July 15, 2025 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.	Where can providers access the resources shared during the meeting?	• Behavioral Health Information Notice (BHIN) 25-019: Transgender, Gender Diverse, or Intersex • BenefitsCal Webpage • Payment Reform Value-Based-Incentives (VBI) Webpage • Payment Reform VBI - Finance and Business Operations Webpage • Payment Reform VBI - Workforce Development Webpage • Payment Reform VBI - Access to Care Webpage • Payment Reform VBI - Guidance Documents Webpage • Sage Provider Communications Webpage • SAPC-LNC • SAPC Sage-PCNX Webpage • SAPC Provider Manual Version 9.0
Special Programs and Initiatives		
2.	a. Will SAPC continue using federal dollars for people with an unsatisfactory immigration status (UIS)? b. What funding sources can agencies use to cover gaps in coverage for the UIS population? c. What solutions will be offered to UIS clients in treatment, considering Los Angeles will likely see a continued presence of Immigration and Customs Enforcement (ICE)?	a. No. SAPC has not used federal funds for people with UIS. We are looking across our system to work through this challenge and find other means of serving this population. b. Agencies should review their flexible grants, local funding, and foundational funding available to ensure people stay in care. SAPC is also reviewing and will provide information once reviews are complete. c. SAPC is looking at opportunities to support clients that are concerned about ICE. For example, we can think about more robust engagement through telehealth to continue to connect with clients who are wary about coming to sites. As a County, we are also looking at how to navigate this.
3.	Does the upcoming change to Medi-Cal's redetermination period from H.R.1 apply to outpatient clients?	Yes. The changes to Medi-Cal as a result of codification of House Resolution 1 (H.R. 1), Public Law 119-21, commonly known as the One Big Beautiful Bill Act applies to anyone that is enrolled in Medi-Cal, this includes all levels of care because it is tied to an individual's Medi-Cal eligibility.
4.	How should agencies approach managing more frequent Medi-Cal renewals?	Agencies should encourage clients to create a BenefitsCal account if they do not already have one. Medi-Cal notices and recommended actions are posted on the account to help clients stay on track.
5.	Does the SAPC Learning and Network Connection Platform (LNC) provide certificates of completion?	Yes. Providers should be able to generate certificates from trainings completed on SAPC-LNC. If there are any issues, please submit a ticket to the helpdesk on the SAPC-LNC portal found in the SAPC-LNC Platform Getting Started Guide.

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6.	Are providers required to assign all staff to SAPC's upcoming training for transgender, gender diverse, and intersex (TGI) clients or can they take alternative trainings that align with BHIN 25-019?	All treatment provider staff that have direct contact with clients must complete the SAPC-sponsored TGI training by March 31, 2026. New staff must complete within six (6) months of onboarding. There are a specific set of requirements outlined in BHIN 25-019 and this free training will include a more decidedly SUD focus. For this reason, and to ensure the trainings attended meet all requirements under SB 923, SAPC requires that staff participate in these identified trainings. If staff have already attended alternate trainings (i.e., prior to August 1, 2025) and the training meets ALL of the requirements, they will need to submit such evidence by December 31, 2025 to EAS@ph.lacounty.gov . The SAPC-sponsored TGI trainings will take place between September-November 2025. There will be three (3) Live Virtual and one (1) in-person thereafter. Continuing credits will be provided.
7.	Does SAPC have any plans for integration with Los Angeles Network for Enhanced Services (LANES)?	Yes. SAPC is currently working on integration with LANES and it is projected to be finalized in 2026. We will announce any updates as we move forward in this process.
8.	Can ASAM assessments be done over the telephone?	No. ASAM assessment requires a visual component for the evaluator to describe what they observe from the examinee. Co-Triage screening can be conducted via phone, but the full ASAM assessment requires both an audio and visual component.
9.	a. Can a client be treated via telehealth without completing a history and physical examination? b. What is the timeline for establishing medical necessity for clients utilizing services?	a. Yes. Clients may be treated via telehealth without a history and physical examination. An ASAM assessment and initial visit may be documented through telehealth. Providers may also document the mental status exam, which is a component of the physical exam. b. Timelines vary for residential and nonresidential treatment settings. Please refer to page 45 of the current version of our provider manual (SAPC Provider Manual Version 9.0).
	Sage	
10.	Do secondary Sage users have to enter the H2010N code to PCNX in addition to entering it to their own primary system?	Neither Primary nor Secondary Sage users have to resubmit to PCNX when H2010N is configured as an incentive billing code. They may bill that along with the primary service code.
11.	Do secondary provider agencies need to complete every Sage onboarding training?	Sage trainings are available based on roles. For secondary provider agencies with staff that need access to Sage, those staff will take the specific training set Sage-PCNX for Secondary Sage Users. This focuses on only the necessary navigation and forms needed for Secondary Sage users. However, if staff are ONLY utilizing their own system and do not use Sage for any job function, they do not need to take any Sage trainings. The user role

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		they would be assigned is a credentialing-only role, since we still need record of their credentials to get billable services in. Staff can also enroll in specific modules in SAPC-LNC, as needed.
	Billing	
12.	Can SAPC add the claim numbers that claims are submitted with to Claim Status Report?	SAPC's IT team is working to add the claim number and the Batch ID to the Claim Status Report. Once it is available, SAPC will notify providers. In the meantime, you can request that information from SAPC's Finance team at SAPC-Finance@ph.lacounty.gov.
	Opioid Treatment Programs and MAT	
13.	When are clients that receive MAT services via telehealth required to see a prescriber in-person?	An in-person visit is only required if the client is being prescribed buprenorphine or another controlled substance in accordance with Drug Enforcement Administration (DEA) rules, otherwise telehealth can continue indefinitely so long as it is clinically appropriate. A recent Drug Enforcement Administration (DEA) rule allows clients to have buprenorphine prescribed via telehealth for up to a six-month supply before they must be seen in-person. Prescribing clinicians must be compliant with DEA rules to maintain their DEA registration.
14.	a. If stand-alone MAT is configured, would a client in 1.0 Level of Care need to be discharged and then entered into Recovery Services and stand-alone MAT to receive MAT services? b. Can providers bill for MAT if a client is in Recovery Services Level of Care?	a. No. MAT is available at 1.0 Level of Care. If a client is continuing to receive addiction medication at 1.0 Level of Care, providers can continue to deliver medication services to them indefinitely. Clients can also be at a 1.0 Level of Care and Recovery Services concurrently. b. No. Addiction medications services are not billable as a recovery service.
15.	Is the Care Coordination incentive offered if a client in Recovery Services receives MAT/Narcan services through Care Coordination?	Yes. If care coordination to a client in Recovery Services provided MAT/Naloxone services or provide information around that service, they may bill the H2010N & H2010M tracking codes to get the incentive. However, to bill for medical clinicians providing MAT services, the client would have to be in a 1.0 Level of Care or higher, since MAT services are not included as a component of Recovery Services.
16.	What is the difference between 1.0 Level of Care and 1-Withdrawal Management (WM)?	1.0 Level of Care is ongoing outpatient care where a full set of medication services is provided that can include withdrawal management but is not limited to that service. Whereas, 1-WM is a time-limited Level of Care, focused on only withdrawal management.

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17.	Can a client receive 1.0 Level of Care admission while they are in an Opioid Treatment Program (OTP)?	Yes. Those are concurrently allowable levels of care. OTP admissions can be concurrent with every other Level of Care.
18.	When will ASAM 4th edition go live in California?	The timing is not yet certain. We will make sure to announce when we know more information.
19.	What code can providers use for mobile crisis services?	Mobile crisis is not currently configured in our system. However, there are no restrictions to using existing codes to cover services delivered either in SAPC-approved field-based services or within your treatment program. For example, providers can use counseling as a code when reaching out to clients. When we configure our system for mobile crisis services, we will update providers.
Value-Based Incentives (VBI)		
Finance and Business Operations		
20.	a. Why is SAPC requesting 100% for the Timely Claims Submission Incentive (1-D)? b. Will grace be afforded to providers during the transition to 100%? c. What if there are external factors that prevent 100% timely claims submissions?	a. The reason we are aiming for 100% is to ensure we receive claims on time, so invoices can be submitted on time to our funding partners. This is in the best interests of SAPC providers as well as SAPC to maximize resources for the specialty SUD system. b. SAPC understands there will be an adjustment period during the first quarter, but we will work together to get to 100%. c. Exceptions will be taken into consideration if there are barriers preventing 100% timely claims submission outside of providers' control. Please communicate with SAPC if there are any extraneous factors and retain relevant screenshots as supporting documentation of any barriers.
Workforce Development		
21.	a. Why is the Bilingual Bonus Incentive (2-C) only available for counselors and LPHAs? b. Is it too late to participate in the Bilingual Bonus Incentive (2-C)?	a. SAPC aims to increase the number of direct service staff who are bilingual to increase the opportunity for clients to receive treatment services in their preferred language and share a cultural understanding. We focus primarily on SUD counselors and LPHAs because we identified a shortage of those professionals who are bilingual and providing treatment services. b. Yes. The deadline to complete a Language Access Plan Worksheet was July 7, 2025, and has already passed.
22.	If a clinician is already a staff member, and they are advanced to an LPHA will the Sign-On/Retention bonus (2-D) apply?	Yes. SAPC would treat them as a sign-on since they are becoming a new LPHA.
23.	If an agency opts for the MAT Prescribing Clinician Incentive (2-E), can the provider's 40 hours be	Yes. The MAT Prescribing Clinician Incentive (2-E) is available agency-wide and is not restricted to a specific site or Level of Care, you can split a medical clinician's time across multiple sites at your agency.

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	spread out amongst multiple programs/levels of care within the same organization?	
Access to Care		
24.	How does SAPC distinguish clients that participated in MAT Education for Opioid Use Disorder (OUD) (3-A)/Alcohol Use Disorder (AUD) (3-B) during FY 2024/2025 from clients continuing MAT Education in FY 2025/2026?	SAPC has already tracked clients served in FY 2024/2025 under MAT Education OUD (3-A) and AUD (3-B). For FY 2025/2026, we are tracking new admissions served and not including carryover clients.
25.	How are Mental and Physical Health Referral Incentive deliverables (3-E) tracked?	There is a care coordination question available in CalOMS that allows you to identify mental health need and physical health need. Additionally, there are types of services clients are referred to, such as housing services, mental health services, and physical health services. We will look into those data to identify if deliverables are met.
26.	If providers participated in Year 1 and Year 2 of Service Design (3-H), are they ineligible to participate in Year 3 as well?	That is correct. The intention was not for providers to participate in all three years, but to provide tools for providers to determine what they will continue to do to improve over time to support Service Design on an ongoing basis.

Links provided:

DPH COVID-19 Website: http://publichealth.lacounty.gov/media/Coronavirus/