

March 18, 2026 PROVIDER MEETING FAQ

All slides and the recorded presentation are posted on the SAPC Network Provider site:

<http://publichealth.lacounty.gov/sapc/NetworkProviders/Regulations.htm>

	QUESTIONS	ANSWERS (AND UNIT RESPONSIBLE)
1.	<p>Where can providers access the resources shared during the meeting?</p>	<ul style="list-style-type: none"> • ASAM Criteria 4th Edition Implementation Overview • BHIN 23-068: Updates to Documentation Requirements for all Specialty Mental Health (SMH), Drug Medi-Cal (DMC), and Drug Medi-Cal Organized Delivery System (DMC-ODS) Services • BHIN 26-007: Reporting Requirements for Substance Use Disorder (SUD) Recovery or Treatment Facilities <ul style="list-style-type: none"> ○ SAPC Reportable Incident Reporting Form • The Center of Excellence for Protected Health Information (CoE-PHI) - Notices of Privacy Practices (NPP) Template • FY 2025-26 Value-Based Incentive Package • SAPC IN 24-09: COVID-19 and Influenza Vaccination Requirements, Masking Guidance, and Reporting Responsibilities • SAPC IN 25-08: Implementation of Fiscal Reporting Process for All Substance Abuse Prevention and Control Bureau Services Provider Agencies • SAPC-IN 24-09: COVID-19 and Influenza Vaccination Requirements, Masking Guidance and Reporting Responsibilities • SAPC-IN 26-03: The ASAM Criteria 4th Edition Residential Capacity Building Program <ul style="list-style-type: none"> ○ Attachment I: ASAM Criteria 4th Edition Residential Capacity Building Program Implementation Plan Template • SAPC-CIBHS Upcoming Trainings Registration • SAPC-LNC: ASAM Criteria 4th Edition: Implications for SAPC Treatment Provider Agencies • SAPC Provider Manual Version 10.0 • U.S. Department of Health and Human Services (HSS) - Model Notices of NPP
Special Programs and Initiatives		
2.	<p>a. Why is a new license required for ASAM 4th edition?</p> <p>b. When do providers need to obtain a new license that aligns with ASAM 4th edition?</p> <p>c. Will there be major changes to non-residential levels of care with ASAM 4th Edition?</p>	<p>a. Current licenses with DHCS and ASAM designation are based on the 3rd Edition but will need to be based on the 4th Edition when it is implemented because sites will have different levels of care consistent with the ASAM 4th Edition.</p> <p>b. DHCS has announced that it is planning on releasing draft guidance on the ASAM 4th Edition in the Summer of 2026 and then finalize that ASAM 4th Edition guidance in January 2027, before implementing the ASAM 4th Edition in July 2027. That means that DHCS is aiming to re-license and re-designate SUD sites in accordance with the ASAM 4th Edition within that six-month timeframe (between January 2027 and July 2027). Providers</p>

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	<p>d. Since 3.2 will be integrated into 3.5 for ASAM 4th Edition, what are the expectations for service hours?</p>	<p>should plan accordingly given that state licensing often is prolonged, particularly for residential settings</p> <p>c. Yes, there will be changes to non-residential levels of care. The two most impactful changes are an increased offering of outpatient withdrawal management and co-occurring capability.</p> <p>d. SAPC will base its decisions around DHCS, once DHCS releases its standards we can determine SAPC's next steps</p>
3.	<p>a. Are agencies required to provide clients with the LA County Notice of Privacy Practices (NPP) in addition to our own?</p> <p>b. If agencies do not yet have their own NPP, what are some examples of templates to refer to?</p> <p>c. Since the compliance date was 2/16/2026 and SAPC requires providers to use SAPC's release of information (ROI) form, which has not yet been released to the network, what are options for using the release?</p>	<p>a. No, Network Treatment Providers (Part 2 programs) are not required to provide the LA County NPP to clients. Starting 2/16/2026, providers have been required to have their own NPP, and it must include 42 CFR Part 2 and HIPAA provisions.</p> <p>b. We recommend that agencies work with their respective counsels or review the HSS Model Notices of NPP and the CoE-PHI NPP that are compliant with 42 CFR Part 2 Final Rule and HIPPA to develop their own NPP.</p> <p>c. SAPC has not yet sent out the ROI form to the provider network, but providers still need a ROI from clients. We recommend that agencies seek legal advice from their own legal counsel, as SAPC is unable to provide its provider network with legal advice.</p>
Sage		
4.	<p>Should the mental health care plan be a separate plan under the ASAM 4th Edition residential capacity building program?</p>	<p>No, a mental health care plan should be integrated as part of the plan of care. It does not have to be a separate document, it should be documented in the progress notes alongside other care being provided to the client.</p>
5.	<p>a. Will the new ASAM 4th Edition training in SAPC-LNC cover ASAM-A & ASAM-B for PCNX onboarding?</p> <p>b. Will the new ASAM 4th Edition training on SAPC-LNC cover ASAM-A & ASAM-B for DHCS audits?</p>	<p>a. Yes.</p> <p>b. Yes.</p>

March 18, 2026 PROVIDER MEETING FAQ

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6.	Can a physician obtain full PCNX access without having to take several PCNX trainings in SAPC-LNC?	<p>No. The amount of trainings providers are required to complete depends on the level of PCNX access desired. The more access you want, the more trainings are required.</p> <p>However, SAPC-LNC has a specialized 2-hour ASAM training for prescribers that will meet the ASAM requirement.</p>
7.	Is SAPC aware that staff who work with multiple agencies cannot be assigned different access groups for each agency within Sage? It becomes an issue when a person starts working with one agency but has existing access from another that does not match the duties assigned.	<p>Yes. We recognize this is an issue that we are actively working with our IT team to resolve the issue. Please email SAPC_App_Access@ph.lacounty.gov with staff information and access group needs to assist in finding a workaround while we work to implement a resolution.</p>
8.	Can a certified counselor document a client's reported diagnosis or does that need to be done by an LPHA?	<p>A counselor can document client-reported diagnoses in the diagnosis field as long as it is clear where that diagnosis came from. LPHAs must review the diagnoses that counselors are documenting and check if it is accurate to be added as a diagnosis.</p>
9.	What is the timeframe that progress notes should be signed by?	<p>BHIN 23-068: Updates to Documentation Requirements for all SMH, DMC, and DMC-ODS Services specifies DHCS's expectations for timeliness; it is our expectation that agencies follow the time frame of completing progress notes within three (3) business days of providing a service. Crisis progress notes must be signed/finalized within 24 hours.</p>
10.	What is the timeframe for discharging outpatient clients with no activity?	<p>Please refer to Absence Without Leave (AWOL) Policy under Table 4: SAPC Access and Service Delivery Standards on page 35 of the SAPC Provider Manual 10.0.</p>
11.	At a residential site of care, can a client be assessed by more than one practitioner?	<p>Yes. It is not separately billable, but there is nothing at a residential site of care that prevents multiple practitioners from completing an evaluation of a client.</p>
12.	<p>a. If a licensed mental health provider makes an initial diagnostic assessment at a non-residential site of care, what code should be used?</p> <p>b. Can a counselor and a provider bill for an assessment twice?</p>	<p>a. The assessment code 80001 should be used and only for non-residential sites of care.</p> <p>b. Yes. Providers can bill 80001 alongside a counselor's billing of 80001 to do a complete assessment for non-residential services.</p>
Clinical Services		
13.	a. What will tracking look like for the ASAM 4 th Edition	<p>a. If clients report symptoms of a Dimension 3 co-occurring disorder, an LPHA should evaluate the client. We will be able to check if the LPHA</p>

March 18, 2026 PROVIDER MEETING FAQ

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	<p><i>Residential Capacity Building Pilot if a client self-reports a co-occurring disorder?</i></p> <p>b. <i>Can a non-medical LPHA and a medical LPHA document two different diagnoses for one client?</i></p>	<p><i>evaluated the client when the LPHACOD tracking code (specific to residential levels of care) goes into effect in July 2026. We will also check if, when the client was evaluated, a diagnosis was made. Although it is not always necessary for an evaluation to result in a diagnosis, if the client clearly has a co-occurring disorder, it should be in the diagnosis field.</i></p> <p>b. <i>Yes. A client may have as many diagnoses that apply even if they are being made by different practitioners.</i></p>
14.	<p><i>Do providers need to add a new problem to the problem list during all treatment plan updates?</i></p>	<p><i>At least one problem is required, however, it does not necessarily have to be a new problem. If the current problem is still valid, it can remain on the problem list section and meet the requirement. The problem list needs to be updated whenever there is a change to the client's clinical status (i.e. resolution of problems, additions of other problems when identified) but if there is no change to the client's clinical status, the problem list does not need to change each time it is reviewed. This should be clearly documented on the accompanying progress note explaining why the identified problem is still current.</i></p>
Finance		
15.	<p><i>Will 3.2 level of care still have its own rate when the one-time bump in base rates for ASAM 4th Edition launches for FY 2026-2027?</i></p>	<p><i>Yes, 3.2 will still have its own rate. The bump in rate will be for our current ASAM 3rd Edition levels of care. SAPC's expectation is that agencies will use this opportunity to prepare for the ASAM 4th Edition changes.</i></p>
16.	<p><i>Is there any consideration for rates like medication services to be service-based rather than time-based so providers can better capture what they are doing to prepare for withdrawal management in residential sites of care for ASAM 4th Edition?</i></p>	<p><i>It is not likely to change; however, we can communicate that interest to DHCS.</i></p>
17.	<p><i>Does SAPC anticipate any add on codes for residential data rates, like recovery services, peer services, and care coordination, being removed with ASAM 4th Edition?</i></p>	<p><i>We will have to see how DHCS implements ASAM 4th Edition, but there are no changes anticipated within the next year. DHCS has talked about bundling those rates in the future, but there is no timeline announced for that at this point.</i></p>
Opioid Treatment Programs and MAT		
18.	<p><i>Is there any guidance SAPC can offer for getting affordable medications to MAT clients who don't qualify for Medi-Cal?</i></p>	<p><i>Community health centers like federally qualified health centers (FQHCs) are one option. When medications are prescribed by the health center, their own pharmacies can fill the prescription without a cost to the client.</i></p>

March 18, 2026 PROVIDER MEETING FAQ

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		<p>Another option is working with community pharmacies that offer discounts; agencies can work with these pharmacies to cover the clients' medication costs.</p> <p>LA County also has a MAT Consultation Line where SUD navigators can help identify affordable pharmacies for clients. The MAT Consultation Line can be reached at (213) 288-9090 and is available from 8am-12am, seven days a week.</p>
19.	<p>Is there a possibility for MAT services to be a standalone service?</p>	<p>The DHCS billing manual specifies that standalone MAT is allowable, but when we have submitted test claims for clients who are in other levels of care when standalone MAT is being offered, the claims are denied. We have escalated the issue to DHCS because we should not be getting denials. Until we are able to set up a clear billing pathway, we will have to wait to launch a MAT standalone service authorization.</p>
Additional Information		
20.	<p>Is there any anticipated change to SAPC's policy on masking, vaccination, and testing?</p>	<p>No. We follow the County health officer's guidance and that guidance has not changed regarding masking, vaccination, or testing. Please refer to SAPC-IN 24-09: COVID-19 and Influenza Vaccination Requirements, Masking Guidance, and Reporting Responsibilities.</p>
21.	<p>What is DHCS's new policy on reporting client deaths?</p>	<p>The policy requires a telephone call within 1 day, a written report in 7 days, and a written report in 30 days, when applicable. Please refer to BHIN 26-007: Reporting Requirements for SUD Recovery and Treatment Facilities for more detail.</p>