May 07, 2024 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?	- Substance Abuse Prevention and Control (SAPC) Provider Advisory Committee (PAC) webpage - Medications for Addiction Treatment (MAT) LA Clinic Directory - Recruitment resources: CSAM Career Center - American Society of Addiction Medicine (ASAM) Career Center - SAPC IN 20-11: Member Authorization Submission - Includes 30-day Timeliness of Authorization - SAPC IN 24-01: Addiction Medication Access in the SAPC Treatment Network - SAPC IN 22-14: Requesting Amendments to Existing Service Contracts and Agreements - SAPC Bulletins Webpage - SAPC Training Calendar
	Special Programs and Initiatives	
2.	a. How can providers join the Provider Advisory Committee (PAC)? b. How can providers join PAC workgroups?	a. To apply, complete and submit a 2024 PAC New Member Application to SAPC_ASOC@ph.lacounty.gov by 5 P.M. on Friday, May 24, 2024. b. Please contact Kathy Watt wattvnrh@aol.com and Armen Ter-Barsegyan ater-barsegyan2@ph.lacounty.gov if interested in joining one of the PAC workgroups.
3.	What are the updates for the Healthcare Interoperability Data Exchange (HIDEX) project?	The HIDEX initiative is a collaborative endeavor between the Department of Mental Health (DMH) and SAPC to implement a platform for data exchange and open integration standards. Testing continues with a network provider who is actively providing feedback to SAPC's Information Technology (SAPC-IT) team. SAPC encourages providers to collaborate with SAPC-IT in testing HIDEX within the SBOX environment. Doing so will assist SAPC in implementing essential modifications to enhance the service delivery based on the feedback received. The anticipated deployment of HIDEX is late 2024 or early 2025.
4.	a. What is the reason behind the Substance Abuse Service Helpline (SASH)/ Client Engagement and Navigation Services (CENS) placing calls to programs that have stated they have no availability? Considering that we have communicated	a. There are certain circumstances where changes take place at a site following the SBAT update. In some cases, despite a site initially indicating no availability, they have been able to accommodate the caller when contacted by SASH. When a caller expresses a preference, SASH makes an effort to assist with their request. It is important for provider staff to be

QUESTIONS	ANSWERS (AND UNIT RESPONSIBLE)
that we are currently at full capacity for Service & Bed Availability Tool (SBAT), what would be the most appropriate way for us to respond to these calls? b. Is it allowable for SASH to call on behalf of a patient, but not family?	prepared to engage with the patient, at the very least, to explore possibilities for accommodating their needs. If accommodation is not possible, the SASH agent will collaborate with the caller to facilitate a transition to another provider site. b. Yes, this feature has been always allowed with patient on the call. Outreach workers may call without the patient present. SAPC is exploring different ways where the family can be present on the call.
Finance	
5. Are there any updates regarding the release of the FY 24-25 rates?	The Department of Health and Human Services (DHCS) has not released the final rates. However, SAPC confirmed a 3.18% increase for levels of care (LOC) 3.7 and 4.0. The remaining LOCs will have a 3.08% increase. The FY 24-25 Rates Bulletin and Matrix will be distributed to the network through the usual communication channels once they have been finalized.
6. When does the fiscal reporting process begin for FY 23-24?	Please refer to SAPC IN 23-10 which outlines the implementation process and timeframes for SAPC's contracted service providers.
7. a. What is the process for submitting the FY 24/25 program budget? b. What are the new budget categories?	a. Contracts and Compliance Management Division will send out requests for budgets as needed for the new Fiscal Year. Providers should start with collecting all associated costs and related information to support timely and accurate completion. The current budget templates are available at the SAPC website. b. The new categories are Program Investment Fund, which is designed to capture allocated amounts that are for other programmatic investments, and Sixty (60) Calendar Day Operating Reserve. In order to avoid cash flow issues, providers must maintain a 60-calendar day operating reserve to avoid interruptions of services to the patients, participants or communities.
8. Are providers able to complete billing from Fiscal Year FY 22-23?	Reach out to the Sage Helpdesk or to SAPC Finance with questions on billing for FY22-23. .
Sage	

QUESTIONS	ANSWERS (AND UNIT RESPONSIBLE)
9. a. Has the new document routing functionality in PCNX (ProviderConnect NX) been enabled? b. Is document routing for both primary and secondary Sage users? c. Have there been any alterations to the requirements for finalizing these documents?	a. The functionality for document routing will be enabled on 05/31/24 in TRAIN. Providers can participate in the upcoming training on 06/03/24. Please click here to register. The live implementation of Document Routing is scheduled for 07/01/24. b. Yes, document routing will be implemented for all primary and secondary users who create documentation in Sage. c. There are no policy changes related to this function. All requirements for signature and finalization remain the same. This just allows for a more efficient workflow.
10. a. What is the append function in Sage? b. What are the suggested uses for the append function?	a. The append function allows original author and supervisors to add official entries to the medical record without editing/modifying the original note. This will be available on forms that have been Document Routing enabled. The append function is available for the Discharge and Transfer form, Patient Medication, Problem List/Treatment Plan, Progress Note, Recovery Bridge Housing Discharge, and the Youth and Young Adult Screener. Instructions will be provided during the upcoming training on 06/03/24, followed by a job aid posted to the Sage Training webpage. Please click here to register b. Suggested uses for this function are for correcting or adding information to the content or narrative of clinical documents, correcting error to fields that are not used for billing, as well as outlining the number of members in a group session as this is no longer required on a claim. NOTE: Appended documents do not populate to any reports from the appended form (i.e., Progress note status report used for billing). If fields on a form need to be corrected—it would still be submitted to the helpdesk.
11. a. Based on the recent correction to the billing process, is the inclusion of the number of participants on a claim no longer required? b. Does this omission have an impact on the revenue generated by the service, considering that billing is calculated on a per unit, per patient basis?	a. It is still required to document the number of people who attended a group treatment service, but the number of participants is not required on the claim. b. No, under Payment Reform, the State has already calculated the group rate per group member when claiming a group claim such as H0005. Therefore, the claim no longer indicates how many are in the group. The rate on the rate matrix is already the per group member rate.

	QUESTIONS	ANSWERS (AND UNIT RESPONSIBLE)
12.	a. Are there any updates related to PCNX TRAIN? b. What are the recent TRAIN configurations available for provider feedback?	a. SAPC encourages users to test Sage functionality thoroughly in the TRAIN environment before it is implemented in LIVE. Sage Communications from SAPC will introduce a new functionality in TRAIN and be available for a two-week period to allow users to practice and familiarize themselves with it. This practice phase serves as an opportunity to gain hands-on experience and determine how the new functionality can be integrated into existing workflows. SAPC values user feedback during this practice period as it helps incorporate modifications before the final release. b. The configurations available for feedback are batch status report, service authorization request form, progress note, provider site admission, discharge and transfer form, and provider file attach updates. All new forms, functions, and reports will be updated in TRAIN to allow practice time and feedback. Provider feedback prior to implementation will help enhance workflows and avoid future issues. To provide feedback to updates in the PCNX TRAIN environment updates feedback contact Sage@ph.lacounty.gov
13.	Where can I find upcoming Clinical Standards Trainings (CST)?	You can access upcoming CST trainings here.
14.	Will Marriage and Family Therapist (MFT) and Associate Marriage and Family Therapist (AMFT) trainees who are students be billed as a Licensed Marriage and Family Therapist (LMFT)?	Associate MFTs have already graduated with their Masters AND are registered with the Board of Behavioral Sciences (BBS), therefore are not considered students. According to DHCS, AMFTs are considered licensed-eligible LPHAs and should be billed as such. AMFTs require the HL modifier on claims to indicate they are not licensed and working under the supervision of an LPHA. There are slight differences between the configuration of LMFTs, AMFTs and MFT trainees, with the latter two needing specific modifiers based on the level and identification of the primary supervisor for trainees. More guidance will be sent to the network once this configuration is complete. Clinical Trainees, including MFT Trainees will be reimbursed at the same rate as the licensed credential for that trainee.

	QUESTIONS	ANSWERS (AND UNIT RESPONSIBLE)
15.	a. What is the duration of the PCNX/Sage blackout period scheduled at the start of FY 24-25? b. Will authorizations, clinical documentation, and charge entry be affected during the blackout? Or, will it solely block charge submission?	a. SAPC is still in the process of determining the timeframe for the blackout period. b. SAPC is finalizing our configuration plan and will be able to provide further guidance about any potential blackout periods once the plan is determined. However, clinical documentation will NOT be subject to any blackouts and is always able to be entered regardless of billing or authorization blackouts. Providers should never delay entering clinical documentation as there are specific timelines for documentation to be submitted and finalized.
16.	Can we ask Care Managers to make phone calls to providers and communicate any modifications made to the validity dates of approved authorizations? It can be disruptive when these changes are made without notification.	Care Managers outreach to the clinical contact noted in Sage on the authorization request form when any modification or request for additional information is needed that may result in modifying, pending or denying the request for authorization. If the clinical contact information is not updated on this form or if their voicemail is not configured, the care manager will not be able to complete this contact. In either instance care managers enter comments on the authorization request that are visible to the provider to explain the adjudication of the authorization request including the details of the care manager's approval, modification, denial, or pending the request. Additionally, SAPC has updated the Auth Status-Last 3 Months widget to include comments on the authorization, which has imbedded logic to highlight the comment in red font if a comment was added or the authorization was resubmitted by UM in the last 7 days. This information can be found in the Widget Guide on the Sage Training website.
17.	a. Is it required for providers to input the results of referrals into the Appointment Disposition Form? b. Does the Referral Connection and Appointment Disposition apply to both primary and secondary Sage user organizations?	a. Starting July 1, 2024, it is required to input the results of referrals into the Appointment Disposition Form for all referrals received from any service connection point. To ensure accurate tracking of appointment status, the Referral ID Report should be regularly retrieved and used for inputting outcomes in the Appointment Disposition Log. Job aides and training materials will be provided in the near future to assist with this process. b. It applies to both Primary and Secondary Sage users. The forthcoming SAPC IN will provide additional guidance.
18.	In cases where current/active Opioid Treatment Program (OTP) patients change their treatment level of care without informing their current OTP program, SAPC denies the approved OTP services billing while approving	Gaining insight into the specific types of denials encountered for OTP services would be beneficial. OTP services are generally billable alongside non-OTP services, so denials for OTP services typically occur when a patient transitions from one OTP to another. However, SAPC is interested to know if there are any other circumstances in

QUESTIONS	ANSWERS (AND UNIT RESPONSIBLE)
the subsequent programs. This situation raises concerns about fairness, as the patient was initially enrolled and approved for OTP services before the change in level of care occurred.	which OTP services are being denied on approved authorizations. Please provide feedback to: SUDTransformation@ph.lacounty.gov with subject line: "OTP Denial Feedback"
19. How should providers document Naloxone education and distribution for clients in Recovery Services?	Providers would document services delivered in the usual fashion; H2010N is not currently billable through Recovery Services, so the two billable codes are H2015 and H2017. Unfortunately, at this time, the State has not opened up medication codes within Recovery Services, and there is not a way to bill H2010N when the patient is admitted to Recovery Services as a standalone level of care.
20. During the pre-admission engagement of patients under Recovery Services, which specific codes are eligible for billing within this "pre-admission" period?	H2015 and H2017 are the two codes billable under Recovery Services, whether these are pre-admission services or a formal Recovery Services admission. On the rates and standards matrix, filter the Code Type to Recovery Services to see the rates associated with these codes.
21. What are the recommended sources for reviewing the rates and utilization of billable services, particularly by referring to the provider codes?	Providers should review the most current Rates and Standards Matrix To view the available codes and rates for a given provider and tier level. Additionally, providers can review their utilization of each code or code set by using various MSO KPI sheets, such as the Payment Reconciliation, Financial Analysis by Year and Procedures sheets. Additionally, providers can run the Provider Services Summary and Provider Services Detail reports in PCNX. Please review the Sage trainings page for details and training materials on KPI and PCNX reports found here: Sage Training
22. How can providers file a grievance or an appeal?	If you need to file an appeal, please use the number (626) 299-4532. Providers or patients who have questions or concerns after receiving a Grievance and Appeals (G&A) Resolution Letter should contact the G&A number at (626) 293-2846. Furthermore, to follow up on an appeal after receiving a resolution letter, you can call (626) 293-2846.
23. Where can relevant information be found on the SAPC website, specifically in section 1E under Bulletins, and on the Payment Reform website?	Please review relevant information in section 1E of the SAPC website under Bulletins, as well as on the Payment Reform website. To contact the Clinical team, you can reach UM at (626) 299-3531 or email SAPC.QI.UM@ph.lacounty.gov.
24. What is the phone number for Netsmart?	To contact Netsmart, you can call (855) 346-2392.

QUESTIONS	ANSWERS (AND UNIT RESPONSIBLE)
Contracts	
25. How can providers contact the Contracts division?	Please email SAPCMonitoring@ph.lacounty.gov to reach the Contracts and Compliance division.
Capacity Building	
26. What are the capacity building deadlines?	Please reference the Capacity Building and Incentives Deliverables June 2024 document. The document provides a comprehensive list of deliverables for June 2024, including the items that SAPC will be providing and their respective timelines. It also covers various topics through multiple presentations. The Capacity Building Package indicates all deliverable dates and requirements and the Incentive Package outlines deadlines for Incentives. Additionally, you can find all the trainings related to Capacity Building and Incentives here.
1 – Workforce Development	
22. Where can providers find information on the 1C incentive?	Information on the 1C incentive can be found here.
23. Can providers still participate in the 1E incentive?	Yes, through May 30, 2024, providers still have the option to apply for opportunity 1E. However, it is important to notify sapc-cbi@ph.lacounty.gov promptly when you intend to apply. This will aid in our planning efforts to ensure adequate funding is available to support your participation.
24. Can providers apply for the 1E incentive prior to having an Incidental Medical Services (IMS) certification?	Providers can apply for this incentive prior to having an IMS certification so long as they submit a plan for when they plan to obtain it. Providers require IMS certification in order to provide onsite MAT services within Residential Levels of Care, but not for applying for the 1E incentive.
25. With respect to the 3a and 3b MAT (Medication-Assisted Treatment) Incentives, could you please provide clarification on the precise date range from which the sample will be extracted?	MAT incentives are based on the agency's performance during the current Fiscal Year 23-24.
26. What is the primary purpose of the1E startup funding opportunity mentioned, and how does it aim to assist providers in expanding their capacity and recruiting a prescribing clinician? Additionally, what specific resources can providers acquire through this funding, and how do these resources contribute to the establishment of a comprehensive medication	The overarching objective of this opportunity is to leverage startup funding to aid providers in procuring essential resources, such as engaging a locums company or seeking staffing assistance, with the aim of expanding their capacity and recruiting a prescribing clinician who can deliver on-site medication services. The primary purpose of this funding is to provide support in mitigating bandwidth limitations and facilitating the establishment of a comprehensive medication services program.

	QUESTIONS	ANSWERS (AND UNIT RESPONSIBLE)
	services program while addressing bandwidth limitations?	
27.	Will SAPC be sending reports to providers regarding the status of their compliance with 1E medication metrics, similar to the reports being provided for substance use disorder (SUD) Counselor Certification?	Yes, the Health Outcomes and Data Analytics (HODA) Division will provide the necessary reports.
2 - Access to Care: Reaching the 95% (R95)		
28.	When is the next R95 workgroup meeting for Service Design 2E?	The next workgroup is scheduled for 05/15/24 for R95 on Service Design 2E from 2pm to 4pm at Behavioral Health Services in Gardena. You can register here.
29.	a. Is a referral from Tarzana or Clare Matrix coded as a syringe exchange referral sources in the California Outcomes Measurement System (CalOMS)? They both provide harm reduction services and other treatment services. b. What is the date range from which the sample will be pulled for this particular incentive?	a. The coding for Provider's syringe exchange services depends on the referral program and whether they offer SSP (Syringe Services Program). Tarzana does provide SSP and could be coded accordingly, while Clare Matrix does not offer SSP and thus cannot be coded in the same manner. Harm reduction services have been added to PCNX under item 3.2 in the CalOMS admission area as a principal source of referral. b. SAPC is observing trends from July 1, 2023 to June 30, 2024.
3 - Fiscal and Operational Efficiency		
30.	Can providers begin submitting their invoices for participating in 3B-1 Assessing & Enhancing Financial Health (AEFH) training series?	Please proceed with submitting your invoices if your agency participated in the 3B-1 trainings conducted by CIBHS. We also require confirmation of your attendance. CIBHS has sent the necessary information, so please include the verification when submitting the invoice to CBI at sapc-cbi@ph.lacounty.gov. SAPC will verify your attendance. You can submit the invoice now through **June 30, 2024**.
Incentives		
31.	On April 29, 2024, our agency received courtesy notifications from the SAPC-Capacity Building Initiative (CBI) email address stating that we currently meet the 1a and 1b metric criteria for submitting Invoice 3. For agencies who already submitted Invoice 3: 1a and 1b, should they submit Invoice 3: 1a and 1b again in June? Or should we simply wait until after	The April 29th courtesy notification was provided so that agencies could be aware of where they are in that point in time from January to March. Updates in NACA are required and submission is required from providers in June for Incentive. SAPC will not be providing additional reports.

QUESTIONS	ANSWERS (AND UNIT RESPONSIBLE)
June 30th for the invoice to be processed and reviewed?	