

September 6, 2022 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)
COVID-19		
1.	Where can we find the most recent COVID-19 updates?	<p>The most recent Covid-19 Information Notice was published on April 29, 2022: http://publichealth.lacounty.gov/sapc/bulletins/START-ODS/22-08/SAPCIN22-08COVID-19Vaccination.pdf</p> <p>COVID-19 related bulletins are posted at: http://www.publichealth.lacounty.gov/sapc/NetworkProviders/Regulations.htm</p>
Special Programs and Initiatives		
2.	Where can providers find information on CalMHSA's Peer Certification Program?	<p>An email blast was sent by DHCS on May 9th, announcing Peer Support Scholarships for both grandparenting and initial certifications. To be considered, individuals must be recommended by SAPC.</p> <p>If you are interested in recommending yourself or someone else for a scholarship, please complete the Scholarship Recommendation Form</p> <p>Information regarding SAPC Certified Peer Support Specialist Program: http://publichealth.lacounty.gov/sapc/providers/certified-support-specialist.htm</p> <p>For additional information please visit CalMHSA's Peer Certification website https://www.capeercertification.org/</p>
3.	Will the Overdose Prevention training also include suicide prevention information?	The training will not cover suicide prevention, except to mention it as a risk factor mitigation. The focus of the training is on managing overdose prevention and distribution of naloxone.
4.	What SAPC workgroups are available for Providers to join?	<p>The Provider Advisory Committee (PAC) and workgroup meetings are open to the public. SAPC currently has several workgroups available for providers to join.</p> <ol style="list-style-type: none"> 1. The Reaching the 95% Workgroup focuses on designing and operationalizing a system that reaches the portion of people not

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		<p>currently in the SUD treatment system by meeting individuals wherever they are in the recovery journey.</p> <ol style="list-style-type: none"> 2. The Business Technology Workgroup focuses on providing input and engaging in problem solving and development of recommendations regarding data and information systems and tools utilized by the SAPC Provider Network. 3. The PAC Awards Workgroup will employ a provider-driven process to acknowledge agencies or individuals across the network who are doing exemplary or outstanding work in priority areas within the substance use disorder field. <p>You can find more information about the PAC at http://www.publichealth.lacounty.gov/sapc/providers/provider-advisory-committee.htm. Please contact Kathy Watt (wattvrh@aol.com) or Anulkah Thomas (athomas2@ph.lacounty.gov) if you would like more information or are interested in joining one of the workgroups.</p>
Eligibility and Authorization		
5.	<ol style="list-style-type: none"> a. Will providers receive notice on when to begin using the ASAM Screener for Youth and Young Adults for ASAM 0.5 ? b. Who can we contact at SAPC if we have questions on Early Intervention Services? 	<ol style="list-style-type: none"> a. SAPC will be releasing an Informational Notice. The expectation is for all contracted youth and young adult providers to begin using the ASAM screener immediately upon SAPC-IN release. Training will be provided in FY 22-23 and will be required to be completed by June 30, 2023. b. For more information on Early Intervention Services, please contact Elizabeth (Liz) Norris-Walczak (enorris@ph.lacount.gov) or Sandy Song (sasong@ph.lacounty.gov)
6.	<p>Will the ASAM Screener also apply to Residential settings?</p>	<p>Completing the Youth and Young Adult Screener is not required for youth or young adults to initiate residential level of care. Youth and young adults who's screening results from the forthcoming Youth and Young Adult Screener indicate a provisional level of care placement in residential level of care can be referred to the residential levels of care, where a completion of a full ASAM assessment according to the timeframes indicated in the SAPC Provider Manual continues to be required.</p>
7.	<p>Do we need a wet signature by the LPHA on the Treatment Plan or is the electronic signature sufficient?</p>	<p>The electronic signature is sufficient.</p>

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8.	Our LPHA completed but forgot to finalize ASAM for a patient. The reviewer denied the authorization and did not allow time for the oversight to be corrected. Is this the norm for all other documentations?	If the ASAM wasn't finalized, our UM process is to hold the authorization for 7 calendar days to permit time for our providers to complete the ASAM, including LPHA signature. After 7 days, the authorization is denied. If you have a denial and now a signed ASAM, you can submit an appeal via http://www.publichealth.lacounty.gov/sapc/NetworkProviders/ClinicalForms/AQI/AppealForm.pdf so we can address the denial when you have the ASAM finalized.
9.	Are providers getting a grace period if there's missing information for the authorizations during the blackout phase?	We didn't change the timeliness of completing the ASAM assessment during the billing blackout (the blackout was for authorizations and claims, not for clinical documentation). If you have a denial, and if there is a justification for why an ASAM was finalized late, you can submit this justification as part of an appeal of the denial: http://www.publichealth.lacounty.gov/sapc/NetworkProviders/ClinicalForms/AQI/AppealForm.pdf
10.	Are any specific Clinical Laboratory Improvement Amendments (CLIA) waivers needed for the Fentanyl testing?	No, fentanyl test strips are for distribution directly to patients, and are not used by providers for testing. Fentanyl testing of substances is not a billable or clinical service for which a CLIA waiver is relevant.
11.	Are Fentanyl test strips illegal to possess?	No, they are not illegal to possess. These strips allows people to test their substance (e.g., meth) to ensure there are not also traces of fentanyl. This is an overdose prevention/harm reduction tool.
12.	During blackout periods, a client had an out of county transfer. Should the authorization be non-DMC for the first 30 days?	The authorization should be DMC with a start date back to the date the patient enrolled in Medi-Cal.
13.	We have many authorizations still pending for July, while some of our August authorizations have already been approved.	If you have authorizations from July that haven't been assigned, email the authorization numbers to SAPC.QI.UM@ph.lacounty.gov since these should have been assigned. For assigned authorizations, contact the care manager for to obtain status.
14.	If the client has full-scope Medi-Cal coverage in another county would subsequent billing for services be denied?	If the Medi-Cal full scope patient has their county of residence or county of responsibility assigned to LA County (County Code-19), then they are eligible for SAPC services. However, if the patient's county of residence AND county of responsibility is out of county, providers need to contact DPSS through the Customer Service Center (866) 613-3777 to initiate the) process and update the resident address in BenefitsCal, AND contact the origin county DPSS office to initiate the Inter County Transfer (ICT), which will ensure that the patient can receive services in LA County. The ICT process utilizing BenefitsCal is outlined beginning on page 25 of this document:

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		http://publichealth.lacounty.gov/sapc/NetworkProviders/pm/090622/ClinicalUtilizationManagementQualityImprovementUpdates.pdf
15.	Where can we find the Cal Aim documentation change information?	<p>SAPC has several CalAIM resources available that describe the documentation reform changes effective July 1, 2022. The documentation PowerPoint from today's 9/6/22 Provider Meeting can be found here which includes a listing of additional resources on page 16: http://www.publichealth.lacounty.gov/sapc/NetworkProviders/pm/090622/ClinicalUtilizationManagementQualityImprovementUpdates.pdf</p> <p>Register here to attend the September 22nd CalAIM Documentation Requirements Updates Training.</p> <p>Please check the SAPC training page for additional resources and upcoming CalAIM and clinical trainings.</p>
Finance and Sage		
16.	Do all problems need to have an ICD-10 code?	No, an ICD-10 code is not required to be documented next to every problem. ICD-10 codes are one option to document diagnoses, but not every problem needs to include an ICD-10 code. However, the current Treatment Plan form in Sage and Problem List on the SAPC website require the provider to include the diagnoses as listed on the Provider Diagnosis (ICD-10) form in Sage.
17.	In making the transition from a Treatment Plan to a Problem list it, it was brought up that a SUD counselor cannot provide diagnosis. Can a SUD Counselor enter the diagnosis into the Problem List and ASAM if approved by an LPHA?	<p>Yes, an SUD counselor can write in an SUD diagnosis on a Problem List if they also document the name of the LPHA who diagnosed it and the date when it was added to the problem list. They should also document the name, credential, and title of the LPHA who made the diagnosis next to that diagnosis on the problem list. They can document diagnoses that were reported by the patient if they specify that the diagnosis was patient-reported.</p> <p>Please see the most current version of the Problem List FAQ posted on the SAPC Sage website http://publichealth.lacounty.gov/sapc/providers/sage/other-training-resources.htm</p>
18.	In Sage, what is the difference between "Residential Group" note and "Group" note?	Residential Group is specific to the daily group note summary that are permitted within Residential levels of care. Group note is used for each group service provided per service/encounter.
19.	How can we void claims for authorizations that need to be corrected?	<p>Please contact the Sage Helpdesk at: Sage Help Desk Phone Number: (855) 346-2392 Sage Help Desk ServiceNow Portal: https://netsmart.servicenow.com/plexussupport which will be routed to a Finance analyst that can assist with voiding those claims should they need to be voided.</p>

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20.	Can you please provide the contact information for billing?	For Sage billing questions, please contact: The Sage Helpdesk phone number: (855) 346-2392 Sage Help Desk ServiceNow Portal: https://netsmart.servicenow.com/plexussupport
21.	Are Group Notes still required to be in SOAP Format?	All progress notes (individual and group) still require a SAPC note. The format is dependent on which format your agency chose (BIRP/GIRP/SIRP or SOAP) to ensure a standardized structure for documentation. This information can be viewed in the Provider Manual 6.0 beginning on page 177.
22.	We just found out how the three business days were counted for entering a progress note. Unfortunately, we began with counting the first day, the next day of service. Most of our notes are going to be one day late. Please advise on how we should address the notes that have been entered.	At this point, those notes are considered late, and you can add a clarifying note stating that you now understand that the Date of Service (DOS) counts as day 1 and ensure that subsequent progress notes adhere to timeliness standards.
23.	I am a primary user and I have been getting an error when submitting for the room and board. Is there an issue with that code in particular?	This was an issue we recently identified and resolved with a configuration update. Those claims can be submitted and should pass pre-adjudication at this time. Please see Sage Provider Communication dated 9/9/2022 for official communication of resolution. http://publichealth.lacounty.gov/sapc/Sage/Communication/SAPCSageProviderCommunication090922.pdf
24.	How can we update a client's address or social security number?	Please submit a helpdesk ticket to update the social security number. You should be able to update the address on the Client Demographics form. But if unable, please also submit a helpdesk ticket. See question 18 for how to submit a helpdesk ticket.
25.	How can two clients have the same social security number?	Patients should not have a duplicate social security number, but we have seen instances where this does happen. Usually due to a typo. Or this is due to not having a social security number and 999-99-9999 is used. In general, no two patients should share a social security number.
26.	Should providers NOT post or submit Group Telehealth services until SAPC resolves the problem with DHCS?	To clarify, you can submit group telehealth services, however, if those services are denied by the State, please do not resubmit those claims until notified by SAPC.
27.	Do you have an update on KPI not showing telehealth items?	An update is in development by Netsmart that will allow visibility of Telehealth services in KPI. When implemented, SAPC will notify the network via a Sage Communication.
28.	Are assessment services billable service under Recovery Services (RS).	Yes, the FY 22-23 shows that assessment/intake is billable under RS using HCPCS code H0001. This information is reflected on Rates Matrix found here: http://www.publichealth.lacounty.gov/sapc/NetworkProviders/Regulations.htm

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29.	Are providers allowed to claim an additional unit for documentation time for assessment, treatment plans, and care coordination/collateral notes?	<p>All the services as listed are billable according to the IN.</p> <p>Please review SAPC IN 22-13, page 4 for specific services where documentation time is allowable: http://publichealth.lacounty.gov/sapc/bulletins/START-ODS/22-13/SAPCIN22-13FY2022-23Rates.pdf</p>
30.	During a previous training it was mentioned that if a client receives assessment, treatment planning, and care coordination services all within the same day, documentation is only billable for one of these services. Is that correct?	SAPC is not aware of any restriction on outpatient services that include documentation time if the service was provided on the same day as other allowable services. If each service is documented separately, then documentation time is allowable. However, if you include all services within the same progress note, then only 1 unit can be claimed for documentation time.
31.	Can you clarify that we can bill for Care Coordination?	Yes, this includes Care coordination. Please visit the Provider Manual for information on care coordination.
32.	As of when are Recovery Support Services assessments billable?	This is effective as of 7/1/2022.
Additional Information		
33.	<p>a. We only have two staff members who provide direct services to youth. Do all the staff at our agency have to obtain FBI and DOJ clearances, or only those providing direct services?</p> <p>b. Does that apply to OTP providers as well?</p>	<p>a. All staff who provide direct services or may come into contact with the youth need a DOJ and FBI clearance.</p> <p>b. Yes, this includes the OTP level of care.</p>
34.	How soon after the Provider Meeting is the FAQ document available?	<p>The All-Provider Meeting Video and PowerPoints are uploaded to the SAPC Network Provider website: http://publichealth.lacounty.gov/sapc/NetworkProviders/Regulations.htm</p> <p>Please scroll down to middle of the page to view within 24 hours of the end of the Provider Meeting which are listed by Date.</p>

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Links provided:

DPH COVID-19 Website:

<http://publichealth.lacounty.gov/media/Coronavirus/>

SAPC COVID-19 Webpage:

<http://publichealth.lacounty.gov/sapc/providers/covid19/>

DHCS COVID-19 Webpage:

<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>