	QUESTIONS	ANSWERS (AND UNIT RESPONSIBLE)
	COVID-19	
1.	Where can we find the most recent COVID updates?	COVID-19 Links: http://publichealth.lacounty.gov/media/Coronavirus/ SAPC COVID-19 http://publichealth.lacounty.gov/sapc/providers/covid19/ DHCS COVID-19 https://www.dhcs.ca.gov/Pages/DHCS-COVID-19-Response.aspx SAPC Informational Notice 22-01 http://publichealth.lacounty.gov/sapc/bulletins/START-ODS/22-01/SAPCIN22-01COVID-19.pdf
	Special Programs and Initiatives	
2.	Are there any updates on the Behavioral Health Continuum Infrastructure Program (BHCIP) Rounds 3 and 4?	For information on the SAPC Contractor Awardees from the Department of Health Services BHCIP Round 3 Launch is Ready Project visit: https://dashboard.buildingcalhhs.com/ or BHCIP Round3 Awardee Map Round 4 of the BHCIP includes a target population of Children/Youth/Young Adults 25 and young, Pregnant and Postpartum Women and their Children. Application requirements include: • Completion of a Preapplication Consultation with DHCS' technical assistant consultant, Advocates for Human Potential (AHP); and • A letter of support from Los Angeles County which will be provided to organizations who demonstrate in their request that the project meets readiness expectations and as informed by AHP's Preapplication Consultation and that upon review would best address community needs and meet County priorities. To be considered for a letter of support: • Please complete a supplemental survey by **July 31, 2022**: https://www.surveymonkey.com/r/926YGQ6 • Send an email to your CPA and cc: Michelle Gibson mgibson@ph.lacounty.gov

		For information on grant submission requirements, visit: https://www.infrastructure.buildingcalhhs.com/grantees/cy/
3.	What are the requirements to be considered for the Peer Certification Program Scholarships?	The Department of Health Care Services (DHCS) Peer Support Scholarships are available to be distributed by the California Mental Health Services Authority (CalMHSA).

Peer Certification Program Scholarships for initial certification are open to any individual who meets the requirements to become a Peer. Peer Certification Program Scholarships for grandparenting are limited to individuals who meet the requirements for certification through grandparenting. To be considered for a scholarship, individuals must be recommended by SAPC. Interested providers must complete the Certified Peers Scholarship Recommendation form on the SAPC webpage.

This form, along with the requirements to become a Peer can be found on the new SAPC - Certified Peer Support Specialist Program webpage. |
4.	Does the newly opened Martin Luther King Behavioral Health Center (MLK-BHC) Sobering Center accept walk-ins?	The MLK-BHC sobering center opened on July 1, 2022. It is located at 12021 South Wilmington Boulevard, Building #18, Suite 102. The center is open 24/7/365. Patients need to be brought to the sobering center voluntarily and participate in sobering center services. Walk-ins are not permitted.
5.	How can we contact SAPC's new Member Services Unit?	SAPC's Member Services Unit is available Monday-Friday from 8am to 5pm, excluding holidays. The direct provider support line is (626) 293-2623 or email: MemberServices@ph.lacounty.gov
6.	How can providers access transportation services for their Managed Care patients?	The DHCS BHIN 22-031 outlines the Managed Care plans transportation requirements. Additionally, SAPC has compiled the local managed care transportation contact information on the SAPC Provider Network Tab. Please visit the Managed Care Plans website(s) scheduling processes and limitations, which differ based on the plan.
7.	How can providers prepare for the Federal Government winding down the Medi-Cal Public Health Emergency (PHE) Declaration flexibilities?	The Federal Government has noticed stakeholders that as the PHE winds down, individuals who have had continuous Medi-Cal coverage since the beginning of the pandemic will be required to complete Medi-Cal eligibility renewals. This means coverage may be lost due to not completing required paperwork or are no longer eligible.

Providers can help by:
• Ensuring patients are aware of the upcoming changes so that they respond to inquiries about Medi-Cal benefits. |

- Use Care Coordination benefit to assist patients in updating their contact information with DPSS Verify Medi-Cal benefits monthly to confirm eligibility and minimize denied claims.
- Provide these resources to your patients:
  - Ensure contact information is up to date by calling the local DPSS office, DPSS Customer Service Center (CSC) (866) 613-777, Member Helpline (800)-541-5555 or logging into BenefitsCal account using the automated system.
  - Check their mail and fill our any paperwork quickly and accurately to avoid a lapse in benefits.
  - If they are no longer eligible for Medi-Cal, see if they are eligible for other low-cost coverage at Covered California

If a patient loses Medi-Cal benefits as a result of this transition:
- Work with the patient to assist with re-enrollment if lapse occurred due to lack of documentation submission; OR
- Determine if patient is eligible for SUD treatment services based on select other County programs (CalWorks, GR, AB 109, JJCPA); OR
- Serve patient under sliding scale if no longer Medi-Cal eligible due to change in circumstance; OR
- Work with patient to connect with commercial insurance under Covered California and assist with transition.

Note: The 30-day policy does not include patients who are enrolled in treatment and their Medi-Cal has lapsed, so please be proactive and begin working with patients now!

	Documentation, Eligibility and Authorization	
8.	Where can we find the new documentation requirements?	The new documentation requirements are outlined in BHIN 22-019. Changes include: Assessments (ASAM criteria); Problem Lists (new for SAPC) and Notes (Completion times).
9.	What is included in the Documentation Redesign (BHIN 22-019) shift from Treatment Plans to Problem Lists?	Documentation requirements will shift from the use of treatment plans to problem lists for ALL Provider types, except OTP. Effective July 1, 2022, patients of non-OTP services are no longer required to sign a treatment plan. Problem lists are now required to allow active and ongoing updates of patients evolving clinical picture. Progress notes reflecting the plan of care and verification of appropriate billing should align with progress notes. Reference: https://www.calmhsa.org/wp-content/uploads/CalMHSA-DMC_DMC-ODS-LPHA-Documentation-Guide-05302022.pdf

		For now, treatment plans may continue to be used provided the problem list components are included.
		
		The Problem List should include
		   (1) Problem identified as either a Diagnosis, Illnesses, Social Determinant of Health, Z Codes, or description of an issue
		   (2) The date of the problem added and the name, credential, and title of the practitioner adding the problem
		   (3) The problem removal date (if applicable) and the name, credential, and title of the practitioner who removed the problem
		
		Practitioners should ensure that they are practicing within their scope when documenting problems.
		
		From July 1, 2022 onward, providers may continue to document treatment plans, which no longer need to be signed by patients, and treatment plans will need to adhere to all Problem List documentation components. It is up to the Agency to complete any additional treatment plan components which may be associated with accreditation outside of DHCS and SAPC.
		
		SAPC will notify the Provider Network of upcoming training dates related to documentation process changes.

10.	Do we still need patient signature on the discharge treatment plans?	A Discharge Treatment Plan is no longer required. Therefore, there is no patient signature on the discharge treatment plan. The Discharge and Transfer Form continues to be required and does not require a patient signature.
11.	Why has there been a delay in presenting documentation changes related to BHIN 22-019 to providers?	The BH-IN release occurred just before the last provider meeting and SAPC was seeking clarification from DHCS/CalAIM/CalMHSA on key points. This is the first provider meeting where we've had the opportunity to ensure our provider network has the full flexibility permitted by this BH-IN and share intentions to operationalize these changes. SAPC is currently holding processing authorizations from 7/1/2022 until the Sage blackout is complete. This is an opportune time for planning around maximizing the flexibility around treatment plan revisions. Providers are also welcomed to review published DHCS BH-INs at any time to remain informed of changes: https://www.dhcs.ca.gov/provgovpart/Pages/2022-BH-Information-Notices.aspx

12.	a. How is the "Problem List" different from the "Problem Statements" in the current treatment plan format? b. Can we create a problem list using the SAPC treatment plan form since the problem list isn't available in Sage yet?	a. The problem statements in the current treatment plan can be used to document the problem list. A job aid for Sage primary users about how to complete treatment plans/problem lists given this new DMC-ODS documentation requirements outlined in BH-IN 22-019 can be found here: http://publichealth.lacounty.gov/sapc/Sage/Training/OperationalizingProblemListInSage.pdf The Problem List needs to include (1) Problem identified as either a Diagnosis, Illnesses, Social Determinant of Health, Z Codes, or description of an issue (2) The date of the problem added and the name, credential, and title of the practitioner adding the problem (3) The problem removal date (if applicable) and the name, credential, and title of the practitioner who removed the problem See page 176 of the Provider Manual: http://publichealth.lacounty.gov/sapc/NetworkProviders/Privacy/SAPCProviderManual6.0.pdf b. Yes. As an interim solution, providers should use existing treatment plan forms within Sage to incorporate Problem List components, the process for this is described here: http://publichealth.lacounty.gov/sapc/Sage/Training/OperationalizingProblemListInSage.pdf
13.	Is there a bulletin describing all the treatment plan changes?	A SAPC Information Notice (SAPC-IN) summarizing these changes is forthcoming in August 2022. In the interim, a job aid has been posted at: http://publichealth.lacounty.gov/sapc/Sage/Training/OperationalizingProblemListInSage.pdf. Slides provided during the July 5th Provider Meeting can be found at: http://publichealth.lacounty.gov/sapc/NetworkProviders/pm/070522/UpdatedDMCODSDocumentationRequirements.pdf SAPC CST unit hosted two trainings on July 20 and July 27 titled Cal AIM Documentation Requirement Updates. Click the date links for registration information or the link below to view the training calendar.

		This training will be provided twice a month for the next few months. SAPC recommends all providers send any staff that will be completing the problem list to these trainings.
		The SAPC Training calendar can be found at: http://publichealth.lacounty.gov/phcommon/public/cal/index.cfm?unit=sapc&prog=pho&ou=ph&cal_id=24
14.	Once the treatment plan is finalized, you're not able to make changes. How are we going to update the problem list daily?	Document a new treatment plan with an updated set of problems. SAPC released an update on Monday 7/18/22 to support the ability to pull information from the most recent treatment plan to a newly created plan to assist in updating the problem list. SAPC will publish a job aid and future communication items on this new functionality. Please see provider Sage communication from 07/15/22 for additional information. http://publichealth.lacounty.gov/sapc/providers/sage/provider-communications.htm
15.	Does the 3-day requirement for progress notes apply to Opioid Treatment Plans (OTPs)?	The three (3) day timeline requirement for progress notes will apply to SAPC-funded care in OTPs.
16.	Is the group note considered a progress note?	Yes, group notes are considered progress notes, but problem list updates would not be included on a group note.
17.	How can updates be made to treatment plans given that currently changes cannot be made once the treatment plan is finalized?	Provider can document a new problem list using the Sage Treatment Plan form to update the problem list. SAPC released an update on Monday 7/18/22 to support the ability to pull information from the most recent treatment plan to a newly created plan to assist in updating the problem list. SAPC will publish a job aid and future communication items on this new functionality. Please see provider Sage communication from 7/15/2022 for additional information: http://publichealth.lacounty.gov/sapc/providers/sage/provider-communications.htm
18.	If documentation is untimely, i.e., a note signed beyond the required timeline, will the billing be denied, or will it be addressed in a Corrective Action Plan (CAP)?	Untimely documentation will count as a compliance issue in our documentation audits; we won't hold claim payment on a claim-by-claim basis but will address untimely documentation as a non-compliance issue with our Contract Program Auditors (CPAs). Non-compliance resolution actions may include technical assistance, training, corrective action plan placement and may progress to disallowances for ongoing non-compliance.
19.	What are the Non-Modified Adjusted Gross Income (Non-MAGI) asset limit changes under Medi-Cal?	Beginning July 1, 2022, a new law in California will increase the asset limit for Non-Adjusted Gross Income (Non-Magi) Medi-Cal programs. Non-MAGI programs generally provide health care for seniors, people with disabilities, and other specialty groups. This means people who might have been denied benefits due to assets will now be eligible to Medi-Cal as limits on property they can own and retain have changed.

		Read more here: https://www.dhcs.ca.gov/formsandpubs/forms/Forms/MCED/PUB10.pdf
20.	Can we use the Care Coordination benefit to work with Medi-Cal to obtain retro-active eligibility?	Yes, you should use the Care Coordination benefit when working with Medi-Cal with/or on behalf of the patient to assist with obtaining or updating benefits.
21.	Should we wait until the DMC county benefit transfer has been confirmed prior to providing LA County services since they won't be covered in the 30-day window allowance?	If the patient is already enrolled in Medi-Cal in another county and the provider initiates the Inter County Transfer (ICT), then SAPC considers that to be eligible for DMC benefits in LA County. Once the evidence of the transfer is uploaded, the authorization and the Financial Eligibility (F.E). should be submitted as DMC. If the patient does not have any Medi-Cal benefits established and you are applying as a new beneficiary, then you would use Applying for Medi-Cal for the 30-day grace period, but cannot submit for additional authorization days until Medi-Cal has been assigned or the patient has other county funding.
22.	Does doing an address change on site constitute a Inter County Transfer (ICT)? Our Peer Navigators are still having to call via telephone to complete ICT.	Address changes do not necessarily mean the ICT has been initiated. We are looking into the ICT process within BenefitsCal. There are methods to complete both the demographics information and other processes. Please check the BenefitsCal tutorials on the website or via YouTube for specific instructions. Or you may continue to contact DPSS directly. For transfers from counties not participating in BenefitsCal, it may be necessary to contact that county directly to notify them of the change of address and county.
23.	Did ASAM 0.5 Early Intervention Services replace ASAM 1.0 At-Risk?	Yes, ASAM 0.5 was formerly known as 1.0 At Risk and refers to Early Intervention Services for Youth and Young adults who do not meet DSM criteria for SUD but would benefit from some services. Please review the Provider Manual for specific program requirements, reference page 59.
Contracts, Finance and Sage		
24.	Is fee setting under CalAIM going to affect Opioid Treatment Programs (OTP)?	No, fee setting under CalAIM should not impact OTPs as the State currently sets the OTP rates.
25.		The State will take into account information from the Cost Survey completed by DPH-SAPC contractors. Due to payment reform under CalAIM, the rate setting process will change. It is essential that any

	Do the costs set by the State take into consideration the varied cost of living in Los Angeles County?	cost related inquiries are completed accurately and on-time to ensure costs are not underreported by Network Providers as it may negatively impact future rates calculation.
26.	Will we get a finalized rates document for the new Fiscal Year?	Yes, a new finalized rates and standards matrix will be made available to all providers within the bulletin section of the SAPC website when available. Some rates information was provided at the May 2022 Provider Meeting, visit: http://publichealth.lacounty.gov/sapc/NetworkProviders/pm/050322/DMCFY2022-23Rates.pdf
27.	Will the Jan 2022- June 2022 period be considered cost reimbursement?	No, all of FY21-22 will be cost reconciliation.
28.	a. If the capacity for FY 22/23 drops due to the County approved budget (without augmentation), should we submit revised Network Adequacy Certification Tool (NACT), Service Bed Availability Tool (SBAT) and Drug and Alcohol Treatment Access Report (DATAR) capacity numbers proportionate to the significantly lower DMC dollars than previously submitted? b. Where can providers obtain information on DATAR?	a. NACT and SBAT numbers are recorded "at that time" so changes in capacity do not need to be reported when capacity drops. However, DATAR does require frequent reporting. b. The Drug and Alcohol Treatment Access Report (DATAR) is the DHCS system that collects data on treatment capacity and is considered a supplement to the California Outcomes Measures System (CalOMS) client reporting system. ALL providers are required to submit monthly reports on DATAR. More information can be found at: https://www.dhcs.ca.gov/provgovpart/Pages/DATAR.aspx
29.	a. Who can providers contact to inquire about budget amendments? b. Do we need to wait and submit claims until after we	a. For information on your agency amendments, please reach out to the Contracts branch at DPH-SAPCMonitoring@ph.lacounty.gov with subject line: Amendment Inquiry. Blackout dates for claims and authorizations are as follows: - Claims blackout for dates of service 7/1/2022 until Sage is fully configured.

	receive approval or after the blackout period?	- Authorization blackout beginning date of service of 7/1/2022 or later. All claims (Treatment and Residential Bridge Housing services) with dates of service through 6/30/2022 are required to be submitted by 7/8/2022 to receive payment by the end of July. Claims submitted from July 9-31 will be processed for payment by the end of August 2022. b. Please be sure you wait until you receive your fully executed amendment AND confirmation that the contract amounts have been configured before you begin billing in Sage
30.	Where can we access Enhancement Requests for Sage?	Enhancement Requests for Sage can be found at Sage Help Desk Service Now Portal at https://netsmart.service-now.com/plexussupport
31.	Will Sage be modified to accommodate the Problem List during our current billing blackout period?	SAPC is posting a job guide for Sage primary users about how to complete treatment plans/problem lists given this new flexibility. This guide will be posted at http://publichealth.lacounty.gov/sapc/providers/sage
32.	How can SAPC Providers submit suggestions for Sage enhancements? For example, if new documentation requirements include all diagnoses (mental health, biomedical, etc.), then we will need more than the three (3) provider diagnosis lines currently available.	Thank you for the feedback. Any enhancement suggestions, please submit a help desk ticket with a Problem List Enhancement Request.
33.	How can providers inform SAPC about issues occurring with Key Performance Indicators (KPI)? For example, services are not visible in the "Payment Reconciliation" view and do not match the explanation of benefits (EOB) amounts.	KPI data was truncated with the fiscal year crossover. If you are experience data discrepancies please submit a help desk ticket via the portal. Please include a snippet of what you are seeing and include an EOB number with the services you expect to see in KPI but are not there. Common reasons for data discrepancies include missing telehealth services, as they are currently not available in KPI, and merged medical records. Both these items are under development so they may be visible in KPI.
34.	Is SAPC considering utilizing transitional payments during the black-out period in order to avoid a missed payment for providers?	We do not anticipate a need to utilize transitional payments as Sage configuration is on target to be completed by mid-August.
35.	Will children living with mothers in residential/RBH settings have	Parents in residential/RBH settings accompanied by a child, for up to a maximum of five (5) children, are able to receive Room and Board reimbursement for those children.

	funding associated with Room and Board?	
	Additional Information	
36.	How can we access future Provider Advisory Committee (PAC) meetings?	Information on the PAC, can be found here: http://publichealth.lacounty.gov/sapc/providers/provider-advisory-committee The PAC Liaison can be contacted at: athomas2@ph.lacounty.gov (please cc SAPC_ASOC@ph.lacounty.gov).
37.	We submitted contract augmentation a couple months ago and have not been able to bill for services, due to not hearing from SAPC.	We will address some of these questions coming up in the Finance/Contract presentation. For specific questions on your augmentations - please reach out directly to: mmedrano2@ph.lacounty.gov