

November 4, 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?	<ul style="list-style-type: none"> • 42 Code of Federal Regulations (CFR) Part 2 Final Rule • Behavioral Health Information Notice (BHIN) 24-030: 2024 CalOMS Tx Update to Demographic Reporting Requirements • Behavioral Health Information Notice (BHIN) 25-008: Narcotic Treatment Program Regulation Changes • Provider Manual 10.0 • SAPC Information Notice 24-01: Addiction Medication Access in the SAPC Treatment Network • SAPC-LNC Platform • SAPC Sage Billing Guides • SAPC Sage Billing Quick Guide: CENS DMC Services • SAPC Sage Billing Quick Guide: Provider Authorizations (PAuths) • SAPC Share of Cost Informational Reference
Special Programs and Initiatives		
2.	a. Who is required to complete the Transgender, Gender Diverse, and Intersex (TGI) training? b. When will the TGI training be available in the SAPC-LNC platform?	a. All current staff are required to complete the TGI training by March 31, 2026. Current staff refers to any staff who have direct contact with patients. b. The TGI training will be available on SAPC-LNC by January 2026. In the meantime, live in-person and virtual trainings will be available.
Sage		
3.	a. What additional demographic data are required to collect upon admission? b. When clients transition between levels of care, does the admission form need to be updated each time? c. Will the new demographic fields added to Sage be auto-populated to CalOMS?	a. To support County and DHCS reporting requirements, SAPC added the following fields to Sage: Primary or Preferred Language, Date of Birth, Ethnic Origin, Client Race, Gender Identity, and Sexual Orientation. SAPC is working to making additional fields required before the form can save. At this time, providers should enter as much information as is known at admission and throughout treatment on the Update Client Data form. This information is required for various reporting metrics to LA County and DHCS. b. No. Providers do not need to update the admission form every time a client transitions between levels of care as long as the initial admission is on record. However, if the client's demographic information has changed, it should be updated. Per BHIN 24-030 , we are required to collect and report additional demographic data, and SAPC-HODA relies heavily on the Admissions form and Update Client Data form to meet those reporting requirements. Therefore, any demographic status change should be documented, as needed.

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		c. Currently, we are unable to auto-populate items to the CalOMS form; however, we will look into making that possible.
4.	<p>a. Is there an additional field in CalOMS to indicate a mental health diagnosis from an external provider?</p> <p>b. How does SAPC recommend documenting mental health diagnoses made by an external provider?</p> <p>c. Can providers use evidence-based mental health screeners to validate mental health diagnoses?</p>	<p>a. Currently, there are no additional fields to indicate a mental health diagnosis from an external provider. However, it should be documented in PCNX and CalOMS data fields 8.1-8.4 with a diagnosis using ICD-10 codes.</p> <p>b. For cases when a client enters your care with a diagnosis made by an out-of-agency provider, it is recommended that designated Licensed Practitioner of the Healing Arts (LPHA) review the mental health diagnosis in the context of the client's admission. If the diagnosis is agreed upon, the LPHA can document the source of the diagnosis. They would not be making the diagnosis; they are simply documenting that the diagnosis that was made by someone else.</p> <p>c. Yes. If agencies believe mental health screeners are necessary, then SAPC encourages agencies to do what is necessary to care for their clients.</p>
5.	Who can agencies contact if they have not received an email for the biannual license verification?	Please email sageforms@ph.lacounty.gov and we will send the information out to you.
6.	Do agencies need to submit modifications for updated LPHA licensures and credentials?	If the update is related to expiration date, then a modification is not required. However, if the license number or credential changes, then a modification is required. Soon, SAPC will be asking providers to submit when an expiration is coming up or when a license or credential has been updated, so we can update our system.
7.	Is action required from providers regarding the updated County and Aid Code Report that includes managed care plans (MCPs) and MCP partners?	As of now, no action is required from providers. The County and Aid Code Report updates will be helpful in the near future as the State directs local health departments to care coordinate with MCPs.
8.	Will a bulletin be sent out to providers highlighting the updated discharge protocol when there is no further activity from clients?	The Absence Without Leave (AWOL) Policy update has already been published in the Provider Manual 10.0 . Please refer to page 35-36 of the Provider Manual, Table 4: SAPC Access and Service Delivery Standards, under the section titled: <i>Data Submission (CalOMS/LACPRS) & AWOL Policy</i> .
Opioid Treatment Programs and MAT		
9.	a. What is the anticipated timeline of the ASAM 4 th Edition Residential Capacity Building Pilot?	a. SAPC plans to release a draft of the pilot in December 2025 and Implementation plans will then be due January 2026, with the idea that agencies implement staffing additions by Spring 2026. We want to ensure that providers have the time and resources to move forward with staffing

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	<p>b. Does every clinical note require an admissions diagnosis for this pilot?</p> <p>c. Which licensed individuals will be billable under this pilot?</p> <p>d. Is there a target number that providers should aim to increase 3.2 Withdrawal Management (WM) beds by?</p>	<p>and workflow updates in preparation of ASAM 4th edition implementation in residential settings. We anticipate that the earliest the ASAM 4th Edition will launch in California is July 2027.</p> <p>b. No. In order for SAPC to understand which clients submitted in residential care have a co-occurring mental health condition, it must be documented in the diagnosis field within PCNX as well as the 8.1-8.4 data fields within CalOMS. This documentation only needs to be done once for the initial admission and does not need to be added on every note.</p> <p>c. Medical clinicians are able to bill using CPT codes H0033 or H0034 at residential levels of care on top of the day rate. Medical clinicians include licensed vocational nurses (LVNs), registered nurses (RNs), advanced practice registered nurses (APRNs), physician assistants (PAs), and physicians. APRNs, PAs, and physicians can bill H0034 and nurses who are administering medications can bill H0033.</p> <p>d. Currently, SAPC does not have a specific required target for the number of 3.2 WM beds. When we receive provider implementation plans, we will be able to offer more specific feedback and work with each agency to identify how to increase 3.2 WM beds.</p>
10.	Can an LPHA deliver a mental health primary session without medication for addiction treatment (MAT) or other substance use disorder (SUD) services?	<p>Clients served in our network should always be given a primary diagnosis of SUD and an SUD plan of care, because we operate under the specialty SUD system. However, LPHAs can still provide mental health services and should document how it benefits the client's SUD; mental health conditions cannot be the only condition included in the clinical note.</p> <p>Medical services are billable even if a client does not want MAT or MAT is not an appropriate plan of care. A prescription for MAT it is not required to provide SAPC billable medical services. Medical services are billable as long as the SUD diagnosis and the medical decision-making is documented. Please refer to SAPC IN 24-01, under the paragraph titled: <i>Documentation of Addiction Medication Services Provided On-Site</i>.</p>
Value-Based Incentives (VBI)		
Finance and Business Operations		
11.	If a client is assessed on the last day of a month and services are not billed until the authorization is approved, will providers still be eligible to receive the Timely Claims Submissions (1-D) incentive?	<p>Yes. We understand authorizations can take time, so we allow 35 days from the client's admission to submit the claim only if the admission occurs on the last day of the month. If an authorization or other circumstances beyond control delay a claim, please contact the CalOMS team at HODA_CALOMS@ph.lacounty.gov for support.</p>

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Access to Care		
12.	What requirements must be met for MAT Education/Services for Opioid Use Disorder (OUD) in Non-OTP Settings-(3-A), MAT Education/Services for Alcohol Use Disorder (AUD)-(3-B), and MAT: Agency-wide Naloxone Distribution-(3-C) incentives?	Please refer to the Value-Based Incentive (VBI), Access to Care webpage for details on 3-A, 3-B, and 3-C incentives. This page outlines the required billing codes to be used and the calculation methodology. Additional information may also be found under this month's Health Outcomes and Data Analytics (HODA) presentation found here .