



Communication Release

03/13/2026

SAPC Patient Access System – Coming Soon

SAPC is excited to announce the upcoming launch of the [Patient Access System](#), a new system designed to meet federal and state data exchange requirements to ensure clients have the required access to their health information.

The implementation of the Patient Access System complies with the Centers for Medicare and Medicaid Services (CMS) Interoperability and Patient Access Final Rule outlined in [Behavioral Health Information Notice \(BHIN\) 26-008](#) (supersedes BHIN 22-068), which requires all providers to implement and maintain a Patient Access API that enables patients to retrieve their health record, and a Provider Directory API that is publicly accessible and updated regularly. SAPC anticipates eventually requiring provider agencies to provide Medi-Cal members instructions on how to access their personal health records via the Patient Access System.

SAPC will provide a training in May 2026 on how to use the Patient Access System, which will be available on the [SAPC-LNC Platform](#) for providers and on the [Members Information and Resources](#) page of the SAPC website for patients.

Additional information, including a Patient Access System demonstration, implementation timelines, and guidance, will be shared at the upcoming Provider Advisory Committee Business Technology Committee (PAC-BTC). We welcome any feedback regarding the Patient Access System functionality or the proposed procedures for implementing these future requirements.

Meeting Title	Meeting Date	Meeting Time	Meeting Link
PAC: Business Technology Workgroup Meeting	Thursday, March 19, 2026	9:00 AM – 10:00 AM	Teams link (no registration needed)

If you have any questions about the meeting, please email Armen Ter-Barsegyan at ater-barsegyan2@ph.lacounty.gov.

Coverage for Clients Ineligible for Federal Programs FAQs and Slides

SAPC held an instructional webinar on February 25, 2026, providing details about the new Client Ineligible for Federal Programs (CIFP) guarantor/funding. This funding is specifically for clients in LA County in need of SUD treatment who no longer qualify for Medi-Cal or other Federal funding under the new Federal regulations due to immigration status. Based on questions from the webinar, SAPC compiled and posted an FAQ document to the SAPC Sage Trainings page, found here: [Coverage for Clients Ineligible for Federal Programs \(CIFP\) FAQs](#). The training slides are also posted to the same page: [Coverage for Clients Ineligible for Federal Programs \(CIFP\) Training PowerPoint Slides](#).

We anticipate the recording of the training to be available on the SAPC-LNC by the end of March. For questions related to eligibility in general or specific to CIFP usage, providers should contact the SAPC Eligibility Support Team at SAPC-EST@ph.lacounty.gov for further assistance.

Treatment Billing Add-On Rate Reminder

This is a reminder that the **Language Assistance Add-On Rate** is available when language interpretation services are required to support effective service delivery.

The Add-On Rate is an additional reimbursement available to providers to support meaningful communication and equitable access to care. Providers are encouraged to utilize this add-on rate when language interpretation services are required during treatment.

Providers may bill this add-on rate when an onsite and/or individual trained in medical interpretation (i.e., does not include bilingual staff performing the service) is used during Outpatient Services (OS), Intensive Outpatient Services (IOS), or Recovery Services (RS).

A claim for interpretation should be submitted when the interpretation service is delivered by a trained interpreter that is a separate person from the rendering provider. For current rates and additional billing guidance, providers are encouraged to refer to the [SAPC Provider Webpage\(IN 24-02\)](#) and the [DMC-ODS Billing Manual](#).

Billing Information:

- Billing Code: T1013
- Units may be billed in 15-minute increments
- Standard rate: \$31
- Note: Interpretation time cannot exceed the duration of the primary service.

Please ensure documentation supports the use of interpretation services and that billing aligns with the requirements outlined above.

Sage Help Desk Feedback Survey

It is time for the Bi-Annual Sage Help Desk Feedback Survey. Users who submitted a Sage Help Desk ticket within the last six months will receive an email with the subject line: **“Sage Help Desk Needs Your Feedback”** from Client Experience at ClientExperience@ntst.com. The survey will be open from 3/3/2026 to 3/31/2026. This important survey helps SAPC, and the Sage Help Desk determine if providers are receiving the support they need from the Help Desk and identify any areas for improvement.

The survey responses and feedback are an important part of our ongoing process improvement efforts to serve you better. We encourage all Sage users that receive the survey to please complete it within the designated four-week period. As a reminder, please check spam and junk folders if you submitted a Help Desk ticket in the last six months and do not see the survey email in your inbox.

KPI Dashboards Office Hours

SAPC is hosting KPI Dashboards Office Hours for contracted providers with KPI accounts. This is a drop-in group to discuss, troubleshoot, and learn KPI functionality. These office hours will be held weekly on Thursdays beginning 3/26/2026.

Forum: Teams Event

Link: [KPI Dashboards Office Hours | Meeting-Join | Microsoft Teams](#)

Meeting ID: 266 069 333 607 18

Passcode: y86dE7iu

If you have questions or agenda topics, please email Sage@ph.lacounty.gov. **DO NOT SEND PHI**

Highlights from Previous Communications

Change to Overlapping Discharge/Admission Auth Dates Policy: Effective March 1, 2026, SAPC's Utilization Management (UM) unit is updating its policy regarding overlapping discharge and admission dates. UM will allow a 1-day overlap when the discharge and admission date occur on the same day, for all levels of care. UM will utilize the date listed on the Discharge and Transfer Form (D&T) or Recovery Bridge Housing Discharge Form, both required to be completed in Sage by all providers, when considering allowance of overlapping discharge and admission dates. If the D&T or Recovery Bridge Housing Discharge Form is not completed by the discharging agency, the overlap will not be approved. UM will allow agencies to request retroactive service authorization adjustments to allow for billing of services on the date of discharge if necessary for approved authorizations that fall within FY 25-26 **(7/1/25-2/28/26)**. Provider agencies must identify the authorizations requested to have a change to the authorization end date and submit the list of authorizations to UM for review. Upon receipt of the list of authorizations, UM will review the discharge date as noted on the D&T and review the client's chart to determine if there is an overlapping authorization for the same day. If the end date of the discharging authorization is found on the D&T and there is an overlapping admission on the same day, then UM will decide whether to change the end date. For authorizations with an adjusted end date, the agency can then submit billing for the date of discharge once the adjustment is confirmed. Please note that for residential and withdrawal management levels of care, billing for overlapping day rates is not allowed and only the unbundled services are permissible. If the required information is not received and/or the D&T or RBH Discharge Form are not completed or the information on the form is not accurate, the request will be denied. Requests for adjustments submitted after the deadline will not be allowed.

To submit the list of authorizations for review, follow the process as outlined below:

1. Prepare a list of approved authorization that require an end date adjustment due to overlaps of discharge and admission dates that fall within from **FY 25-26 (7/1/25-2/28/26)**.
 - a) The list must include the patient's name, PATID, and authorization number.
2. Ensure the **D&T** or **RBH Discharge form** was completed and the discharge date on it is correct.
3. Send the list of authorizations with the required information in a **secure** email to Adriana Lewis ALewis2@ph.lacounty.gov and Laura Conejo lconejodelaguila@ph.lacounty.gov by close of business **Friday March 13th**.
4. UM will notify providers via secured emails once the authorization adjustments are completed.
5. Providers submit claims for the additional day.

PCNX TRAIN Now Available: SAPC completed configurations for Sage PCNX TRAIN. All agencies, Primary and Secondary, are now configured in TRAIN. Providers are encouraged to use this environment to onboard staff and practice gaining familiarity of workflows in this non-production environment where there is NO real client information or protected health information (PHI). Agencies should be clear to not place any PHI for actual clients in this non-production

environment. SAPC will also use TRAIN to preview upcoming functionality and solicit feedback on new/updated forms, reports, and/or widgets. If you have not accessed the TRAIN environment for an extended period, your account may have been deactivated. In this situation, please contact the Sage Help Desk for assistance. The Sage Help Desk will also be able to provide the TRAIN URL if needed. Contact the Sage Help Desk by phone at (855) 346-2392 or through submitting a ticket to the [Sage Help Desk ServiceNow Portal](#).

Provider Site Admission Form Corrections: Completion of the Provider Site Admission (PSA) form is required by Primary and Secondary Sage users. The PSA form is reviewed by Utilization Management's (UM) Care Managers when assessing Service Authorization Requests for approval. UM will request the PSA form is corrected if the PSA admission date does not align with the Begin Date for an initial Service Authorization Request or does not match the requested Level of Care (LOC). To correct a PSA, open a Sage Help Desk ticket for "[Modify a Medical Record](#)" to revert the PSA from Final to Draft. Users should NOT create a new PSA record as this will cause issues with the Census Bed Management Report. Having multiple PSAs for the same admission will result in having an Active client on the Census Bed Management Report with no corresponding Discharge and Transfer Form for both PSAs, reflecting the same admission. To correct duplicate PSAs, open a Sage Help Desk ticket for "[Modify a Medical Record](#)" to revert the incorrect PSA from Final to Draft. Once in Draft the duplicate PSA may be deleted. Providers may run the Census Bed Management Report to identify PATIDs with multiple records for the same site location and similar/exact admission dates.

Field-Based Services Updates: Field-Based Services (FBS) released [Information Notice 26-01](#), which provides updates to the FBS [Standards and Practices](#) to expand FBS services and update documentation requirements. FBS requires accurate and complete documentation. Claims and progress notes should have matching Place of Service (POS) codes and accurate duration of services. Only time spent for billable service components may be included in the service duration ([FBS Standards and Practices](#), Page 6). Time spent on non-billable activities such as documentation, waiting, or travel must not be included in the duration of service time.

Primary Sage users must:

- Select "Field-Based Services" for Method of Service Delivery
- Enter the appropriate POS* code within the Location field
- Document the location where services were provided (e.g., name of FBS location and/or address) within the Field-Based Services Location field

Secondary Sage users must document services with a progress note in their EHR with the following:

- Notation that services were delivered via FBS
- Appropriate POS* code
- Location where the services were delivered (e.g., name of FBS location and/or address)

Please refer to the FBS Standards and Practices (page 11) for more details on updated documentation guidelines.

* Note: POS code "11- Office" is intended for a medical provider's office (e.g., doctor's office) and NOT a DMC-Certified facility

Discontinuation of the FBS Transportation Benefit: Field-Based Services mileage reimbursement is no longer a covered benefit, effective 1/12/2026. Agencies may continue to submit claims for mileage reimbursement prior to this date, but transportation will no longer be an allowable code for services provided on or after 1/12/2026. The [FY 25-26 FBS Enhanced Benefit](#), which provides an extra 10% reimbursement of total approved claims, was designed to offset any additional costs associated with providing Field-Based Services, including transportation. If you have any questions, please e-mail SAPC-SOC@ph.lacounty.gov.

