographics	
Client Last Name Test	Client Home Phone Number
Client First Name Patient	Client Work Number
Client Address Line 1	Client Address Line 2
Client Address - City	Client Address - State -Please Choose One-
Client Address - Zip Code	Client Address - County -Please Choose One-
Marital Status -Please Choose One-	Are you heterosexual, lesbian, gay, bisexual, transgender or do you question your sexual orientation? -Please Choose One-
Race -Please Choose One-	Education -Please Choose One-
Ethnic Origin -Please Choose One-	Religion -Please Choose One-
Other Ethnic Origin Field not yet supported	Place of Birth
Country of Origin -Please Choose One-	Maiden Name
Occupation -Please Choose One-	Client's Primary Language -Please Choose One-
Informed of Smoking Policy <input type="radio"/> No - N <input type="radio"/> Yes - Y	
Employment Status -Please Choose One-	



STEP 2A: SCREENING FORM - ADULTS

All individuals who come to
your agency seeking
treatment need to be
screened using the
appropriate tool





STEP 2B: SCREENING FORM - YOUTH

All individuals who come to your agency seeking treatment need to be screened using the appropriate tool



Adult (18+) Screener: Accessing the ASAM CO-Triage



Member ID
159904
Demographic
Cal-OMS Admission
Cal-OMS Annual Update
Cal-OMS Discharge
Financial Eligibility
Real-time 270 Eligibility Request
Client Condition - Pregnancy
Authorizations
Treatment
Provider Admission
Attachments
Provider Diagnosis (ICD-10)
Client Consent
ASAM Assessment

1. Select ASAM Assessment on the left side chart menu
2. Select the episode for your agency

Episode Number	Program
1 Select	Recovery Inc

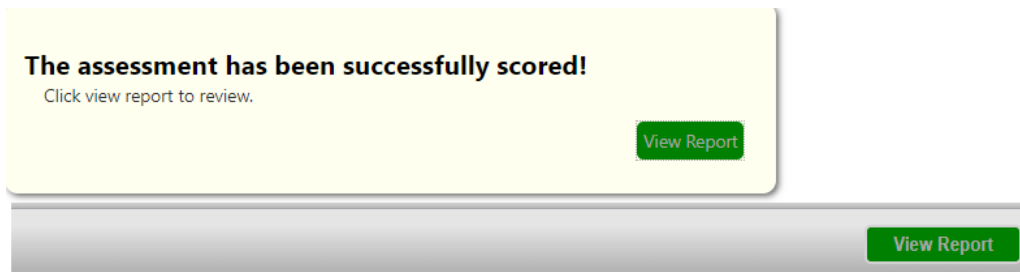
3. On the ASAM form, select "Triage Assessment" under ASAM Type

ASAM Assessment
Refresh ASAM Information
ASAM Type TriageAssessment ▼
Assessment Create New ▼
Launch ASAM
Refresh Assessment Information
Assessment Level of Care Information

4. Select "Create New" under Assessment
5. Select Launch ASAM to begin triage/screening

***NOTE: The ASAM Assessment Form in Sage is used to access both the ASAM Continuum and the CO-Triage assessments..

- ❑ The CO-Triage consists of approximately 30 questions, all with simple dropdown answers.
 - Most questions are required.
 - There is a percentage listed on the right side of the screen that will tell you if you have not completed 100% of the required questions.
 - There are free text boxes to elaborate on any additional clinical information.
- ❑ Once completed, you will be able to view the report by clicking “View Report” on the ASAM itself.
 - This report is also available in Sage at any time after completing the ASAM by clicking “View Report” on the Sage ASAM Assessment page.



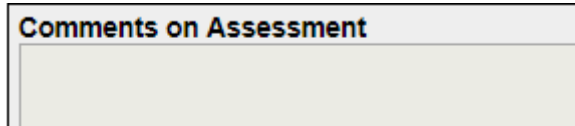
- ❑ The ASAM Report will provide the provisional Level of Care (LOC) under the last item in the report titled “FINAL SCORING & PROVISIONAL RECOMMENDATION”
- ❑ Enter the provisional LOC on the ASAM form in Sage and on the Service Connections Form where applicable.
 - **Recommended Level of Care** is what the ASAM report shows as the recommended LOC
 - **Actual Level of Care** is what you and the patient agree is the most appropriate (can be different)

Recommended Level Of Care -Please Choose One- ▼	Level Of Care Override -Please Choose One- ▼
Actual Level Of Care -Please Choose One- ▼	Draft/Final <input checked="" type="radio"/> Draft <input type="radio"/> Final

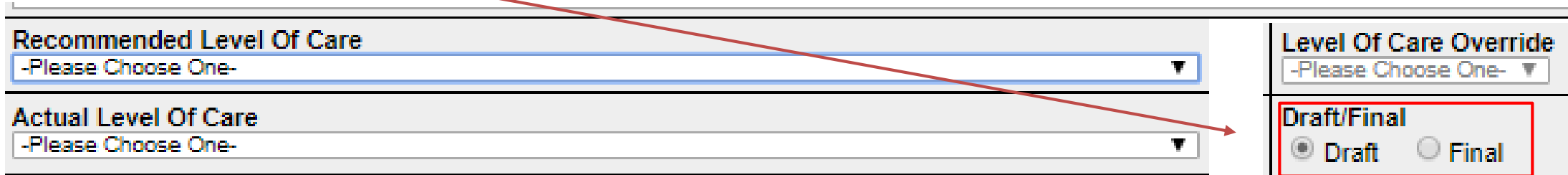
[Update Assessment](#) [Return To Episode List](#)

- When the **Actual Level of Care** and **Recommended Level of Care** differ:
 - the **Level of Care Override** is enabled and must be selected as **YES**
- If multiple LOC's are noted, choose the LOC that best meets the patients needs.

- ❑ Additionally, after completing the ASAM CO-Triage, the “Comments on Assessment” box in Sage is enabled which allows providers to enter any additional information not accounted for on the CO-Triage itself.



- Information to include:
 - ✓ Reason for the discrepancy between actual and recommended LOC
 - ✓ Behavioral or observational information about the patient during the screening.
- ❑ Once all information is completed, including the comments, the form needs to be finalized by clicking the “Final” button AND the “Update Assessment” button needs to be clicked to submit.



Recommended Level Of Care
-Please Choose One-

Actual Level Of Care
-Please Choose One-

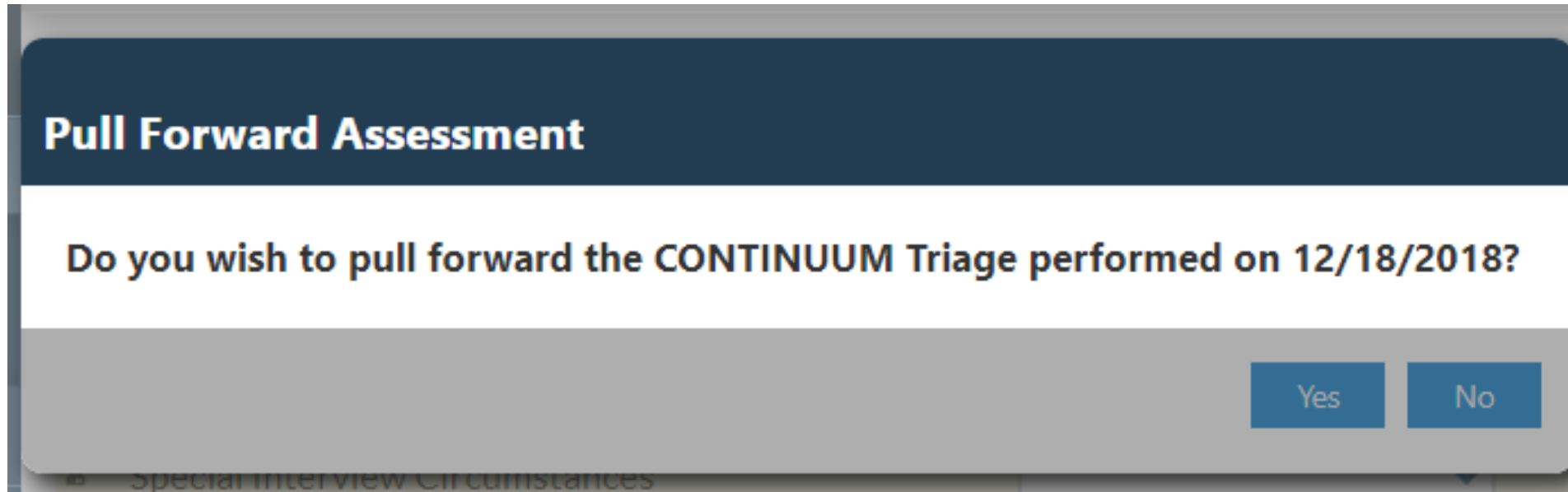
Level Of Care Override
-Please Choose One-

Draft/Final
 Draft Final

Update Assessment **Return To Episode List**



GOOD NEWS! If you admit the patient to your treatment agency, the screening information can be imported to the ASAM Continuum.....



Pull Forward Assessment

Do you wish to pull forward the CONTINUUM Triage performed on 12/18/2018?

Yes No



STEP 3: Referral Connections Form

If the youth or adult screened needs treatment, complete the Referral Connection Form even if the individual will be admitted to your agency



Referral Connection Form

Once in the client's chart, select Referral Connection Form

A Referral Connection Form is **required for all patient encounters** when a CO-Triage or Youth Engagement Screener is initiated.

All Secondary user will need to complete this form in Provider Connect.

Member ID
2432
Demographic
Cal-OMS Admission
Cal-OMS Annual Update
Cal-OMS Discharge
Financial Eligibility
Real-time 270 Eligibility Request
Client Condition - Pregnancy
Authorizations
Treatment
Provider Admission
Attachments
Provider Diagnosis (ICD-10)
Client Consent
ASAM Assessment
Clinical Contact
Discharge and Transfer Form
Drug Testing
Miscellaneous Note Options
Monthly Activity Report
Patient Medications
Progress Note (BIRP)
Progress Note (GIRP)
Progress Note (SIRP)
Progress Note (SOAP)
Recovery Bridge Housing Discharge
Referral Connections
Service Connections Log
Treatment Plan
Youth Screening
Exit to Main Menu

Referral Connection Form

1. Select episode

Episode	Program	Start	End
1	ADDICTION RESEARCH AND TREATMENT INC.	3/9/2016	

2. For a new contact select: Add New Record

Service Connections Log Items					
	Date of Contact	ASAM Provisional Level of Care	Referral ID #	Form Status	Data Entry By Login
Add New Record					

3. To edit an in progress log: Choose correct episode and press the Select button.

Service Connections Log Items					
	Date of Contact	ASAM Provisional Level of Care	Referral ID #	Form Status	Data Entry By Login
Select	07/21/2019	1-WM [Outpatient WM]	15557	Draft	ProviderConnect WebSvcs (do not edit)

Referral Connection Form

Date of Contact

Time of Contact

Referral Connection	
Date of Contact <input type="text"/> Today Yesterday	Time of Contact <input type="text"/> Current Time
Referral Source <input type="text"/>	
Specify Other Referral Source <input type="text"/>	

Referral Source: Select the agency or entity that referred the client to your agency

- CDCCR (CA Dept of Corrections/Rehab)
- DCFS - (Dept Children/Family Services)
- DHS (Dept Health Services)
- DHS-CHS (Correctional Health Svcs)
- DHS-ODR (Office Diversion/Reentry)
- DMH (Dept Mental Health)
- DPSS (Dept Public Social Services)
- FQHC (Federally Qualified Health Center)
- Health Net
- Housing Provider
- LA Care
- LA City Attorney
- LASD (Los Angeles Sheriff's Dept)
- Managed Care - Other
- Other (Specify in Notes Section)
- Parent/Family Member/Caregiver
- Private Hospital or Clinic
- Probation
- Public Defender
- SAPC Provider
- SASH Call Agent
- School
- Self-Referral
- Superior Court - LA County

All fields in red are required fields

Referral Connection Form

ASAM Provisional Level of Care <input type="text" value=""/>	Level of Care Override Reason <input type="radio"/> 1 Clinical Judgment Disagrees with ASAM <input type="radio"/> 2 Court Mandated - Referred to CENS <input type="radio"/> 3 Patient Preference for other LOC <input type="radio"/> 4 Recovery Support Services Only <input type="radio"/> 5 None - Final Disposition Same as ASAM <input type="radio"/> 99 Other
Override Explanation <input type="text" value=""/>	

- ASAM Provisional Level of Care**
- 0.5 ASAM
 - 1-WM [Outpatient WM]
 - 2.1 [Intensive Outpatient]
 - 3.1 [Low-Intensity Res]
 - 3.2-WM [Res WM]
 - 3.3 [Pop-Specific High-Intensity Res]
 - 3.5 [High-Intensity Res]
 - 3.7 [Medically Monitored Inpatient]
 - 3.7-WM[Medically Monitored Inpatient WM]
 - 4 [Medically Managed Inpatient]
 - 4-WM [Medically Managed Inpatient WM]
 - ASAM 1 [outpatient]
 - Incomplete
 - Negative Screening for SUD
 - OTP [Opioid Treatment Program]
 - Recovery Support Services
 - Refused

ASAM Provisional Level of Care



Referral Connection Form

Referral to OTP or MAT service made

If the individual indicated frequent heroin or opioid medication use within the past 30 days, a referral may also be made to an Opioid Treatment Program (OTP) and/or Medication for Addiction Treatment (MAT) provider.	
Was a referral to OTP or MAT services made? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Referral ID # <input type="text"/>
<i>The provider will need this number to record a No-Show if the patient does not show up for their scheduled appointment.</i>	
CIN <input type="text"/>	Aid Code <input type="text"/>

CIN

Aid Code

Referral Connection Form

Overall Disposition: Indicate the Overall Disposition of the client encounter

The screenshot shows a form with two dropdown menus. The first dropdown is labeled "Insurance Coverage" and has a list of options: Ineligible, Medi-Cal Eligible, Medi-Cal Enrolled (LAC), Medi-Cal Enrolled (Non-LAC), Medi-Cal Pending, Medi-Cal/Medicare Enrolled, My Health LA Eligible, My Health LA Enrolled, Private Insurance, and Select County Programs (e.g. AB 109). The second dropdown is labeled "Overall Disposition" and has a list of options: Called 911 for Emergency, Cannot Complete, Intake Scheduled, Not Eligible (County of Residence), Not Eligible (Coverage), Other (Specify in Notes Section_), Patient prefers to wait for availability, Referred to Next Most Appropriate LOC, Referred to Other Services, Referred to Whole Person Care, and Refused Referral or Treatment. There are also "Notes" and "Form Status" (Draft/Final) sections on the form.

Insurance Coverage	Overall Disposition
<input type="text"/>	<input type="text"/>
Notes <input type="text"/>	<input type="text"/>
Form Status <input type="radio"/> Draft <input type="radio"/> Final	<input type="text"/>

Insurance Coverage

- Ineligible
- Medi-Cal Eligible
- Medi-Cal Enrolled (LAC)
- Medi-Cal Enrolled (Non-LAC)
- Medi-Cal Pending
- Medi-Cal/Medicare Enrolled
- My Health LA Eligible
- My Health LA Enrolled
- Private Insurance
- Select County Programs (e.g. AB 109)

Overall Disposition

- Called 911 for Emergency
- Cannot Complete
- Intake Scheduled
- Not Eligible (County of Residence)
- Not Eligible (Coverage)
- Other (Specify in Notes Section_)
- Patient prefers to wait for availability
- Referred to Next Most Appropriate LOC
- Referred to Other Services
- Referred to Whole Person Care
- Refused Referral or Treatment

Referral Connection Form

Overall Disposition: Indicate the Overall Disposition of the client encounter

Overall Disposition

Notes

Form Status
 Draft Final

Overall Disposition

- After Hours - Left Message for Provider
- Called 911 for Emergency
- Cannot Complete
- Dropped Call and Unable to Reach Caller
- Not Eligible (County of Residence)
- Not Eligible (Coverage)
- Other (Specify in Notes Section)
- Patient prefers to wait for availability
- Referred for Other Services
- Referred to Next Most Appropriate LOC
- Referred to Whole Person Care
- Refused Referral or Treatment
- Successful Referral to Treatment

Form Status: Draft or Final

Service Connections Log

SUD Referral Provided

SUD Referrals Provided

	Referral Treatment Provider	Referral Site Disposition	Appointment Date	Appointment Time	Appointment Status
<input type="button" value="Delete"/>					

Referral Treatment Provider:

Appointment Date:

Appointment Status:

Referral Site Disposition:

Appointment Time:

Add New Record

Next Steps: Form Status, Claiming and Training

Form Status

- SAPC will make a formal announcement of when this form will be officially available to providers in Live.
 - This live date will act as the official effective date for providers to be reimbursed for screening.

Update on Claiming

- SAPC will set up one Provider Authorization (PAuth) for each agency to use when billing for screening.
 - I.e. providers will use this same PAuth for all reimbursable screenings completed and will not need separate authorizations.

Additional Training

- A separate detailed usage and billing training webinar will be scheduled and announced to providers once policy/workflow has been finalized.
- SAPC will also be offering ASAM CO-Triage specific trainings for staff who are not familiar with the triage assessment or need additional training.





Referral Connection Sage Rollout Timeline

Referral Connection Sage Timeline:

September 2019: Sage Referral Connection webinar trainings conducted.

September 2019: Referral Connection Form will be active in the LIVE Sage environment. All Staff will begin using the logs in Sage.

September 2019: Agencies will document all client Screening information in Sage.



THANK YOU

For more information, contact:

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