

September 16, 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.	Where can providers access the resources shared during the meeting?	• BHIN 24-010: Drug Medi-Cal Claiming Timelines for Short Doyle Medi-Cal • CalHHS - Enrolled Medi-Cal Fee-for-Service Providers List • CIBHS Upcoming Trainings • DHCS - Medi-Cal Changes Webpage • DHCS - Provider Application and Validation for Enrollment (PAVE) Portal • DMC-ODS Billing Manual Version 4.0 - FY 2026-2027 • L.A. Care – Medical Necessity Guidelines: Drug Testing • L.A. Care - Online Provider Directory • L.A. Care - UM Policies and Clinical Criteria • LA County DPH – Respiratory Viruses Webpage • SAPC Adverse Event Reporting Form • SAPC Billing & Denial Resolution Tutoring Lab • SAPC Impact Summary –Updated August 2026 • SAPC IN 22-10: Commitment to Identify, Prevent and Respond to Fraud, Waste and Abuse • SAPC IN 24-09: COVID-19 and Influenza Vaccination Requirements, Masking Guidance, and Reporting Responsibilities • SAPC IN 26-02: Coverage for Clients Who Are Ineligible for Federally Funded Substance Use Disorder Treatment • SAPC IN 26-04: Los Angeles County Systems and Applications-Provider Agency User Account Administration Form • SAPC IN 26-14: Deadlines for Drug Medi-Cal Substance Use Disorder Treatment Claim Submission and Annual Void Report Requirements. • SAPC R95 Support for Treatment Agencies
Billing		
2.	a. How does L.A. Care’s drug testing coverage impact the SAPC Provider Network? b. Does this mean providers are now able to bill for outside lab testing? c. Do outpatient services have a separate lab testing rate?	a. When a provider sends a client to a lab for testing and that client has L.A. Care Medi-Cal, L.A. Care will run the test and bill the client’s insurance. L.A. Care has added new rules over which labs they will pay, and which tests they will cover. This is important for providers to be familiar with this because knowing what a client’s insurance will cover is essential for proper care coordination. Please review the L.A. Care Medical Necessity Guidelines: Drug Testing; UM Policies and Clinical Criteria; and Online Provider Directory for more information.

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		b. No. As part of your SAPC contract, drug testing is included in the day rate; it is not separately billable. Providers' contracts are not impacted by L.A. Care policies on testing. c. No.
3.	a. Will voided claims due to replacement claims be included in the annual void report? b. Will the report only be generated annually?	a. Yes. Please attend the Billing & Denial Resolution Tutoring Lab on October 1st for more information on the Annual Void Report. We will be walking through the process fully. The Tutoring Lab occurs the first Thursday of every month from 1:00pm-2:30pm via Microsoft Teams. b. Yes. For now, we will generate and submit the void report annually to meet DHCS requirements but are exploring a more streamlined process that is easier to manage for the future. Please review SAPC IN 26-14: Deadlines for Drug Medi-Cal Substance Use Disorder Treatment Claim Submission and Annual Void Report Requirements and Annual Void Report Attestation Form.
Contracts		
4.	a. How does SAPC typically send out compliance information to provider agencies? b. Should agencies be checking the SFTP daily? c. Is there a limit on the number of Secure File Transfer Protocol (SFTP) users that can be requested?	a. For compliance monitoring, it is important to have a chain of contact between the agency and the dedicated SAPC Contract Program Auditor (CPA) and CPA Supervisor. CPAs primarily communicate via email or through the Secure File Transfer Protocol (SFTP). Communication of high importance will always include the agency's executive director as well as the agency's established point of contact. The Contracts and Compliance team will begin using the SFTP more consistently as a form of communication with agencies. b. Yes. Provider agencies likely have staff designated to monitor the SFTP daily. c. There is no limit to SFTP users. Please email SAPC_app_support@ph.lacounty.gov to request additional users or determine who currently has access to SFTP.
5.	Is it possible to receive a contact list of contract monitors and supervisors?	Yes, we will work on creating a Contracts and Compliance organizational chart to assist with clarity on who to contact. For any questions, please reach out to SAPCMonitoring@ph.lacounty.gov .

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6.	How can provider agencies add categories to their Substance Use Supportive Services Master Agreement (SUSSMA) application after already submitting the application and getting approved?	Provider agencies seeking to add service categories to an existing SUSSMA must submit Exhibit 6 (Exemption Request) in accordance with Section 10.0 of the Request for Statement of Qualifications (RFSQ), Master Agreement Contractors Applying for Additional Categories. Contracts and Grants (C&G), in consultation with the appropriate subject matter expert, will review the request. Agencies may be required to submit additional documentation demonstrating their qualifications and experience providing services under the requested categories. If the agency meets the applicable qualifications, C&G will process an amendment to add the approved categories to the agency's existing Master Agreement and notify the agency of the approval. The current RFSQ No. 2025-002 and Exhibit 6 are available on the County's Open Solicitations website.
7.	To add Recovery Bridge Housing (RBH) to Category 4 of the Substance Use Supportive Services Master Agreement (SUSSMA), does a property need to be identified before submitting the application?	No. The SUSSMA is a pre-qualification letter, providers just need to prove experience in delivering those services. Providers do not need to be an RBH provider to add that category to the SUSSMA because every provider already gives housing referrals and links clients to housing as part of treatment. It would be to your advantage to check off every category in the SUSSMA that you could possibly qualify for so that you are positioned to take on those opportunities in the future.
8.	For providers that have a Substance Use Supportive Services Master Agreement (SUSSMA) and participate in work order solicitations, will the quantity of beds that agencies are contracted for under a RBH contract change?	We do not anticipate any reduction in the network from the work order solicitation. SAPC's intention is to grow and expand the network.
9.	a. Are special programs going to be folded into prevention contracts or will they have standalone contracts? b. Are prevention contracts folded into the SUSSMA?	a. Special Programs, such as the ASAM 4th Edition Residential Capacity Building Program, RYSE, RESET, and Field Based Services, will have a standalone contract beginning July 1, 2027. The Prevention Incentive Program will also live within the Special Programs standalone contract. b. Our current prevention contracts are being extended past July 1, 2027. We plan to use the SUSSMA when those come up for re-solicitation in FY 2028-29.
Additional Information		

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10.	<i>Why does SAPC recommend agencies to have a grant writer on staff?</i>	<i>SAPC has multiple upcoming solicitations, so having someone on staff that has experience with grant writing, creating sustainability plans, drafting needs assessments and evaluation plans will be essential to submitting high-quality responses. Many organizations have staff who evaluate revenue streams and funding opportunities, including opportunities outside of SAPC. We encourage provider agencies to take advantage of all funding opportunities.</i>