May 6, 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?	SAPC Provider Advisory Committee (PAC) Webpage SAPC Learning & Network Connection (LNC) Webpage
	Special Programs and Initiatives	
2.	Is the Provider Advisory Committee (PAC) still accepting member applications?	The deadline to apply to PAC was May 9, 2025. Applications are now closed. If you have any questions, please contact SAPC_ASOC@ph.lacounty.gov.
3.	a. Is SAPC-LNC user-friendly? b. Do SAPC-LNC users need a "C-number" from Sage Onboarding to access the system? c. Is SAPC-LNC only for DMC-ODS providers or can other providers use it? d. Are there prerequisite courses available for new staff to take on SAPC-LNC? e. Does SAPC-LNC have 3rd edition and 4th edition ASAM trainings?	a. Yes. SAPC-LNC was designed to feel familiar, self-explanatory, and simple to use. b. A "C-number" is not required to create an account, but it is needed to be identified as a SAPC provider on the system. c. Anyone can create an account and access trainings, but trainings have been specifically curated for DMC-ODS providers in LA County. d. Effective 6/1/2025, the Sage onboarding courses will be required to be completed in the SAPC-LNC platform for all new users. New users will be assigned training sets which contain the necessary modules based on the user's primary role. Additionally, the ASAM-A and -B trainings that are required for all DMC-ODS practitioners before delivering services are available in the SAPC-LNC for all users. e. The system has 3rd edition ASAM-A and -B trainings and a 4th edition introductory training available. Please note that the 4th edition introduction does not include ASAM-A and -B, because the State of California has not yet operationalized the 4th edition, so ASAM-A and -B has not been developed in the 4th edition. Providers will still need to complete the 3rd edition ASAM-A and -B trainings at this time, because that is the current State standard we are operating in.
	Sage	
4.	Is the Sage onboarding process changing?	The only part of the process that is changing is where to access trainings. Trainings will now be available on the SAPC-LNC platform. If a provider has already started the Sage onboarding process, they should continue to follow the steps that have been provided by Sage Management. If

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		a provider has not started the process yet, they should make sure to complete trainings on SAPC-LNC. The Sage onboarding trainings will be required to complete within the SAPC-LNC platform effective 6/1/2025 for all new Sage users.
5.	If a provider used a different name on PCNX and SAPC-LNC than their legal name recognized by their certifying body, how can that be corrected?	If there are different names in various systems, each will need to be updated to the correct legal name on file with the certifying body. For PCNX, please submit a Sage Help Desk ticket via https://netsmart.service-now.com/plexussupport to update the name. For SAPC-LNC, please email info@SAPC-LNC.org to update the name there if the system is not recognizing the user.
	Clinical and Authorization	
6.	a. Are Licensed-Eligible LPHAs (LE LPHA) that work under the supervision of licensed clinicians considered Diagnosing LPHAs? b. Which clinicians are considered "Non-Diagnosing LPHAs"? c. Has SAPC considered creating a third classification category to distinguish providers that are legally authorized to prescribe medications? d. Is a master's degree required for staff to be considered a Licensed-Eligible LPHA?	a. Yes, Licensed-Eligible LPHAs working under the supervision of licensed clinicians count as Diagnosing LPHAs for the purposes of our documentation standards. b. This term refers to clinicians who are licensed but whose scope of practice does not involve making DSM-5 diagnoses, such as Licensed Vocational Nurses (LVNs), Licensed Psychiatric Technicians (LPTs), Registered Pharmacists (RPs), and Licensed Occupational Therapists (LOTs). c. Yes, we classify them as Licensed Prescribing Clinicians and we do distinguish them in terms which services they can bill, but we do not require them to be the only practitioner signing ASAMs/ problems listed/medical necessity justification notes. For the purposes of documentation standards, we do not need to delineate all the different ways an LPHA is different from another beyond Diagnosing LPHAs and Non-Diagnosing LPHAs. d. Yes, a master's degree is required to be considered a Licensed Eligible-LPHA. According to DHCS Staff Service Guidelines, Licensed-Eligible LPHAs must be working toward licensure for the given discipline, which requires the provider to be a graduate in that discipline and working under the license of an LPHA. All LPHA/Licensed Eligible-LPHAs staff categories have a minimum of a master's degree required for that discipline with the only exception of Registered Nurses, which do not require a master's degree, but must work within the scope of their discipline. RN's who have an "Interim Permit" could be classified as an LE-LPHA.

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7.	What percentage of withdrawal management (WM) services provided and billed in 3.2WM, 3.7WM, and 4WM falls outside of the proposed narrowing of WM standards?	It's a minority of cases, but we continue to receive a handful of these cases; currently, it is approximately less than 10%.
8.	Is state certification required for providing 3.2WM?	Yes, a residential licensed and level of Care (LOC) Designation is required to provide 3.2WM services.
9.	What is the length of authorization for opioid treatment programs (OTP)?	OTPs have a 12-month authorization length. OTP authorizations that start on 7/1/25 will need to end on 6/30/26. This is because current SAPC contracts only run through 6/30/26. Please ensure all OTP staff who submit authorizations are aware.
10.	Since there will be no authorization blackout period, does that mean there is no payment blackout period?	No. There is a difference between a payment blackout and an authorization blackout. As of right now we are aiming to not have a blackout for either and are working on making it possible to submit claims earlier in the fiscal year. Current guidance is for Authorization black out period only. SAPC will continue to communicate blackout updates should anything change for payments.
11.	Has SAPC considered whether registered nurses (RNs) might be better to be able to confirm and document diagnoses rather than physicians?	We acknowledge that in some cases RNs are closer to the patient, such as with withdrawal management; however, there must be a licensed medical clinician validating the plan of care with the appropriate scope of practice. An RN can prepare a medical necessity note, but there must also be a licensed medical clinician to sign off on it, per the Department of Health Care Services (DHCS).
	Billing	
12.	Can providers bill for both the assessment and discharge note per participant?	Yes, providers can claim for both an assessment service and discharge services for the same patient, when appropriate. These are standard services that can be billed.
13.	When is the billing deadline for FY 24/25?	July 7, 2025 is the billing deadline. If any claims are submitted after that deadline, payments will not be received until the following month.
14.	Considering that medication services within withdrawal management are challenging to complete in 15 minutes, has SAPC considered making LVN billing per service rather than per facing minute?	We do not have the flexibility with setting that because of the way DHCS defines those code services. The 15 min unit of service for 80033 and 80034 is set by DHCS, which must align with the standards set by the Centers for Medicare & Medicaid Services (CMS).

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	Finance	
15.	Is there is any potential for changes to Intergovernmental Transfer (IGT) from Medicaid cuts?	IGT was a result of CalAIM, if there are significant changes to CalAIM, it may affect IGT. At this time, IGT is not expected to be impacted.
16.	a. Does the Budget Approval System (BAS) have a print option? b. Is there a way for providers to retrieve a copy of their budget after submission through BAS?	a. The print feature on BAS is temporarily down due to a coding issue, but our IT team is working on resolving the issue. In the meantime, budgets can be printed from the browser. b. Yes, please contact your Contract Program Auditor (CPA) to work with IT to retrieve copies of previously submitted budgets. If your CPA is not known to you, please email SAPCMonitoring@ph.lacounty.gov.
17.	Why is the 0.5 level of care (LOC) not considered in tier assignments?	Contractually, 0.5 and 1.0 are at the same level of care; providers who are contracted for 1.0 would have also received 0.5.
	Contracts	
18.	How does contract right sizing impact contract allocations?	Right sizing happened across all contracts, which puts contract allocations to what is expected to actually be spent without adversely impacting service growth. Some providers will see contract allocations increase, decrease, or stay the same next year. Decreases occur if the full allocation is consistently unused. We will continue to monitor contracts and based on utilization so we can make necessary changes.
19.	a. Are providers required to notify SAPC when they are scheduled to be closed to observe holidays? b. When providers submit holiday requests, will they receive an acknowledgement of receipt in response?	a. Yes, providers are required to seek SAPC approval for Holiday Closures as per Provider Manual 9.0, pg 38. Requests must be submitted to SAPCMonitoring@ph.lacounty.gov (with a cc to your contract program monitor, annually by July 1st b. Yes, a response will be sent within 5 business days.
	Additional Information	
20.	What changes to Medicaid are being considered by the federal government at this time?	There are various ideas that are being considered by the federal government to reduce Medicaid spending; these include decreasing federal spending through FMAP reductions or a state spending cap, limiting coverage by focusing Medicaid services on children, older adults, and people with disabilities, and adding contingencies like work requirements for enrollees. SAPC is monitoring these proposals closely for updates at this time.
21.	a. What is FMAP?	a. FMAP refers to the Federal Medical Assistance Percentage. It is the percentage of Medicaid costs that the federal government pays. California

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	b. How would FMAP cuts affect funding levels for SUD services? c. How would SAPC respond to potential FMAP cuts?	has a standard 50% FMAP, meaning that the federal government pays 50% of costs while the State and County pay the remaining 50%. Medicaid enrollees under the Medicaid expansion authorized by the Affordable Care Act qualify for a 90% FMAP, meaning that the federal government pays 90% of the costs while the State and County pay the remaining 10%. b. Changes to Medicaid FMAP would significantly affect funding levels for SUD services. The lower the federal percentage, the greater County funding we would have to use, which will mean less money available for other things. If the federal government looks to reduce Medicaid spending by reducing FMAP, every local community would be affected because they would have to put in more of their resources to be able to pay for Medi-Cal funded services. c. SAPC is examining the impacts of potential funding cuts. Any reduction in the Medicaid FMAP will require the State and County to reevaluate SUD budgets, determine eligibility for SUD services, and potentially decide which services may need to be changed, reduced, or cut. We value all parts of our continuum of care, so we will be very thoughtful about maintaining the programming we have if there are cuts to FMAP.
22.	If undocumented populations are removed from Medicaid coverage, will SAPC revert back to how they were served before coming into Medicaid eligibility?	We are considering that possibility but will have to wait and see the outcome of federal and state deliberations.
23.	a. Which Medicaid waivers does DMC-ODS rely on? b. Are Medicaid waivers at risk of not being renewed?	a. DMC-ODS operates under the authority of the 1115 waiver and the 1915b waiver. The 1115 waiver enables coverage of inpatient and residential services in facilities with over 16 beds, also called the Institutes for Mental Disease (IMD) waiver. The 1915b waiver enables coverage of other ASAM levels of care. Both waivers expire on 12/31/2026. b. The Federal administration has said it does not intend to renew certain 1115 waivers and will evaluate the 1115 waiver approval process. At this time, the Administration has not said anything specific about SUD IMD waivers. However, any federal challenge to these would threaten the stability of the Medicaid program and the critical progress made in SUD care over the last 10 years.

Links provided:

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