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SAPC INFORMATION NOTICE 21-02

January 21, 2021

TO: Los Angeles County Substance Use Disorder
Contracted Treatment Providers

FROM: Gary Tsai, M.D., Division Director *GT*
Substance Abuse Prevention and Control

**SUBJECT: EXTENSION OF 30-DAY PENDING MEDI-CAL ENROLLMENT AND
TRANSFER BENEFIT TO JUNE 30, 2021**

The Department of Public Health, Division of Substance Abuse Prevention and Control (SAPC) will be extending the 30-Day Pending Medi-Cal Enrollment and Transfer policy between January 1, 2021 through **June 30, 2021**. This Informational Notice provides guidance on the use of this policy and describes provider responsibilities when admitting patients that are eligible for Drug Medi-Cal (DMC), but not yet enrolled in Medi-Cal.

In accordance with the Substance Use Disorder Treatment Services Provider Manual (hereafter "Provider Manual") section entitled "Patient Service Standards," paragraph "Eligibility Determination and Establishing Benefits," the County's Substance Use Disorder (SUD) benefit is available to patients with an active SUD who meet the following criteria:

- Resident of Los Angeles County; and
- Medi-Cal enrolled or in the process of enrollment due to presumed eligibility, including those transferring benefits from another County or State; or
- My Health LA eligible or enrolled, or Department of Health Services (DHS) empaneled; or
- Participants eligible or mandated to treatment under Assembly Bill (AB) 109, Drug Court, Juvenile Justice Crime Prevention Act (JJCPA), Promoting Safe and Stable Families Time Limited Family Reunification (PSSF-TLFR), California Work Opportunity and Responsibility to Kids (CalWORKs), and/or General Relief (GR) program.

Individuals deemed eligible or in the process of acquiring Medi-Cal or My Health LA may NOT be denied admission or services pending establishment or transference (for out-of-county beneficiaries) of the benefit. Those eligible for services as defined above may NOT be charged sliding scale fees or flat fees.

Pending Medi-Cal Enrollment and Transfer Allowance Criteria

The “Pending Medi-Cal Enrollment and Transfer Allowance” is intended to ensure that the SAPC treatment provider network does not deny admission and the receipt of SUD treatment services for patients who are presumed to meet the eligibility criteria for Medi-Cal. Under this allowance, providers may receive reimbursement for up to and not to exceed thirty (30) calendar days of medically necessary SUD treatment from the admission date. This allowance is limited to one time per patient, per fiscal year and does not apply to individuals who were disenrolled from Medi-Cal during the treatment episode or who would not meet Medi-Cal eligibility criteria.

Medi-Cal Enrollment/Transfer Assistance Requirements

To be eligible for reimbursement under this allowance, SUD treatment providers must determine if individuals meet Medi-Cal eligibility criteria and actively assist in the application process and continued maintenance of Medi-Cal benefits. Providers are required to familiarize themselves with the process of establishing Medi-Cal benefits within Los Angeles County. This includes assisting new patients with:

- Completing the application(s) for Medi-Cal and other applicable benefits (e.g., CalFresh, GR, CalWORKs) at a local Department of Public Social Services (DPSS) office; or
- Completing the application(s) for Medi-Cal and other applicable benefits (e.g., CalFresh, GR, CalWORKs) via DPSS’ [Your Benefits Now](#) (YBN) website; or
- Changing their Medi-Cal County of Residence by connecting with the previous county of residence by calling the appropriate phone number available at: <https://www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx>.

Verification of Medi-Cal and Other Benefits

SAPC treatment providers need to have internal Medi-Cal benefit enrollment and renewal processes that support the timely and successful connection of eligible patients. Treatment providers may use the Case Management benefit, as applicable, to assist patients with obtaining and maintaining Medi-Cal or other benefits throughout the SUD treatment and recovery support process. This includes, but is not limited to, the following responsibilities:

- Confirm Medi-Cal enrollment monthly using one of the following methods:
 - Use the Automated Eligibility Verification System (AEVS) to obtain Medi-Cal enrollment verification by calling 1-800-541-5555. You will be instructed to enter a Provider Identification Number (PIN) or be walked through the process of establishing a PIN number.
 - Utilize the 270/271 real-time Medi-Cal eligibility verification process in Sage to verify Medi-Cal status through the State system. This process automatically updates the Financial Eligibility Form in Sage if the beneficiary is enrolled in Medi-Cal.
 - Use the Point of Service (POS) system by swiping the patient's Medi-Cal Beneficiary Identification Card (BIC) through the POS device to get information about the member's current eligibility status.
 - For more information about obtaining access to Medi-Cal related verification systems, you can call the Medi-Cal Telephone Service Center at 1-800-541-5555 or visit <https://www.medi-cal.ca.gov/>.
- Enter the appropriate information in the Finance Eligibility Form. For more information, refer to the [*Documenting Changes in Financial Eligibility Status*](#) guide located at ph.lacounty.gov/sapc/NetworkProviders/Forms.
- Submit completed member authorizations in accordance with the timeframe required by Information Notice 20-11 and the Provider Manual.
- Initiate the benefit enrollment process as close to the date of first service as possible, since providers may bill back to the date the Medi-Cal application was submitted once benefits are established.
- Once the Medi-Cal benefit has been established, or an eligible non-DMC funding source has been identified, providers must submit a new authorization for continued services and update the Financial Eligibility Form within Sage. For more information, refer to the [*Updating Financial Eligibility for Patients Who Obtain Benefits During Treatment*](#) guide.
- To ensure appropriate fiscal accountability, providers need to use the Case Management benefit to explore all eligible funding sources including Medi-Cal, MHLA and other secondary funding sources, such as CalWORKs, GR, JJCPA, Drug Court, AB109, PSSF-TLFR, to support services not reimbursed by Medi-Cal (e.g., Recovery Bridge Housing, room and board) or to be utilized in cases where individuals are deemed ineligible for Medi-Cal.

Pending or Enrolled in My Health LA

Individuals who do not meet the eligibility criteria for Medi-Cal but do meet criteria for the DHS' My Health LA program, or who are DHS empaneled and Medi-Cal unenrolled, are eligible to receive the same no-cost SUD treatment services included in the Drug Medi-Cal (DMC) benefit, however, this is billed under the "LA County-Non DMC" guarantor.

While eligible individuals are not required to enroll in My Health LA, SUD treatment providers must provide education on the benefits of the program and assist with enrollment using Case Management, as applicable.

Patient Notification

Providers are required to prominently display signage notifying eligible individuals that they may not be turned away, denied treatment, or charged fees/dues if they are eligible but not yet enrolled in Medi-Cal. This posting will be monitored via on-going compliance monitoring.

Providers must use the [Patient and Provider Orientation Videos](#) to support understanding of the SUD benefit package, including requirements around patient rights to receive treatment services, if they are eligible.

Effective Period

This Information Notice will remain in effect January 1, 2021 through June 30, 2021.

Additional Information

If you need additional information, please contact your assigned Contract Program Auditor.

GT:dd