



Clinical Services Division: Utilization Management & Quality Improvement Updates

Los Angeles County Department of Public Health
All Provider Meeting July 2, 2024
Substance Abuse Prevention & Control

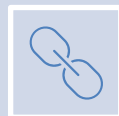




Agenda



Updated on ASAM Criteria: 4th Edition Implementation



Benefits-Cal Case Linking



COVID-19 Reporting Updates



Authorization Review Updates



FOURTH EDITION

THE ASAM CRITERIA

Treatment Criteria for Addictive, Substance-Related,
and Co-occurring Conditions



VOLUME 1
ADULTS

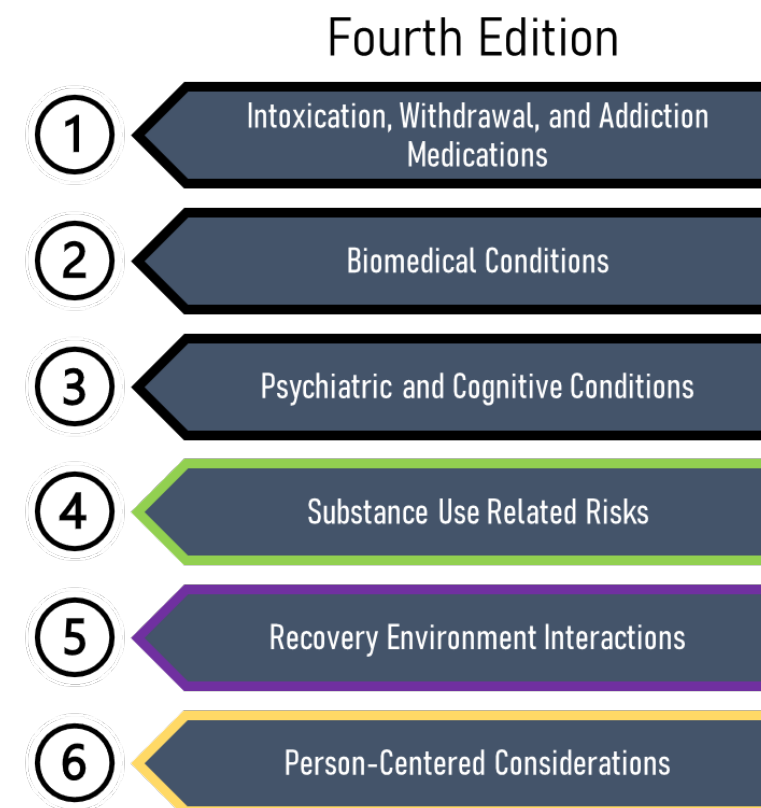
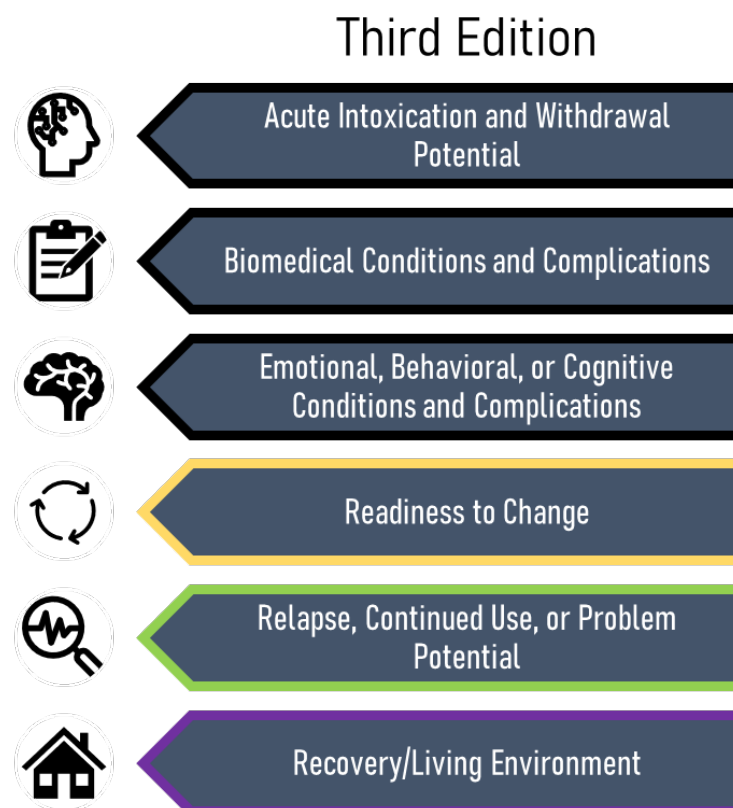
Implementation Considerations

- DHCS → Transitioning from the 3rd Edition to the 4th Edition of the ASAM Criteria in 2025 (*as soon as January 1*)
- Agencies should begin to orient their staff to this new criteria, which will shape **both** patient assessment and the how levels of care are defined.



Reordering the dimensions

- Since readiness to change does not independently contribute to initial treatment recommendations the dimensions will be adjusted
- Readiness considered across all dimensions.
- New Dimension 6 focuses on patient preferences, barriers to care, and need for motivational enhancement



Fourth Edition

1 Intoxication, Withdrawal, and Addiction Medications

2 Biomedical Conditions

3 Psychiatric and Cognitive Conditions

4 Substance Use-Related Risks

5 Recovery Environment Interactions

NEW

6 Person-Centered Considerations

4th Edition ASAM Criteria Assessment Dimensions

Subdimensions

Dimension 1 – Intoxication, Withdrawal, and Addiction Medications

- Intoxication and associated risks
- Withdrawal and associated risks
- Addiction medication needs

Dimension 2 – Biomedical Conditions

- Physical health concerns
- Pregnancy-related concerns
- Sleep problems

Dimension 3 – Psychiatric and Cognitive Conditions

- Active psychiatric concerns
- Persistent Disability
- Cognitive Functioning
- Trauma exposure and related needs
- Psychiatric and cognitive history

Dimension 4 – Substance Use Related Risks

- Likelihood of risky substance use
- Likelihood of risky SUD-related behaviors

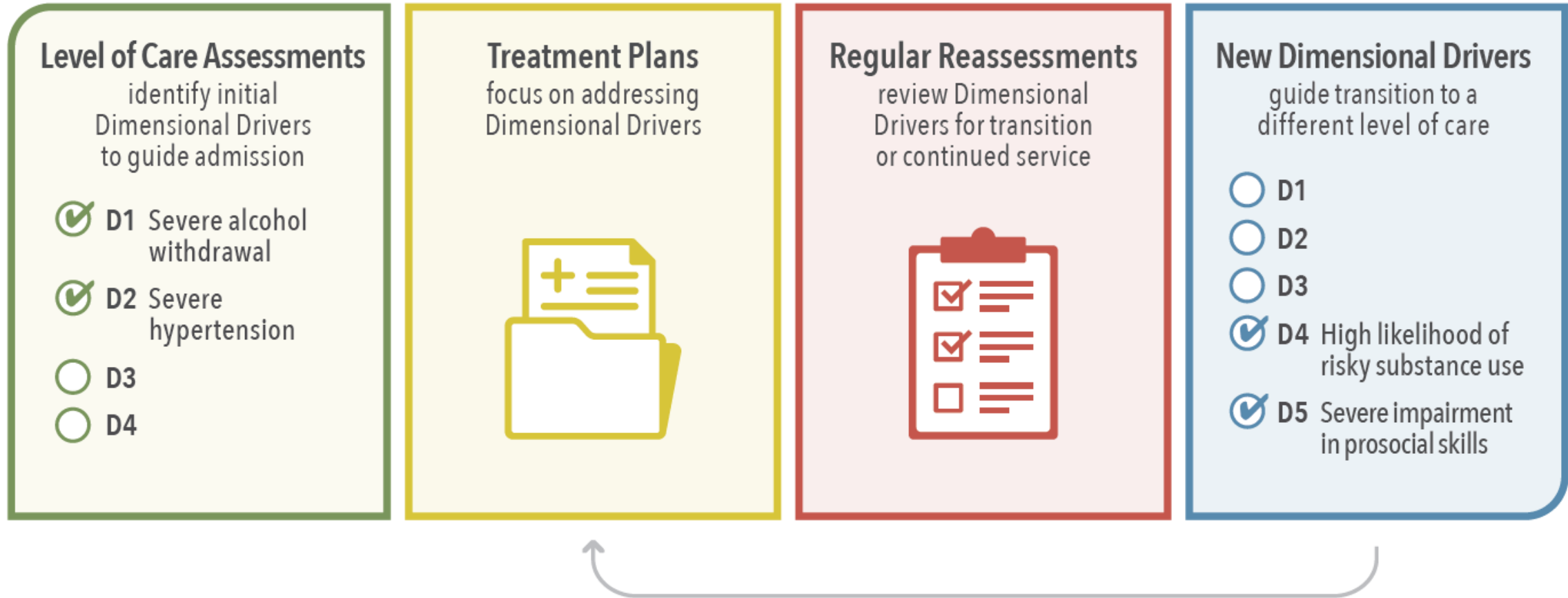
Dimension 5 – Recovery Environment Interactions

- Ability to function in current environment
- Safety in current environment
- Support in current environment
- Cultural perceptions of substance use

Dimension 6 – Person-Centered Considerations

- Patient preferences
- Barriers to care
- Need for motivational enhancement

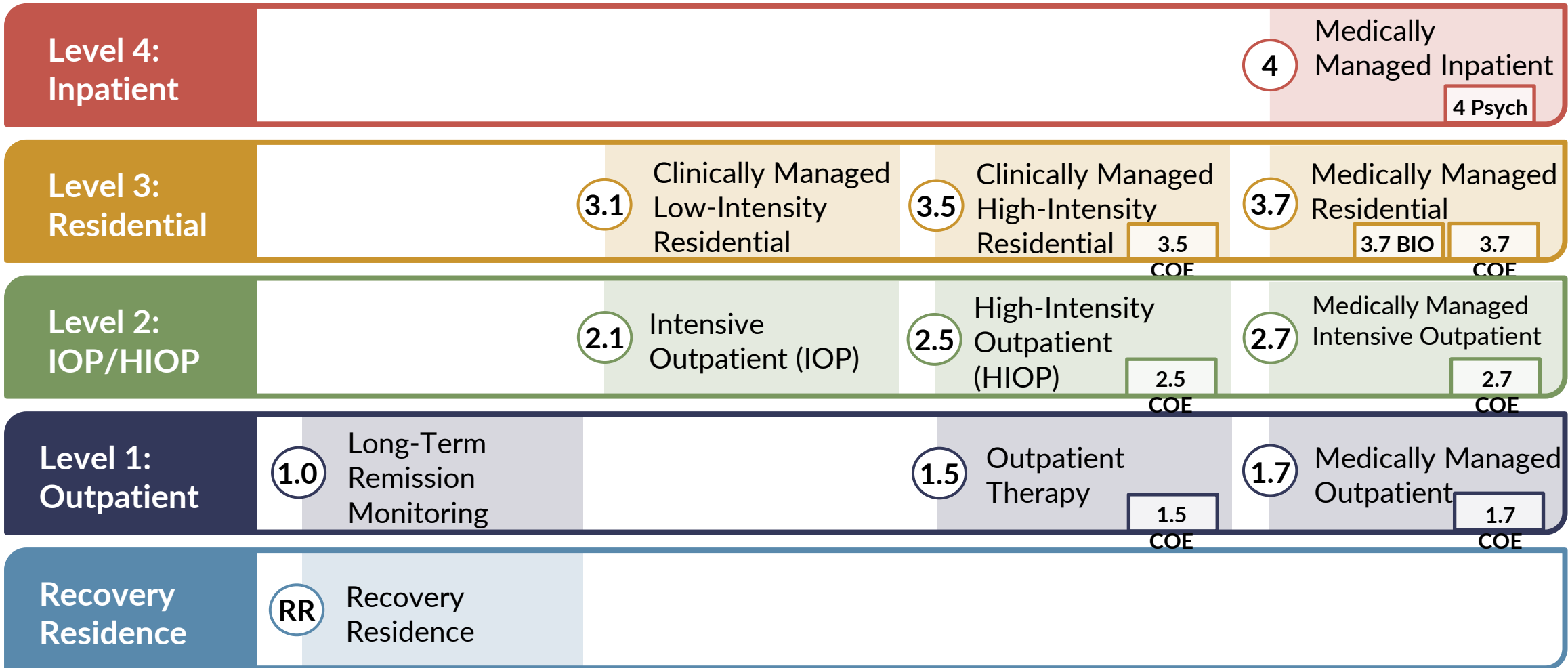
The ASAM Criteria Dimensional Drivers*



* The Dimensional Drivers presented in this figure are illustrative; Dimensional Drivers should be individualized to each patient.



The ASAM Criteria Continuum of Care for Adult Addiction Treatment



Notable Level of Care changes



Removing Level 0.5. Early intervention and prevention are addressed in a new chapter.



Removing Level 3.3. Reflecting that cognitive deficits should be addressed in all levels of care.



Level 3.2 WM services integrated into Level 3.5.



Recovery support service expectations at each level of care.



Expectation that all levels of care be co-occurring capable at minimum.



Adding harm reduction as a component of individualized care.

Continuity Along the Continuum



Prevent sharp drop-offs in clinical care



Structured services 7 days per week in Level 3.1 and 3.5



Aligning clinical service standards.

Access to Addiction Medications



- Dimension 1 updated to include “Addiction Medication Needs” to support delivery of the standard of care for SUD treatment
- All medically managed levels of care able to initiate all FDA-approved medications for SUD
- All patients should have a physical exam within a reasonable time that assesses addiction medication needs
- All clinically managed levels of care able to support continuation of any FDA-approved medication



Supporting Comprehensive Care

- Integrating withdrawal management and biomedical care in the continuum of care
 - Level 1.7: Medically Managed Outpatient Treatment
 - Level 2.7: Medically Managed Intensive Outpatient Treatment
 - Level 3.7: Medically Managed Residential
 - Level 3.7 BIO has advanced biomedical capabilities including intravenous (IV) fluids and medications, as well as advanced wound care
 - Level 4: Medically Managed Inpatient



Integrating Co-Occurring Capability

- All programs should be co-occurring capable at minimum
 - Program services designed with expectation that most patients have co-occurring conditions
 - Ability to manage mild to moderate acuity, instability, and/or functional impairment.
 - At least one staff member qualified to assess and triage mental health conditions
 - Integrated treatment plans
 - Coordination with external mental health providers as needed
 - Program content that addresses co-occurring conditions



Recovery Services

- Recovery service expectations at each LOC
- Dimensional Admission Criteria consider the need for recovery residence support
- Algorithm may recommend an outpatient level of care plus a recovery residence
- New chapter on Integrating Recovery Support Services (Chapter 15)



Continuity Along the Continuum

- Prevent sharp drop-offs in clinical care
- Structured services 7 days per week in Level 3.1 and 3.5
- Aligning clinical service standards
 - Aligning 2.1 and 3.1: 9-19 hours of clinical services per week
 - Aligning 2.5 and 3.5: 20 plus hours of clinical services per week



Chronic Care Model

- Integration of long term remission monitoring (Level 1.0)
- Emphasis on recovery services (RSS)
 - Assessment of RSS needs
 - RSS service standards for each level of care
- Encouraging formal affiliations across levels of care to support seamless transitions



The ASAM Criteria Continuum of Care for Adult Addiction Treatment

Clinically Managed Care

Level 4:
Inpatient

4 Medically Managed Inpatient
4 Psych

Level 3:
Residential

3.1 Clinically Managed Low-Intensity Residential

3.5 Clinically Managed High-Intensity Residential
3.5 COE

3.7 Medically Managed Residential
3.7 BIO 3.7 COE

Level 2:
IOP/HIOP

2.1 Intensive Outpatient (IOP)

2.5 High-Intensity Outpatient (HIOP)
2.5 COE

2.7 Medically Managed Intensive Outpatient
2.7 COE

Level 1:
Outpatient

1.0 Long-Term Remission Monitoring

1.5 Outpatient Therapy
1.5 COE

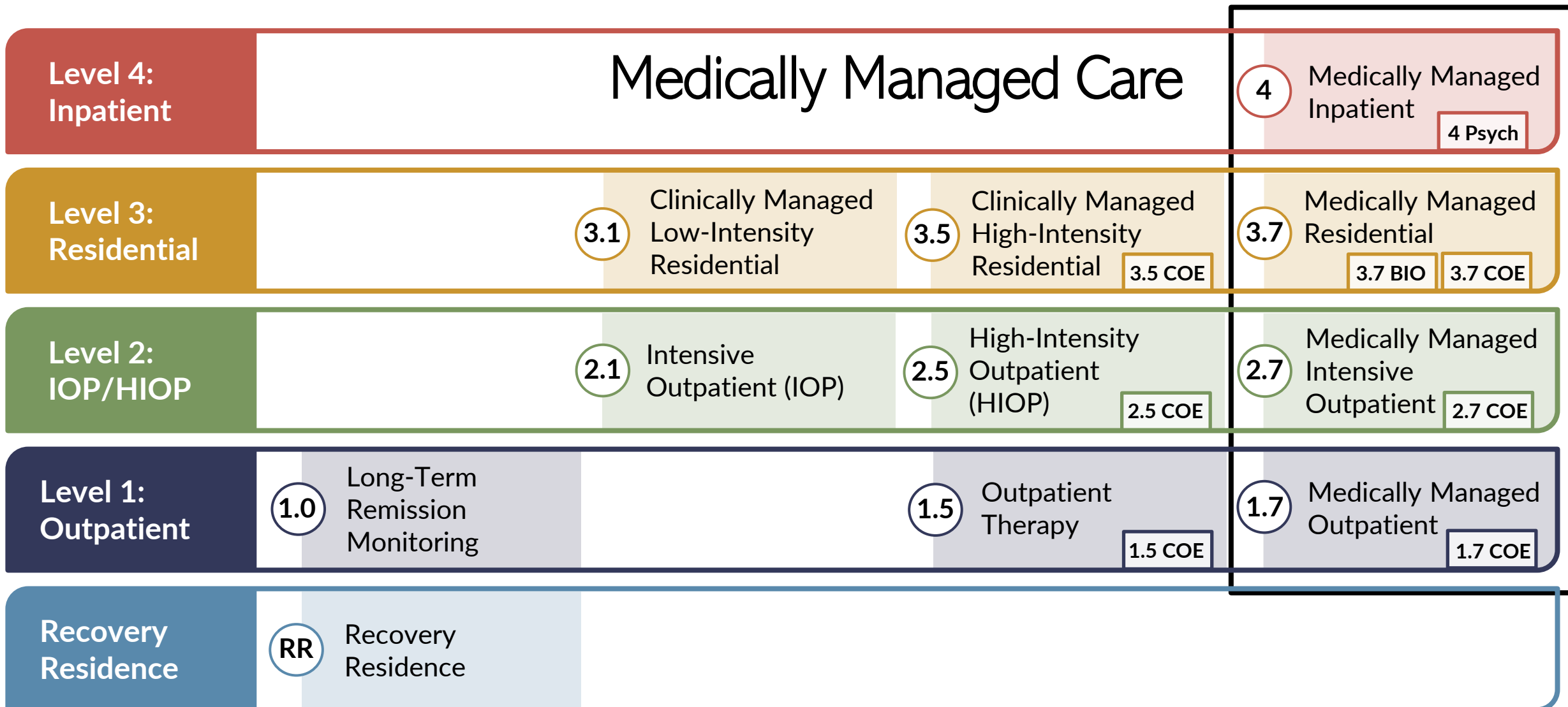
1.7 Medically Managed Outpatient
1.7 COE

Recovery Residence

RR Recovery Residence



The ASAM Criteria Continuum of Care for Adult Addiction Treatment



The ASAM Criteria Continuum of Care for Adult Addiction Treatment

Level 4:
Inpatient

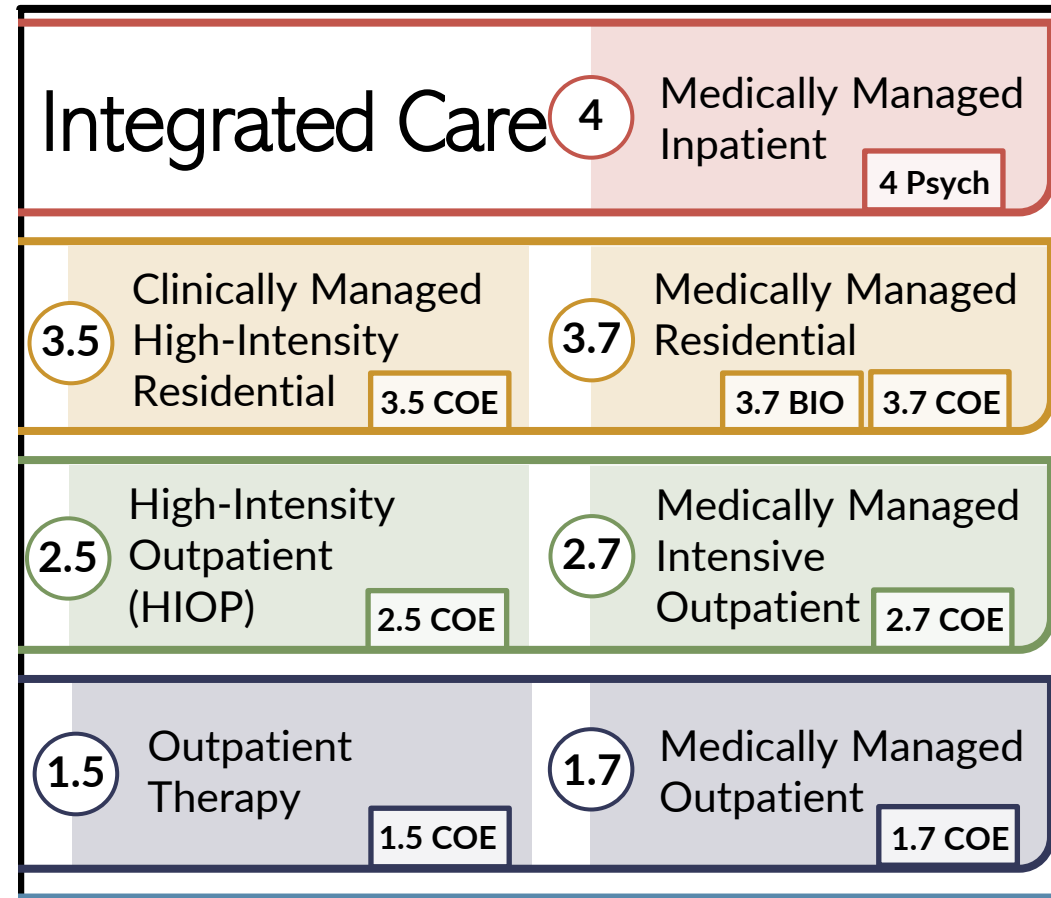
Level 3:
Residential

Level 2:
IOP/HIOP

Level 1:
Outpatient

Recovery
Residence

- Withdrawal management and biomedical services integrated into the main continuum
- All programs expected to be co-occurring capable





All programs should
be co-occurring
capable at minimum

Integrating Co-occurring Capability

- Program services designed with expectation that most patients have co-occurring conditions
- Ability to manage mild to moderate acuity, instability, and/or functional impairment.
- At least one staff member qualified to assess and triage mental health conditions
- Integrated treatment plans
- Coordination with external mental health providers as needed
- Program content that addresses co-occurring conditions



The ASAM Criteria Continuum of Care for Adult Addiction Treatment

**Level 4:
Inpatient**

4 Medically Managed Inpatient
4 Psych

**Level 3:
Residential**

3.1 Clinically Managed Low-Intensity Residential

3.5 Clinically Managed High-Intensity Residential
3.5 COE

3.7 Medically Managed Residential
3.7 BIO 3.7 COE

**Level 2:
IOP/HIOP**

Chronic Care Model

2.1 Intensive Outpatient (IOP)

2.5 High-Intensity Outpatient (HIOP)
2.5 COE

2.7 Medically Managed Intensive Outpatient
2.7 COE

**Level 1:
Outpatient**

1.0 Long-Term Remission Monitoring

1.5 Outpatient Therapy
1.5 COE

1.7 Medically Managed Outpatient
1.7 COE

Recovery Residence

RR Recovery Residence

Residential Treatment and Recovery Residence Continuum of Care*

Level 3: Residential

3.1 Clinically Managed
Low-Intensity
Residential[†]

3.5 Clinically Managed
High-Intensity
Residential

3.7 Medically Managed
Residential

Recovery Residence

RR Type S (Supervised)

RR Type M (Monitored)

RR Type P (Peer-Run)

Residential treatment programs (ie, Level 3) and recovery residences provide a continuum of residential services and support. Types of recovery residences may include Type P, Type M, and Type S, with Type S recovery residences providing the greatest amount of structure and supervision.

* Developed in coordination with the National Alliance for Recovery Residences (NARR).

† NARR Type C (Clinical) programs are equivalent to *The ASAM Criteria* Level 3.1 that applies the social model.



Transition and Continued Service Criteria

- Criteria for continued service at the current level of care
 - Patient shows progress or progress is expected imminently based on factors such as increased engagement or adjustments to the treatment plan
- Criteria for transition to a more intensive level of care
 - Patient has failed to improve in a reasonable timeframe
 - Patient has worsened or new issues have emerged that meet criteria for a more intensive LOC
- Criteria for transition to a less intensive level of care
 - Dimensional drivers have stabilized such that the patient no longer meets the Dimensional Admission Criteria
 - Patient can be safely and effectively treated in a less intensive LOC

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**



New Content

- Treatment Planning (Chapter 9)
- Telehealth and Other Health Technologies (Chapter 13)
- Integrating Recovery Support Services (Chapter 15)
- Integrating Trauma-Sensitive Practices, Culturally Humble Care, and Social Determinants of Health (Chapter 16)
- Addressing Pain (Chapter 18)
- Addressing Cognitive Impairment (Chapter 19)



New Chapter on Treatment Planning

- Identify any problems in each subdimension
 - Determine which are Dimensional Drivers
- Clinicians works with patients to develop goals, objectives, and action steps that:
 - Address the Dimensional Drivers
 - Reflect additional patient priorities
 - Are expressed in the patient's priorities own words
 - Can realistically be addressed at the given level of care



Additional Volumes

Adolescent
and Transition
Age Youth

Correctional
Settings and
Reentry

Behavioral
Addictions

Implementation Tools

- Updating implementation tools
 - Training courses
 - ASAM Criteria software
 - Level of Care Certification program with CARF
 - Updated CONTINUUM tools
 - ASAM Criteria Interview Assessment guide
- Developing new implementation tools
 - Standard medical necessity and continued service forms
 - Treatment planning template





THE ASAM CRITERIA

Implementation Tools

ASAM offers a variety of tools aimed at helping clinicians, payers, managed care entities, and policymakers implement The ASAM Criteria effectively.

[SIGN UP FOR UPDATES →](#)

State Implementation

Training



BenefitsCal Case Linking





BenefitsCal Home Messages Helpv English UT Search

02/10/2024
Automation
testing
[Read More](#)

[View more announcements and updates](#)

Welcome, User

Things to do

- Apply for Benefits**
Apply for food, health care and cash aid.
[Start a new application](#)
- Link to an Existing Case**
Link to your case to view your information.
[Link a case](#)

Your Application and Cases

View your open application and cases.

You don't have any cases linked to your account.
Already have a case? [Link a case to your account.](#)

What else would you like to do?

[Get help with BenefitsCal.](#)

BenefitsCal Home Messages Helpv English SS Search

Enter the following information to link your case to your account.

To link your case, make sure you're the Primary Applicant.

Who's the Primary Applicant?

What if I have more than one case?

Date of Birth (required)
MM/DD/YYYY

Zip Code (required)

County (required)
-Select One-

Case Number (required)

You can find this on your EBT card (if you have one) or in your notices.

Note: The first two digits on your EBT card are your county code. Enter the next seven digits for your case number.

[Next](#)



Let's verify it's you linking your case. How do you want to receive your link to verify?

i We got this email from your case details. It might be different from the email you use to log into your BenefitsCal account.

If you don't have access to the email below, [contact your county office](#) to update your email.

📧 [*****@calsaws.org]



Send

Contact Us

Need support from your county office?
Technical issues using this website?
[Find an Office](#)

We want to hear from you!
Have any comments about the site?
[Share your feedback](#)



Help & Resources

[Frequently Asked Questions](#)
[Programs](#)
[Resistor to Vote](#)

BenefitsCal

BenefitsCal is a portal where Californians can get and manage benefits online. This includes food assistance (CalFresh), formerly food stamps, cash aid (CalWORKS), General Assistance, Cash Assistance Program for Immigrants, and affordable health insurance (Medi-Cal).

Learn more about BenefitsCal
Sponsored by CalSWS, the Department of Social Services (DSS) and the Department of Health Care Services (DHCS).

We sent the verification link to [*****@calsaws.org].

The email will be from Verify.NoReply@App.CalSAWS.org.

Open the link so we can verify it's you. Then, go to your dashboard to see your cases.

It might take up to 15 minutes to get the verification link as an email.

[Haven't received it? Try again.](#)

i How does the verification link work?



GO TO DASHBOARD

Contact Us

Need support from your county office?
Technical issues using this website?
[Find an Office](#)

We want to hear from you!
Have any comments about the site?
[Share your feedback](#)



Help & Resources

[Frequently Asked Questions](#)
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BenefitsCal Account Linking Verification

verify.noreply.dev@app.calsaws.org
To [Redacted]

[← Reply](#) [↩ Reply All](#) [→ Forward](#)

Thu 4/11/2024 3:43 PM

You are receiving this e-mail because you are trying to connect your BenefitsCal account to your county case information. If you are not trying to connect your account to your county information, there is nothing you need to do with this e-mail.

Click the following link to complete access to your case information, [Link](#)



[Home](#) [Apply for Benefits](#) [Programs](#) [Help](#) [English](#)

[Log In](#) [Search](#)
New? Create My Account



**Great, you're verified! Let's go to
your dashboard.**

LOG IN

Contact Us

Need support from your county office?
technical issues using this website?
[Print an RSS](#)

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[Benefits by State](#)

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Sponsored by CalSWS, the Department of Social Services (DSS) and the Department of Health Care Services (DHCS).

State of California Official Website



BenefitsCal Home Messages Helpv English [v] [1] UT Search [Q]

02/16/2024
Automation testing
Read More

View more announcements and updates

Welcome, User

Things to do

Upcoming Renewal

Case K3005D5 Due 01/31/2025

You have a Renewal due. It could take about one hour to get it ready for you. If it's after business hours, it'll be ready the next business day. Please come back and check later.

Your Next Appointment

You don't have any upcoming appointment.

What else would you like to do?

View upload history and upload additional documents.

Your Application and Cases

View your open application and cases.

Case K3005D5

Cash Aid for Families (CalWORKs) **Active**

Shari Alexander | Adriana Griffith

View EBT Card balance

Food (CalFresh) **Active**

Shari Alexander | Adriana Griffith

View EBT Card balance

Health Coverage (Medi-Cal) **Active**

BenefitsCal Home Messages Helpv English [v] [SD] Search [Q]

It looks like the case you're trying to link doesn't have an email on file.

We know you used your email to log into BenefitsCal, but you also need to share an email with the county to link your case. First, [contact your county office](#) to add your email to your case. Then, try linking your case again.

In the meantime, you can still view your benefit amount, upload documents, submit renewals, and more. [Learn ways to manage your benefits for now.](#)

GO TO DASHBOARD

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Technical assistance? [View FAQs](#)
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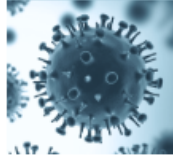
[Learn more about BenefitsCal](#)



COVID-19 Case Reporting Update



<http://publichealth.lacounty.gov/acd/ncorona2019/reporting.htm>



COVID-19 & Acute Respiratory Illness (ARI) Cluster Reporting

Instructions for Multiple Sectors

Overview

In Los Angeles County, all settings must report clusters of COVID-19 and Acute Respiratory Illness (ARI) to the LA County Department of Public Health (LAC DPH) within 24 hours, as mandated by the [LA County Health Officer Order](#).

In [healthcare settings](#), where the risk of adverse outcomes is higher, timely reporting of COVID-19 case clusters is essential. Specific reporting thresholds are established to ensure swift actions are taken to mitigate the virus's spread.

For non-healthcare [community settings](#), where testing access may be limited, COVID-19 reporting is now incorporated into the existing Acute Respiratory Illness (ARI) symptom-based reporting protocol. This approach aims to facilitate early outbreak detection and management through proactive symptom monitoring.

See below for reporting requirements and information by type of setting.

Report any clusters of more severe illness (such as multiple cases of pneumonia in a group) even if they do not meet the reporting thresholds listed below.

If you are a representative from a laboratory or provider's office seeking information about mandated COVID-19 reporting, visit the [Health Professional Mandatory Reporting webpage](#).

If you are looking to submit an anonymous report, call (888) 700-9995 or [submit a complaint](#).

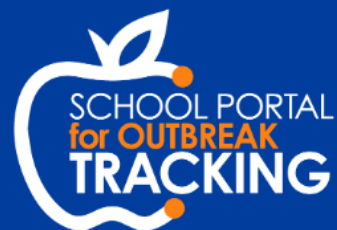
<http://publichealth.lacounty.gov/acd/ncorona2019/reporting.htm>



COVID-19 Reporting Requirements

Update to SAPC-IN 23-11 forthcoming

- LA County shifting from prior guidance
 - Previously: Report three (3) or more client or staff COVID-19 positive tests at any site or level of care in a 14 calendar days span
 - New Guidance is to report **Epidemiologically Linked Group**:
 - A minimum of 5 cases (at least 20% of the group) meets case definition for acute respiratory illness within a 7-day period
- OR**
- Facility-wide $\geq 10\%$ of the average daily population report new onset of acute respiratory illness symptoms, with a minimum of 5* ill, within a 3-day period.
 - *In settings with groups smaller than 15 people, the minimum is reduced to 3 cases.
- New Reporting Mechanism through California Department of Public Health's Shared Portal for Outbreak Tracking (SPOT): <http://spot.cdph.ca.gov>



Welcome to SPOT

New Users



Existing Users



SPOT Help and Training Material



- Select **Existing Users** if your local health department has provided you with a SPOT account and log in credentials.
- Select **New Users** if you do not have a SPOT account.

Why SPOT?

The goal of the School and Shared Portal for Outbreak Tracking (SPOT) is to expand California's contact tracing efforts by facilitating collaboration and sharing of information between schools, workplaces, congregate settings, other entities and local health departments (LHDs), through CalCONNECT, California's public health contact tracing and data management system.

<http://spot.cdph.ca.gov>



DEFINITIONS (for community settings)

Community Congregate Settings

Education Settings

Workplace Settings

Community Congregate Settings

Refers to

- **Community care facilities, including:**
 - Adult Residential Care Facilities, all license types
 - Continuing Care Retirement Communities
 - Psychiatric Health Facilities, not including Acute Psychiatric Hospitals
 - Residential Care Facilities for the Elderly
 - Residential Facilities for the Chronically Ill
 - Social Rehabilitation Facilities
 - Long-Term Care Facilities
 - Residential Substance Use Treatment Facilities
 - Mental Health Treatment Facilities
- **Sites that provide housing for people experiencing homelessness such as:**
 - Shelters
 - Recuperative care centers
 - Single room occupancy hotels (SRO)
- **Correctional/detention facilities**

When to Report

Epidemiologically linked group (e.g., individuals sharing common areas or living space):

- A minimum of 5 cases (at least 20% of the group) meets case definition for acute respiratory illness within a 7 day period, OR

Facility-wide (e.g., among residents or clients):

- At least 10% of the average daily population are reporting new onset of symptoms of acute respiratory illness, with a minimum of 5* ill, within a 3-day period.

**In settings with groups smaller than 15 people, the minimum is reduced to 3 cases.*

How to Report

SPOT: [Spot.cdph.ca.gov](https://spot.cdph.ca.gov)

SPOT Reporting Quick Guides



For additional assistance, contact the [Community Outbreak Team](#).



SPOT Quick Guides ×
Reporting Clusters of Acute Respiratory Illness

- [Toolkit for First-time Reporters](#)
- [Quick Guide: First-time Reporters](#)
- [Quick Guide: Adding Cases to Existing Reports](#)
- [Quick Guide: Updating Close Contact to Case](#)
- [Quick Guide: Reporting a New Cluster as an Existing User](#)
- [Quick Guide: Bulk Upload Reporting](#)

lessness such as:

Epidemiologically linked group (e.g., individuals sharing common areas or living space):

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**In settings with groups smaller than 15 people, the minimum is reduced to 3 cases.*

How to Report

SPOT: spot.cdph.ca.gov

SPOT Reporting Quick Guides

For additional assistance, contact the [Community Outbreak Team](#).



UM and QI Request for Authorization Review Updates





No Blackout on Requests for Authorization FY24-25

- Continue submitting requests for authorizations for DOS 7/1/2024 onward

Provider Site Admission Form (launched 6/17/2024)

PROVIDER SITE ADMISSION Submit Notes Discard Add to Favorites

Site Admission

Date Created: 06/21/2024 T Y

Admission Date: 01/01/2024 T Y

Form Status ^{*}

Draft Final

Program: ACFW 1147 South Alvarado St (0014)

Level of Care Admitted: ASAM 1.0

- Care managers will review completion of this form; if incomplete, agency staff will be prompted to complete the form and are subject to denial authorization if the form is not completed accurately



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