Youth & Adult Screening and Referral Connection Training for Treatment Providers

Department of Public Health
Substance Abuse Prevention and Control Division
Webinar Housekeeping Items

• Please make sure your computer or line is muted, this will reduce background noise and disruptions during the meeting.

• Submit all questions via the Skype Chat function anytime during the Webinar

• Questions will be answered at the conclusion of each section
Outline

- Referral Connection Background
- Admission
- ASAM Screening
  - Youth Engagement Screener (Ages 12-17)
  - ASAM CO-Triage (Ages 18+)
- Referral Connection Form
- Claiming Using Provider Authorization (PAuth)
- Questions
Main Entryways into the Specialty SUD System

1. Substance Abuse Service Helpline (SASH)
   - Responsible for initial screening and referral to SUD provider
   - 1-844-804-7500
   - Operates 24 hours per day and 365 days per year

2. Client Engagement & Navigation Services (CENS)
   - SUD assessors and navigators at co-located State, County and city sites

3. Direct-to-provider

Whole Person Care: Substance Use Disorder Engagement, Navigation and Support (SUD-ENS) Program

Self-Referrals & County Stakeholders*

*No wrong door approach
Introduction and Overview

• Why was the Referral Connection Form developed?
  • To document and track Screenings of individuals who access services Direct-to-provider
  • Through SAPC Information Notice 19-03, 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
NEW SCREENING REQUIREMENTS BEGINNING SEPTEMBER 2019

September 2019, all Treatment Network Providers are required to:

(1) Complete either an ASAM CO-Triage or Youth Engagement Screener for each individual who comes to the facility requesting treatment services (not referred by SASH, CENS, or CORE); 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.
SCREENING FORM - YOUTH

All individuals who come to your agency seeking treatment need to be screened using the appropriate tool.
Youth Screening Form in Sage

The SAPC Youth Screener form, previously paper based, is now available through Sage.

- The screener questions were transcribed verbatim, but with a different layout.
- The S2BI determination algorithm follows the same logic, however has a slightly different layout.
- No additional training is necessary to complete this new electronic version.

The Youth Screener Form in Sage will replace the paper based form from the SAPC website once it is available.
S2BI Algorithm Comparison

S2BI Algorithm

<table>
<thead>
<tr>
<th>Never</th>
<th>Once or Twice</th>
<th>Monthly Use</th>
<th>Weekly Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Substance Use</td>
<td>No Substance Use Disorder Risk</td>
<td>Mild/Moderate SUD Risk</td>
<td>Severe SUD Risk</td>
</tr>
</tbody>
</table>

Positive Reinforcement

Brief Advice

Brief Intervention/Motivational Intervention: reduce use & risky behavior

Refer to SUD provider for further assessment

Different Format...

Same Old Algorithm!
SCREENING FORM - ADULTS

All individuals who come to your agency seeking treatment need to be screened using the appropriate tool.
1. Select ASAM Assessment on the left side chart menu
2. Select the episode for your agency
3. On the ASAM form, select “Triage Assessment” under ASAM Type
4. Select “Create New” under Assessment
5. Select Launch ASAM to begin triage/screening

***NOTE: The ASAM Assessment tab 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 Referral 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)

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.

- Please note that SAPC policy allows counselors to finalize the CO-Triage, however only LPHA’s are able to in the current Sage configuration. SAPC is working to address this issue.
GOOD NEWS! If you admit the patient to your treatment agency, the screening information can be imported to the ASAM Continuum......
STEP 3: Referral Connections Form

Complete the Referral Connection Form for All Individuals Screened Using the CO-Triage or Youth Screener
Referral Connection Form

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

Reminder: A CO-Triage and Referral Connection Form are required for all initial patient encounters, except when referred by SASH, CENS or CORE

All Secondary users will need to complete this form in Provider Connect.
Referral Connection Form

1. Select episode

<table>
<thead>
<tr>
<th>Episode</th>
<th>Program</th>
<th>Start</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>ADDICTION RESEARCH AND TREATMENT INC.</td>
<td>3/3/2016</td>
</tr>
</tbody>
</table>

2. For a new contact select: Add New Record

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

**Date of Contact**

**Time of Contact**

- *All fields in red are required fields*

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

<table>
<thead>
<tr>
<th>Referral Source</th>
<th>Other Referral Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>CDCR</td>
<td>CDCR</td>
</tr>
<tr>
<td>DCFS (Dept Children/Family Services)</td>
<td>DCFS (Dept Children/Family Services)</td>
</tr>
<tr>
<td>DHS (Dept Health Services)</td>
<td>DHS (Dept Health Services)</td>
</tr>
<tr>
<td>DHS-CRS (Correctional Health Svcs)</td>
<td>DHS-CRS (Correctional Health Svcs)</td>
</tr>
<tr>
<td>DHS-ODR (Office Diversion/Reentry)</td>
<td>DHS-ODR (Office Diversion/Reentry)</td>
</tr>
<tr>
<td>DMH (Dept Mental Health)</td>
<td>DMH (Dept Mental Health)</td>
</tr>
<tr>
<td>DPSS (Dept Public Social Services)</td>
<td>DPSS (Dept Public Social Services)</td>
</tr>
<tr>
<td>FQHC (Federally Qualified Health Center)</td>
<td>FQHC (Federally Qualified Health Center)</td>
</tr>
<tr>
<td>Health Net</td>
<td>Health Net</td>
</tr>
<tr>
<td>Housing Provider</td>
<td>Housing Provider</td>
</tr>
<tr>
<td>LA Care</td>
<td>LA Care</td>
</tr>
<tr>
<td>LA City Attorney</td>
<td>LA City Attorney</td>
</tr>
<tr>
<td>LASD (Los Angeles Sheriff’s Dept)</td>
<td>LASD (Los Angeles Sheriff’s Dept)</td>
</tr>
<tr>
<td>Managed Care - Other</td>
<td>Managed Care - Other</td>
</tr>
<tr>
<td>Other (Specify In Notes Section)</td>
<td>Other (Specify In Notes Section)</td>
</tr>
<tr>
<td>Parent/Family Member/Caregiver</td>
<td>Parent/Family Member/Caregiver</td>
</tr>
<tr>
<td>Private Hospital or Clinic</td>
<td>Private Hospital or Clinic</td>
</tr>
<tr>
<td>Probation</td>
<td>Probation</td>
</tr>
<tr>
<td>Public Defender</td>
<td>Public Defender</td>
</tr>
<tr>
<td>SAPC Provider</td>
<td>SAPC Provider</td>
</tr>
<tr>
<td>SASH Call Agent</td>
<td>SASH Call Agent</td>
</tr>
<tr>
<td>School</td>
<td>School</td>
</tr>
<tr>
<td>Self-Referral</td>
<td>Self-Referral</td>
</tr>
<tr>
<td>Superior Court - LA County</td>
<td>Superior Court - LA County</td>
</tr>
</tbody>
</table>
### Referral Connection Form

#### ASAM Provisional Level of Care

<table>
<thead>
<tr>
<th>ASAM Provisional Level of Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.5 ASAM</td>
</tr>
<tr>
<td>1-WM [Outpatient WM]</td>
</tr>
<tr>
<td>2.1 [Intensive Outpatient]</td>
</tr>
<tr>
<td>3.1 [Low-Intensity Res]</td>
</tr>
<tr>
<td>3.2-WM [Res WM]</td>
</tr>
<tr>
<td>3.3 [Pop-Specific High-Intensity Res]</td>
</tr>
<tr>
<td>3.5 [High-Intensity Res]</td>
</tr>
<tr>
<td>3.7 [Medically Monitored Inpatient]</td>
</tr>
<tr>
<td>3.7-WM [Medically Monitored Inpatient WM]</td>
</tr>
<tr>
<td>4 [Medically Managed Inpatient]</td>
</tr>
<tr>
<td>4-WM [Medically Managed Inpatient WM]</td>
</tr>
<tr>
<td>ASAM 1 [Outpatient]</td>
</tr>
<tr>
<td>Incomplete</td>
</tr>
<tr>
<td>Negative Screening for SUD</td>
</tr>
<tr>
<td>OTP [Opioid Treatment Program]</td>
</tr>
<tr>
<td>Recovery Support Services</td>
</tr>
<tr>
<td>Refused</td>
</tr>
</tbody>
</table>

#### Level of Care Override Reason

- 1 Clinical Judgment Disagrees with ASAM
- 2 Court Mandated - Referred to CENS
- 3 Patient Preference for other LOC
- 4 Recovery Support Services Only
- 5 Name - Final Disposition Stated as ASAM
- 99 Other
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.

<table>
<thead>
<tr>
<th>Was a referral to OTP or MAT services made?</th>
<th>No</th>
<th>Yes</th>
<th>Referral ID #</th>
</tr>
</thead>
</table>

The provider will need this number to record a No-Show if the patient does not show up for their scheduled appointment.

<table>
<thead>
<tr>
<th>CIN</th>
<th>Aid Code</th>
</tr>
</thead>
</table>

CIN

Aid Code
Referral Connection Form

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)
## Referral Connections
### SUD Referral Provided

### SUD Referrals Provided

<table>
<thead>
<tr>
<th>Referral Treatment Provider</th>
<th>Referral Site Disposition</th>
<th>Appointment Date</th>
<th>Appointment Time</th>
<th>Appointment Status</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Add New Record

- **Referral Treatment Provider**
  - ACFW 1135 South Alvarado St
  - ACFW 1147 South Alvarado St
  - ACFW 1329 West 227th St
  - ACFW 20533 Catalina St
  - ACFW 242 West 14th St
  - ACFW 244 West 14th St
  - ACFW 354 West 13th St
  - ACFW 355 West 15th St
  - ACFW 356 West 13th St
  - ACFW 357 West 15th St
  - ACFW 376 West 15th St
  - ACFW 378 West 15th St
  - ACFW 423 West 13th St
  - ACFW 425 West 13th St
  - ACFW 477 West 13th St
  - ACFW 867 West St
  - ADDI 1135 South Atlantic Blvd
  - ADDI 11682 Atlantic Ave
  - ADDI 13499 South Alvarado St
  - ADDI 15229 East Amar Road

- **Appointment Status**
  - Not Scheduled
  - Scheduled

- **Appointment Time**
  - Current Time

- **Referral Site Disposition**
  - After Hours Call (Referral Info Only)
  - Intake Not Available - SBAT Shows Open
  - Intake Not Scheduled - Site to Call Back
  - Intake Scheduled (0-9 Minutes)
  - Intake Scheduled (10 Minutes or More)
  - No Answer/Direct to VM (Intake Hours)
  - Patient Refused w/ Provider Contact
  - Refused LAC Medi-Cal Enrolled
  - Refused Language/Culture Need
  - Refused Medi-Cal Eligible/Unenrolled
  - Refused Mental Health Condition
  - Refused MH/LA Enrolled/Eligible
  - Refused Non-LAC Medi-Cal Enrolled
  - Refused Physical Health Condition
  - Refused Program Rule/Requirement
  - Refused Wheelchair/ADA Accessibility
  - Waitlist - Patient Preference
  - Waitlist - Provider Indicated
Referral Connection Form

**Overall Disposition**: Indicate the Overall Disposition of the client encounter

<table>
<thead>
<tr>
<th>Insurance Coverage</th>
<th>Overall Disposition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Notes</td>
<td></td>
</tr>
</tbody>
</table>

**Form Status**: Draft or Final

- 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
How To Enter Claims for Screening
Provider Authorizations For All!

- SAPC is setting up a Provider Authorization, or PAuth, for all providers to use when billing for screening.
Before Billing Is Entered, Be Sure To...

1. Verify that the CO-Triage (18 +) or Youth Screener (17 and under) was completed.

2. Verify the Referral Connection Form was completed and finalized.
   A. The Referral Connection form will serve as the documentation component of the CO-Triage (i.e. similar to an assessment note for the full ASAM)

   NOTE: SAPC is working to add these forms to the Provider Activity Report in Sage for easy tracking.

   ✓ In the interim, it is highly recommended providers develop an internal tracking method as both forms are required to be eligible for reimbursement.
Additional Billing Requirements: Diagnosis

- **Diagnosis for Screening**
  - All claims submitted to SAPC and eventually to DMC require a diagnosis.
  - Screening tools are not intended to provide a diagnosis and are not required to be reviewed by an LPHA

- **Solution:**
  - If the patient **IS** enrolled into treatment at the provider that completed the screening:
    - The provider would enter the diagnosis from the full ASAM continuum, or Paper Based Youth Assessment as diagnosed by the LPHA.
  - If the patient **IS NOT** enrolled at the same provider that completed the screening:
    - On the diagnosis entry, enter *“Screening for Substance Abuse”* which will correspond to the ICD-10 code Z13.89
Additional Billing Requirements: Financial Eligibility

- **Entering the Financial Eligibility for Screened Patients**
  - All claims submitted to SAPC and DMC require the financial eligibility information.

- **Solution:**
  - Whether the patient was admitted or not, providers need to screen for Medi-cal eligibility/enrollment.
  - Follow same process as for any patient in treatment.
    - If the patient is a DMC beneficiary, that information must be included on the financial eligibility, guarantor information.
    - All others should be entered as LA County Non-DMC guarantor.

- **Note:** Patients enrolled in DMC, without a CIN number entered in Sage, cannot be billed to the state.
Where Can Providers Find Their PAuth’s?

- For providers that claim through Sage: Pauths are listed on the Treatment page along with all member auths when entering a treatment.
  - Pauths all start with a “P” followed by a number
  - Screening should only be billed using the Pauth, not the member auth.

- For secondary providers who claim using the 837 process: if you do not know your Pauth number, please contact the HelpDesk or your CPA to get that information.

- Billing for screening is similar to billing for incentives.
1. Enter the date of the screening
2. Select the screening Pauth from the drop down
3. Enter the correct screening CPT code with the correct modifier that corresponds to the LOC and age group.
4. Enter the performing provider information who conducted the screening
5. Enter the program location where the screening was conducted.
6. Units/Day is always “1” for screening.
Claiming for Screening for Primary Sage Users

7. Enter the duration in minutes of the total time for conducting the screening.

8. Enter the location type that corresponds to the U code modifier.
   - Residential or Non Residential Substance Abuse Treatment

9. Enter Private Pay Amount as “0”

10. Verify the total cost in the “Treatment Details” and “Billed Amount” sections equals $30
    *If the billed amount shows ANY amount other than $30, do not submit the treatment. Re-enter information, if still showing other amounts, contact the helpdesk.
Claiming for Screening for 837 Providers

- The 837 file should include the same information as any other claim, plus the following data on each screening claim:
  - Same Pauth number across all patients being claimed for screening
  - Ensure the correct screening H0049 code with the correct U and H modifiers that correspond to the LOC and age group is listed.
  - Enter the performing provider information/NPI of the staff who conducted the screening
  - Units/Day is always “1” for screening.
  - Charge amount is always $30
Will an agency be able to claim for Screening H0049 if the client is admitted on the same day?

- An agency can be reimbursed for a flat rate of $30.00 in all LOCs;
- Exception the screening is not separately reimbursable when also claiming the Clinical Day rate on the same day for residential providers.
- SAPC requires a CO-Triage and Referral Connections Form for all self-referred patients accessing the provider agency, not referred by the SASH, CENS, or CORE
  - Including when the patient is admitted to that agency.

What happens if there is a Sage Outage or I do not have internet access at my FBS location?

- Refer to SAPC Bulletin 17-11 Sage Outage Procedure and internal agency policies.
- For situations when internet connectivity is limited, such as field based sites, providers will have to complete the electronic copy in Sage in order to bill.
- To claim for H0049 all information will need to be entered into Sage.
Referral Connection Sage Rollout Timeline

Referral Connection Sage Timeline:

**September 2019:** Referral Connection Form active in the LIVE Sage environment. This marks the official effective date to claim for any screening occurring on or after September 1, 2019.

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

**September 2019:** The Youth Screener Form will be active in the LIVE Sage environment.

**October/November 2019:** ASAM CO-Triage training- Dates and Location TBD
THANK YOU

For more information, contact:
SAPC System of Care Branch,
Quality of Care Unit
Kyle Kennedy
k kennedy@ph.lacounty.gov or 626-299-3234
or
SAPC Clinical Standards & Training (CST) Unit
Greg Schwarz, Psy.D.
gschwarz@ph.lacounty.gov or 626-299-3528