Clinical Services Division: Utilization Management & Quality Improvement Updates

SAPC | Substance Abuse Prevention and Control

County of Los Angeles Public Health

Brian Hurley, M.D., M.B.A., FAPA, DFASAM
Interim and Medical Director
Bureau of Substance Abuse Prevention & Control
Los Angeles County Department of Public Health

Agenda

- Confirmation of Executed Release of Information (ROI) Form During Adjudication of Requests for Authorization
- Requirement for Practitioner Enrollment for Ordering, Prescribing and Referring for Medi-Cal members
- Medical Necessity for Laboratory Toxicology Testing
- Reminder: Vaccination Requirements, Masking Guidance, And Reporting Responsibilities
- Co-Occurring Disorders Definition Reminder

Confirmation of Executed Release of Information (ROI) Form During Adjudication of Requests for Authorization

SAPC | Substance Abuse Prevention and Control

County of Los Angeles Public Health

County of Los Angeles Public Health

SUBSTANCE ABUSE PREVENTION AND CONTROL (SAPC)

CONSENT FOR PAYMENT AND HEALTHCARE OPERATIONS

Purpose of Consent and Disclosure: The purpose of this consent is to authorize payment for all services rendered for the treatment of Substance Use Disorder (SUD) and to permit the release of my 42 CFR Part 2 protected SUD health information from my current, past, and future treating providers within the SAPC Provider Network to SAPC, in its role as the Medi-Cal Specialty SUD Plan for SUD services, for purposes of payment and other health care operations. This consent also authorizes submission and payment to the California Department of Health Care Services (DHCS), Managed Care Plans (MCP), and other third-party payors and the release of all information necessary to submit and process claims.

I. CLIENT INFORMATION		
Name (Last, First, and Middle):	Date of Birth:	Medi-Cal #:
Email Address: By providing your email address, you are authorizing SAPC and SAPC's Provider Network to contact you by email.	Phone Number:	Last 4 Digits of SSN:
Address:		Sage ID #:

VI. REVOCATION OF CONSENT

I have the right to revoke this Consent form at any time by completing this section and providing my Revocation of Consent by mail or in person to my treating substance use provider, except to the extent that my provider or other lawful holder has already acted in reliance on it.

Treating Substance Use Provider Agency's Mailing Address:

Organization Name: _____

Street Address (Line 1): _____

Street Address (Line 2: Apt/Suite/Unit): _____

City, State, and Postal Code: _____

Once my Revocation of Consent is received, my provider will revoke the Consent form for future release of information. Disclosures made prior to receiving the revocation cannot be retrieved.

By signing below, I revoke my Consent for future release of information for payment and health care operations. I understand that any disclosures made prior to the receipt of this revocation cannot be undone or retrieved.

Name and Signature of Client or Client's Legal Representative:

If the client cannot write, they may make a mark on the signature line. Signature by mark requires two witnesses. A witness must write the client's name on the line designated for the client's name and write their own name and sign on one of the designated witness spaces below. A second witness must write their name and sign on the other witness space to acknowledge the client's signature by mark.

_____	_____	_____ / _____ / _____
Print Name (First Middle and Last)	Signature	Month / Day / Year

If signed by Client's Legal Representative, state relationship and authority to do so:

Requirement for Practitioner Enrollment for Ordering, Prescribing and Referring for Medi-Cal Members

SAPC | Substance Abuse Prevention and Control

County of Los Angeles Public Health

Types of Services Requiring Practitioner Medi-Cal Enrollment

- Laboratory tests
- Home Health services
- Durable Medical Equipment
- Imaging or diagnostic services
- Prescriptions filled and billed to Medi-Cal, including Addiction Medications (or MAT)
- Specialty Mental Health, Drug Medi-Cal, or Drug Medi-Cal Organized Delivery system services as a licensed practitioner
- Referrals to another provider for new or ongoing treatment, and that
- treatment requires a referral
- Physical, occupational, or speech therapy

Confirmation of Practitioner Medi-Cal Enrollment

- Enrollment is through PAVE (Provider Application and Validation for Enrollment)
  - All practitioners for whom agencies are billing SAPC for services will have been **already enrolled** through PAVE as a SAPC-contracted agency practitioner
- Practitioner enrollment in Med-Cal can be confirmed via the CalHHS Enrolled Providers list

Medical Necessity for Laboratory Toxicology Testing

SAPC | Substance Abuse Prevention and Control

County of Los Angeles Public Health

County of Los Angeles Public Health

L.A. Care Members and Lab Testing

- For L.A. Care Members, L.A. Care requires utilizing contracted, in-network providers for definitive toxicology drug testing.
- Definitive lab testing must be directed to participating network providers
- **Provider Search Tool**: http://providers.lacare.org/s/find-doctor-or-hospital
  - Claims from non-network providers for non-emergent services without proper authorization are at risk for denial.

L.A. Care Members and Lab Testing

- **Clinical Guidelines:** L.A. Care's maintains a range of Clinical Validation Guidelines used to support payment integrity and clinical documentation review, as well as Medical Necessity Guidelines.
- Link for Clinical Policies and Clinical Validation Guidelines: http://www.lacare.org/providers/utilization-management/um-policies-clinical-criteria
  - LA Care Drug Testing Clinical Guidelines
- The Lab bills CPT Codes
  - G0480 + G0481 generally covered
  - G0482 + G0483 generally not

L.A. Care Drug Testing Clinical Guidelines

- LA Care Considers Definitive Drug Testing Medically Necessary when:
  - A screening/Presumptive Drug Test drug test has been previously performed, unless no reliable test exists to identify a specific substance or metabolite that is inadequately detected by a presumptive screen such as fentanyl, meperidine, synthetic cannabinoids and other synthetic/analog drugs
  - The findings from that Presumptive (qualitative) Drug Test (either positive or negative) are either:
    - Inconsistent with the expected results as suggested by medical history, clinical presentation, and/or Member's own statement after a detailed discussion about their recent medication and drug use and resolving the inconsistency is essential to the ongoing care of the Member; OR Consistent with the clinical scenario but drug class-specific assays are needed to identify the precise drug(s) that resulted in the positive test result to guide the ongoing management of the Member; AND There are established benchmarks for clinical decision making based on specific substance and/or quantitative levels
  - The requested confirmatory/definitive test(s) is for ≤ 14 drugs/drug classes
  - Tests are only for the specific drug(s) or number of drug classes for which preliminary analysis has yielded unexpected results

http://www.lacare.org/sites/default/files/pl2720_drug_testing_202604.pdf

Reminder: Vaccination Requirements, Masking Guidance, And Reporting Responsibilities

County of Los Angeles Public Health

1. Stay home if sick
2. Improve indoor ventilation
3. Consider wearing a high quality mask indoors, especially if you are in crowded areas or sick
4. Cover your cough
5. Wash your hands frequently with soap and warm water for at least 20 seconds
6. Clean and disinfect surfaces in home to remove/kill germs

IMMUNIZATIONS:

Getting vaccinated is the best way to prevent severe illness. For the most current information on vaccination in LA County, visit our program pages for Influenza, RSV, and COVID-19.

http://ph.lacounty.gov/acd/respiratory.htm

Vaccination, Masking, and Outbreak Reporting Requirements

SAPC-IN 24-09

Contract Bulletins

Open All

Bulletins 2024 –

Subject	Date
24-09 - COVID-19 and Influenza Vaccination Requirements, Masking Guidance, And Reporting Responsibilities *(New - October 2024)*	10/18/24

All staff working under a Public Health contract or agreement in outpatient, opioid treatment program, residential, recovery bridge housing settings, DUI, prevention, harm reduction and any setting other than the specified licensed healthcare settings described below are strongly encouraged, but not required, to receive the currently recommended influenza and COVID-19 vaccines. Immunizations are the best way to protect against serious illness and death caused by influenza and COVID-19.

All staff who have direct patient contact or work in patient care areas in specified licensed healthcare settings, including Chemical Dependency Recovery Hospitals and Acute Psychiatric Hospitals (ASAM 3.7 and 4.0 Levels of Care), should receive the annual influenza vaccine and the most recent updated COVID-19 vaccine authorized for use in the United States for the current respiratory virus season.

http://publichealth.lacounty.gov/sapc/providers/manuals-bulletins-and-forms.htm?tm#bulletins

COVID-19 Hospitalization Reporting Requirements

- Report to DHCS and SAPC if a patient is hospitalized due to a respiratory virus
  - SAPC Reporting Requirements: Report within (1) business day of COVID-19 hospitalization by submitting an Adverse Event Reporting Form to SAPCMonitoring@ph.lacounty.gov .
  - DHCS Reporting Requirements: A telephonic report must be made to DHCS within one working day of the hospitalization, followed by a written report within seven calendar days.
    - Public Number: (916) 322-2911
    - Toll-Free Number: (877) 685-8333
    - Email: LCDQuestions@dhcs.ca.gov

http://publichealth.lacounty.gov/acd/respiratory.htm#for-providers and http://publichealth.lacounty.gov/clinicians/report

Co-Occurring Disorders

SAPC | Substance Abuse Prevention and Control

County of Los Angeles Public Health

County of Los Angeles Public Health

How does SAPC Define Co-Occurring Disorders for the FY26-27 Value Based Incentive 2B??

Manuals, Bulletins, and Forms

SAPC Home / Network Providers / Manuals, Bulletins, and Forms

26-03 The ASAM Criteria 4th Edition Residential Capacity Building Program	02/19/26
– Attachment I: ASAM Criteria 4th Edition Residential Capacity Building Program Implementation Plan Template	02/19/26
– Attachment II: SAPC Definitions for COD Clients	02/19/26
– Attachment IIa: COD Clients - Designated ASAM Dimension 3 Items - Adult and Youth ASAM Assessments	02/19/26
– Attachment IIb: COD Clients - Designated ASAM Dimension 3 Items - Adult ASAM Report	02/19/26
– Attachment IIc: COD Clients - Designated ASAM Dimension 3 Items - Adult ASAM Assessment	02/19/26

Operational Definitions

Any of the Following Qualify as a COD Client

Diagnosis of a Mental Health Condition on the PCNX Diagnosis Form

'Yes' or non-Zero response to items 8.1, 8.2, 8.3, or 8.4 on admission CalOMS form

Any Positive Response to Any Designated Item on The ASAM Dimension 3

Clinical Trainings for Substance Use Services

ASAM Criteria 4th Edition: Implications for SAPC Treatment Provider Agencies
http://www.sapc-lnc.org/www/lms/training-info.aspx?trainingID=401

Q&A / Discussion