

# SAPC Provider Utilization Management Meeting

Los Angeles County Department of Public  
Health

February 19th, 2024

Substance Abuse Prevention & Control



# Agenda

- **Withdrawal Management Standards**
- **Clinical Documentation Reminders**
- **Update: SAPC's Paper ASAM**
- **Essential Contact Info/SAPC Referrals Process**
- **Discussions/Questions**
- **Adjourn**

**Withdrawal Management Standards (SAPC's IN 24-03)**



## (SAPC's IN 24-03)

- Clarify treatment standards for Withdrawal Management (WM) services within the specialty substance use disorder (SUD) treatment network.
- Medication services are a core component of withdrawal management
  - Maintenance treatment
  - Management of acute withdrawal or intoxication syndromes

- Withdrawal Management is an integral part of DPH-SAPC's specialty SUD treatment network and aims to minimize the health risks associated with withdrawal and intoxication while also serving as an important gateway to treatment at other levels of care.
  - 1- ensure patients have access to appropriate medications for the management of opioid, alcohol, and sedative withdrawal when receiving treatment in SAPC withdrawal management levels of care;
  - 2- follow appropriate clinical criteria to guide admission decisions and ensure appropriate utilization of residential and inpatient withdrawal management beds for patients who require medications to manage opioid, alcohol and/or sedative withdrawal syndrome(s);

- and 3- follow appropriate clinical standards for withdrawal management including the provision of medication services, as clinically indicated

## Clinical Standards for Withdrawal Management Require Providing Medication Services

- Maintain updated policies and procedures that ensure their clients have access to clinically indicated medications to effectively manage opioid, alcohol, AND sedative withdrawal syndromes at withdrawal management levels of care. WM levels of care shall not be focused on only a single withdrawal syndrome and must be capable of offering withdrawal management services for all applicable substances that may be contributing to withdrawal.
- Plan of care that involves assessment for which clinically effective medication(s) were considered for the patient, offered to the patient, and the monitoring plan for the medications received by the patient

## Patients Diagnosed with Opioid Use Disorder

- Shall be offered maintenance with medications for opioid use disorder in alignment with the latest version of the ASAM National Practice Guideline for the Treatment of Opioid Use Disorder.
- The clinical rationale for the maintenance medication(s) offered to the patient shall be documented in the clinical record. If patients are not provided with maintenance medications, the clinical rationale for this decision shall be documented in the clinical record.
- Plans of care involving buprenorphine treatment for opioid withdrawal involving fentanyl and/or other high potency synthetic opioids shall be in alignment with the latest version of



- the ASAM clinical considerations guidance addressing Buprenorphine Treatment of Opioid Use Disorder for Individuals Using High-Potency Synthetic Opioids

## Patients Diagnosed with Alcohol Withdrawal Syndrome

- Patients being treated for alcohol withdrawal syndrome admitted to withdrawal management levels of care shall be treated with clinically effective medications in alignment with the latest version of the ASAM Clinical Practice Guideline on Alcohol Withdrawal Management. Initiation of treatment with medications for alcohol use disorder shall occur during the patient's admission in a withdrawal management LOC when clinically appropriate, and clinical rationale for the medication(s) offered to the patient shall be documented in the clinical record.

## Patients Diagnosed with Sedative Withdrawal Syndrome

- Patients being treated for sedative withdrawal syndrome admitted to withdrawal management levels of care shall be treated with clinically effective medications for sedative withdrawal; these medications include benzodiazepines, barbiturates, and/or anticonvulsants. The clinical rationale for the medication(s) offered to the patient shall be documented in the clinical record.

## Patients with Stimulant Intoxication or Withdrawal Syndrome

- Patients admitted to withdrawal management levels of care with stimulant intoxication or withdrawal syndromes shall be treated in alignment with the latest version of the ASAM and American Academy of Addiction Psychiatry (AAAP) Clinical Practice Guideline on the Management of Stimulant Use Disorder. 4 For patients with stimulant intoxication, the clinical rationale for the medication(s) offered to the patient for stimulant intoxication syndrome shall be documented in the clinical record.
- <http://www.asam.org/quality-care/clinical-guidelines>

## Patients with stimulant withdrawal syndrome

- May require clinical observation and support. However, given the absence of the necessity for medications in the treatment of stimulant withdrawal, these patients would not warrant admission to a withdrawal management level of care unless **medical observation with medication management** to treat their clinical symptoms was necessary.
- When plans of care including medication treatment(s) depart from the standards outlined within the clinical guidance documents referenced above, the clinical decision making supporting why alternative medication treatments were provided shall be documented in the clinical record. Medication services are a required component of all admissions to a withdrawal management level of care.

# WM auths for patients with Stimulant Use Disorder

- Medical Observation for medication management

- References:

1 Applicable Clinical Guidance documents are posted online at <http://www.asam.org/quality-care/clinical-guidelines>

2 As of the publication of this information notice, the latest version of this guidance is referenced here: ASAM Clinical Considerations: Buprenorphine Treatment of Opioid Use Disorder for Individuals Using High-potency Synthetic Opioids. J Addict Med. 2023 Nov-Dec 01;17(6):632-639. doi: 10.1097/ADM.0000000000001202. Epub 2023 Jul 28. PMID: 37934520.

3 As of the publication of this information notice, the latest version of this guidance is referenced here: The ASAM Clinical Practice Guideline on Alcohol Withdrawal Management. J Addict Med. 2020 May/Jun;14(3S Suppl 1):1-72. doi: 10.1097/ADM.0000000000000668. Erratum in: J Addict Med. 2020 Sep/Oct;14(5):e280. doi: 10.1097/ADM.0000000000000731. PMID: 32511109.

4 As of the publication of this information notice, the latest version of this guidance is referenced here: The ASAM/AAAP Clinical Practice Guideline on the Management of Stimulant Use Disorder. J Addict Med. 2024 May-Jun 01;18(1S Suppl 1):1-56. doi: 10.1097/ADM.0000000000001299. PMID: 38669101; PMCID: PMC11105801.

- Effective Period This guidance is effective beginning July 1, 2024.
- Monitoring/Compliance DPH-SAPC will monitor contracted treatment provider agency clinical records on a regular basis and follow up with agencies to ensure compliance. If you have any questions or need additional information, please contact the Contracts and Compliance Division by telephone at (626) 299-4532, or by email at [sapcmonitoring@ph.lacounty.gov](mailto:sapcmonitoring@ph.lacounty.gov).

## Clinical Documentation Reminders





## Why does documentation matter to UM?

- Why document?
- What is considered documentation that will help justify your service authorization request?
- How should it look?

## What is clinical documentation?

- ...“anything in the patient’s health record that describes the care provided to that patient, and its rationale. It is **observational** and **narrative** in content and is written by counselors, clinicians and certified Peers to **analyze the process** and **contents** of patient encounters. Clinical documentation is a critical component of quality healthcare delivery and serves multiple purposes”

# Why document?

- Ensure comprehensive and quality care
- Ensure efficient way to organize and communicate with other providers
- Protect against risk and minimize liability
- Comply with legal, regulatory, & institutional requirements
- Facilitate quality improvement & application of utilization management

## Why is documentation important for UM?

- Standardized documentation by counselors, clinicians, and staff helps with
  - treatment consistency
  - improves quality of care
  - success rate for approving service authorization requests

## Why is documentation so important?

- With documentation you are **telling the story of the patient and their treatment**-Auditors, UM Supervisors and Care Managers are not in the session
- Your choice of words influences how others “read” or interpret the patient
- You are also **reflecting** on the work you have done with the patient and determining what the plan is moving forward

## Submitting service requests when they are complete

- What does complete mean?
  - All necessary documents
  - All necessary signatures
- Review the “Checklist of Required Documentation for Utilization Management” on the SAPC website

## Summary

- UM and provider network collaboration is key for the authorization process
- Submitting complete and timely documentation is crucial for authorizations
- Your appropriate clinical document (s) (progress note, problem list, ....etc) provide insight into your work with your patients

## Clinical Documentation FAQ to be published in the near future

- How does one expand on symptoms which may be either chronic or acute in a way that supports medical necessity?
- Providers should include detailed description of patient's presentation/symptoms as well as functional impairments.
- Medical issues instead of only stating "Pt has a hx of seizure", provide specifics such as "Pt has a recent history of ETOH withdrawal related seizures, with last seizure 6 weeks ago. Pt is non-compliant with prescribed medications and states 'I forget to take my medications when I'm drinking'". Re: Behavior requiring higher LOC, instead of stating "Pt presents agitated", provide specifics such as "Pt presented as agitated and aggressive at time of admission, evidenced by pressured and rapid speech, threats to staff, and posturing. Pt required IV sedation and requires 24 hour 1:1 nursing for safety and medical observation for medication management.



What should we do if we just got into contract with a new EHR vendor?

- Downtime procedures until EHR forms approved. Reminder to the provider to use SAPC Paper forms until new forms are approved.
- How long does the review/approval process take for secondary providers clinical documentation forms?  
on average 1 month

OTP provider, do I need to get patient's signature on Treatment Plan?

- Yes patient signature is still required for Treatment Plans for OTP providers

# Updated Adult Paper ASAM (3rd Edition) Form for SAGE Downtimes



Manuals &amp; Guides

Bulletins

**Clinical**





Beneficiary

Contracts &amp; Compliance

Finance

CRLA

### Clinical Forms and Documents - Treatment Services Related

Subject	Date
Updated Paper ASAM-Adult	
– <a href="#">Updated-Paper-ASAM-Criteria-Adult-Jan2025</a> <i>(New - January 2025)</i>	 01/06/25
– <a href="#">OLD LOC Determination Tool-Optional</a> <i>(New - January 2025)</i>	 01/06/25
Progress Note	 09/11/23
Checklist of Required Documentation for Utilization Management	
– <a href="#">Sage Version 7.1</a>	 10/23/24
ASAM Assessment Requirements	 10/07/24

- Continue to use the ASAM CONTINUUM tool accessible through SAGE Paper tool is only for use during SAGE downtimes
- <http://publichealth.lacounty.gov/sapc/providers/manuals-bulletins-and-forms.htm?tm#clinical>

The screenshot shows the ASAM website header with navigation links: Guidelines, The ASAM Criteria, Policy Statements, Donate, JOIN TODAY, and LOGIN. Below the header are dropdown menus for Education, Quality Care, Advocacy, Membership, Publications, Events, and News, along with a search bar. The main content area features a dark blue banner with the following text:

ASAM CRITERIA

## Free Paper-Based ASAM Criteria Assessment Interview Guide

Developed by ASAM and the UCLA Integrated Substance Abuse Programs with funding from the California Department of Health Care Services, this addiction treatment resource supports increased quality and consistency of patient assessments and individualized, patient-centered care.

DOWNLOAD → READ ANNOUNCEMENT →

To the right of the banner is a preview image of the 'THE ASAM CRITERIA ASSESSMENT INTERVIEW GUIDE' form, which includes a table with columns for 'ISSUES', 'MEDICAL', and 'CLINICAL'.

- SAPC approved form posted via
- <http://publichealth.lacounty.gov/sapc/NetworkProviders/ClinicalForms/TS/Updated-Paper-ASAM-Criteria-Adult-Jan2025.pdf>



## Updated Contact Email for Appeal/Grievances

[sapc\\_appeal@ph.lacounty.gov](mailto:sapc_appeal@ph.lacounty.gov)





Manuals & Guides

Bulletins

Clinical

**Beneficiary**

Contracts & Compliance

Finance

CRLA

## Beneficiary

Subject	Date
Appeal Form <i>(Updated - October 2024)</i>	 10/31/24
Complaint and Grievance Form <i>(Updated - October 2024)</i>	 10/31/24

**Email:** [sapc\\_appeal@ph.lacounty.gov](mailto:sapc_appeal@ph.lacounty.gov)

**Phone:** (626) 299-4532

**Fax:** (626) 458-6692

**Mail:** Substance Abuse Prevention and Control,  
Contracts and Compliance Branch, 1000 South  
Fremont Avenue, Building A9 East, 3<sup>rd</sup> floor, Box 34,  
Alhambra, California 91803

**If you need this form in alternate format (e.g., large print, braille, or audio), call 888-742-7900 press 7.**

## 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](mailto:SAPC.QI.UM@ph.lacounty.gov)
- Netsmart Helpdesk for SAGE technical problems/questions: **(855) 346-2392**
- To file an appeal: [sapc\\_appeal@ph.lacounty.gov](mailto:sapc_appeal@ph.lacounty.gov)
  - Grievance and Appeal Follow-Up: **(626) 293-2846/** [sapc.qi.um@ph.lacounty.gov](mailto:sapc.qi.um@ph.lacounty.gov)
    - The Grievance and Appeal Follow-Up Phone Number is for providers or patients who have questions or concerns after receiving a Grievance and Appeals (G&A) Resolution Letter



# SAPC Referrals Process

UNIT/BRANCH/CONTACT	EMAIL/Phone Number	Description of when to contact
Sage Help Desk	Phone Number: (855) 346-2392 ServiceNow Portal: <a href="https://netsmart.service-now.com/plexussupport">https://netsmart.service-now.com/plexussupport</a>	All Sage related questions, including billing, denials, medical record modifications, system errors, and technical assistance
Sage Management Branch (SMB)	<a href="mailto:SAGE@ph.lacounty.gov">SAGE@ph.lacounty.gov</a>	Sage process, workflows, general questions about Sage forms and usage
QI and UM	<a href="mailto:SAPC.QI.UM@ph.lacounty.gov">SAPC.QI.UM@ph.lacounty.gov</a> 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	<a href="mailto:SAPC_ASOC@ph.lacounty.gov">SAPC_ASOC@ph.lacounty.gov</a>	Questions about policy, the provider manual, bulletins, and special populations (youth, PPW, criminal justice, homeless)
Contracts	<a href="mailto:SAPCMonitoring@ph.lacounty.gov">SAPCMonitoring@ph.lacounty.gov</a>	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	<a href="mailto:SUDTransformation@ph.lacounty.gov">SUDTransformation@ph.lacounty.gov</a>	DHCS policy, DMC-ODS general questions, SBAT
Clinical Standards and Training (CST)	<a href="mailto:SAPC.cst@ph.lacounty.gov">SAPC.cst@ph.lacounty.gov</a>	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	<a href="mailto:HODA_CalOMS@ph.lacounty.gov">HODA_CalOMS@ph.lacounty.gov</a>	CalOMS Questions
Finance Related Topics	<a href="mailto:SAPC-Finance@ph.lacounty.gov">SAPC-Finance@ph.lacounty.gov</a> (626) 293-2630	For questions regarding Finance related topics that are not related to billing issues
Out of County Provider	Nancy Crosby ( <a href="mailto:ncrosby@ph.lacounty.gov">ncrosby@ph.lacounty.gov</a> )	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

# Discussions/Questions



**“The opposite of addiction is not sobriety; the opposite of addiction is **connection.**”**

*- Johann Hari*