September 18, 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?	• 42 CFR Part 2 Final Rule (2024) HHS Factsheet • 2025 Shatterproof Walk Webpage • 2025 SUD Champions of Change Awards Nominations • Behavioral Health Information Notice (BHIN) 25-09: AB 2473 AOD Counselor Education Requirements • Los Angeles County Auditor-Controller Contract Accounting & Administration Handbook (updated 7/20/25) • Los Angeles County Department of Public Health: Health Alert: Fatal Overdoses Associated with 7-OH in Los Angeles County • Member Rights Poster (updated 9/20/25) • Provider Advisory Committee (PAC) Webpage • Provider Manual 10.0 • SAPC Information Notice 24-03: Withdrawal Management Standards in the SAPC Treatment Network • SAPC Information Notice 25-11: Requirements for Appointment and Referral Dispositions • SAPC-LNC: ASAM Criteria 4th Edition Training • SAPC Payment Reform - Value Based Incentives • SAPC Training Calendar
Special Programs and Initiatives		
2.	a. In response to the upcoming Medi-Cal changes, should providers plan to diagnosis new patients quickly, then enroll them in Medi-Cal and provide treatment? b. Will providers be able to treat new clients over 30-60 days without an SUD diagnosis and still be reimbursed following the changes to Medi-Cal? c. Do SUD clients need to be treated at a minimum level	a. Yes. It will be important to diagnose and enroll clients to Medi-Cal quickly to avoid or mitigate challenges associated with changes to Medi-Cal as a result of H.R. 1 (Public Law 119-21) like work requirements, share of cost, and a reduced retroactive billing period. Quickly enrolling clients in Medi-Cal will also be beneficial for clients that have additional health issues alongside SUD. b. SAPC will continue to follow the guidance provided by DHCS and await further instruction. At this time, SAPC has not been notified of any changes to that policy. We will communicate with the network when we are informed of further guidance. c. At this time, we do not anticipate that a minimum level will be specified at the federal level. Providers should continue to treat clients at the appropriate level of care and minimize barriers to treatment.

	QUESTIONS	ANSWERS (AND UNIT RESPONSIBLE)
	to qualify for SUD exemption from the upcoming Medi-Cal work requirements? d. Currently, the Los Angeles County Department of Public Social Services (DPSS) provides agencies with an attestation form to verify a client's enrollment in SUD treatment. Will this process be changing due to H.R.1?	d. While SAPC cannot speak to whether DPSS plans to make any changes to this process, it will likely depend on how the federal government requires enrollment verification.
3.	Will SAPC be working with the County to ensure efficiency of intercounty transfers (ICT) from the time of retroactive payments?	SAPC is aware of the existing challenges with ICT and has flagged the issue. Though many aspects of intercounty transfers are not under SAPC control, we are exploring options to find solutions. Please contact the Eligibility Support Team at DPH-SAPC-EST@ph.lacounty.gov for help with the ICT process.
4.	a. Where can the full description of the requirements for the 80-hour SUD counselor training be found? b. Is it possible for the free 80-hour training sponsored by the Department of Health Care Services (DHCS) for SUD counselors to qualify as transferable to AOD education programs?	a. The 80-hour training requirements and core competencies are outlined in BHIN 25-09: AB 2473 AOD Counselor Education Requirements. b. Transferability is up to the receiving institution (i.e., counselor certifying organizations) and California Community Colleges/Education Providers to determine whether or not they will accept the credits into their addiction studies programs. Both entities have the option to develop their own 80-hour training program that complies with AB 2473 as outlined in BHIN 25-029. UCSD has indicated a willingness to work with educational providers to create pathways for transferability.
5.	Where can we learn more about the 2025 SUD Champions of Change Awards established by the Provider Advisory Committee (PAC)?	Details, including the application for nominations, can be found on the Provider Advisory Committee (PAC) website. Please submit nominations for the SUD Champions of Change Awards by September 30, 2025. For any questions, please email Ater-barsegyan2@ph.lacounty.gov.
6.	Where can details for the 2025 Shatterproof Walk be found?	To register and/or to donate to the cause, details for the 2025 Shatterproof Walk can be found at shatterproofwalk.org. The Shatterproof Walk event is Saturday, November 8th at Griffith Park, please register online by October 17th. Participants can also register the morning of the event.

	QUESTIONS	ANSWERS (AND UNIT RESPONSIBLE)
7.	What is the process for providers to refer clients not currently in Recovery Bridge Housing (RBH)/Recovery Housing (RH) for Housing Navigation Services?	Providers connecting clients to Housing Navigation services should connect with their designated Housing Navigation Provider based on their Service Planning Area (SPA). The Housing Navigator will assist the RBH/RH provider with enrolling the client into Housing Navigation Services. Below is the list of Housing Navigation Providers per SPA: • SPA 1 Assigned Housing Navigator: Tarzana Treatment Centers Contact Name: Linda Werbelow Email: lwerbelow@tarzanatc.org • SPA 2 Assigned Housing Navigator: CRI-Help Contact Name: Junie Gonzalez Email: baldomerog@cri-help.org • SPA 3 & 7 Assigned Housing Navigator: Los Angeles Center for Alcohol & Drug Abuse (L.A. CADA) Contact Name: Ingrid Soto Email: isoto@lacada.com • SPA 4 & 5 Assigned Housing Navigator: Homeless Health Care Los Angeles (HHCLA) Contact Name: Melissa Rosas Email: mrosas@hhcla.org • SPA 6 Assigned Housing Navigator: SSG-Hopics Contact Name: Daniel Valenzuela Email: dvalenzuela@hopics.org • SPA 8 Assigned Housing Navigator: Behavioral Health Services (BHS) Contact Name: Michele Davis Email: mdavis@bhs-inc.org
	Sage	
8.	a. Did SAPC consider expanding the content and functionality of the Provider Site Admission form instead of creating the new additional Appointment and Referral Disposition form?	a. Yes. We looked at several options, including the Provider Site Admission form. This was the most efficient option that we were able to develop to ensure minimal use of forms and additional clicks, while still ensuring the required information is obtained. b. If a client is a “no-show”, there is no definitive requirement to make three (3) attempted contacts to reschedule the appointment for general treatment referrals, although it would be best practice. Given the requirement to

	QUESTIONS	ANSWERS (AND UNIT RESPONSIBLE)
	b. Are providers required to make three (3) attempts to contact the client if they are a "no-show" in order to submit the Appointment Disposition Form?	complete the Appointment and Referral Disposition form three (3) days from the appointment, we understand it may not be possible to make three (3) contacts. However, if the patient is connected to other County Departments, such as the Department of Children and Family Services (DCFS), there may be a requirement for three (3) attempts. Please review Client Service Standards: Special Populations of the Provider Manual 10.0 beginning on page 130.
9.	Since agencies must coordinate with multiple facilities, providers cannot complete the Referral Connection Form because the client is not yet scheduled. Can another option be added so this form can be completed once we know the client will be accepted, but an appointment has not yet been scheduled?	The Referral Connection form does not require an appointment to be scheduled to be submitted. If you made a good faith effort to complete a referral with an appointment, but were unable to, the form should still be completed to document your efforts with an appropriate overall disposition. The form can also be saved in draft and finalized once the appointment is made if you are waiting on a call back. However, it is recommended to finalize the form immediately upon completion and not to save in draft. Once the appointment is made, you can create a new Referral Connection to document that appointment if the previous Referral Connections was finalized.
Contracts		
10.	How often are providers required to conduct background checks on personnel and contractors?	Background checks must be conducted annually. CPAs will be checking on those records when they are available.
11.	How long will it take for providers to receive their completed monitoring report?	The monitoring process is typically complete within 30 days. Please reach out to your CPA and cc: Senior CPA to follow up if it has been longer than 30 days. If this information is unknown, please email SAPCMonitoring@ph.lacounty.gov for assistance.
12.	a. What does SAPC require from agencies for annual security audits? b. Would SAPC require an external agency or a third party to conduct the audit?	This section is being reviewed by SAPC Chiefs, we will provide a response as soon as possible.
Opioid Treatment Programs and MAT		
13.	Will the ASAM 4th Edition Residential Capacity Building Pilot only apply to residential settings?	The not yet launched ASAM 4th Edition Residential Capacity Building Pilot will be specific to residential sites of care and can include medical clinicians as well as non-medical LPHAs whose scope of practice includes mental health conditions and who are delivering on-site mental health services.

	QUESTIONS	ANSWERS (AND UNIT RESPONSIBLE)
14.	If a nurse practitioner (NP) or medical doctor (MD) is providing medical or psychiatric services related to MAT, is that billable under MAT for both residential and nonresidential?	The care delivered in our system must include an assessment for the diagnosis of a SUD and a plan of care related to the treatment of that SUD; SAPC Information Notice 24-01: Addiction Medication Access in the SAPC Treatment Network outlines the medications available for various SUDs. However, care can also include the assessment and treatment of other psychiatric and medical conditions. For example, if a medical clinician also provides a diagnosis and treatment for a mental health condition, or looks at other medical conditions, that can be included alongside the assessment and plan of care for the SUD. Please make sure to also document how it is associated with the client's SUD care. It would be billable in both residential and nonresidential settings of care. In nonresidential levels of care, there is a full range of CPT codes that include evaluation and management. In residential levels of care, the options are H0034, which is medication training and support, and H0033, which is medication administration.
Value-Based Incentives (VBI)		
Workforce Development		
15.	Are providers required to have participated in Project Management Part 1 training in order to participate in Project Management Part 2?	No, Project Management training Part 2 is open to everyone and is an in-person event set to take place November 5th from 9am-4pm – Registration details to follow. Providers may reach out to CIBHS' Krystal Edwards (kedwards@cibhs.org) to review the recording of Part 1 Project Management Fundamentals training that took place on May 1, 2025.
16.	a. Does the MAT Prescribing Clinician Cost Sharing incentive (2-E) include 3.2-WM level of care (LOC)? b. If a provider does their own initial assessment in 3.2 LOC, is that a billable service even if the physical completed by an MD or other medical clinician is included in the day rate?	a. Yes. In the current MAT Prescribing Clinician Cost Sharing incentive (2E), 3.2-WM sites of care count if an agency's medical clinician's hours are spent within a 3.2-WM site, that is an acceptable part of the Implementation Plan for the MAT prescribing clinician. If agencies have additional hours of medical clinicians in 3.1 and 3.5 LOCs, these may also be added to the MAT Implementation Plan. b. If a medical clinician is evaluating a patient, making a diagnosis of an SUD, and offering addiction medication as a plan of care related to that assessment, that is billable as a medication support service (H0034) on top of the day rate. H0034 is a sustainable pathway for medical clinicians that provide services above and beyond what would customarily be provided in 3.2-WM LOC.

	QUESTIONS	ANSWERS (AND UNIT RESPONSIBLE)
Access to Care		
17.	How is SAPC tracking secondary providers for incentive (3-E) referrals to psychiatric and mental health services/care coordination?	SAPC tracks referrals to psychiatric and mental health services/care coordination for both primary and secondary providers using multiple data sources. Specifically, we use mental health–related questions (e.g., diagnosed with a mental illness, number of mental health ED visits, mental health medication, days of psychiatric facility use in the last 30 days) on the CalOMS admission form or a mental health diagnosis as the denominator. For the numerator, we use service referral and care coordination questions (e.g., what other services was the client referred to?, what kind of care coordination services did the client receive during the treatment?) on the CalOMS discharge form, as well as relevant HCPCS/CPT codes in claims data (e.g., 90889, T1017, 99202, 99203, 99204, 99205, T1007, T2024, 99212, 99213, 99214, 99215, 90791, 90885).
18.	Are the Healthcare Common Procedure Code System (HCPCS) with Modifiers H2010M and H2010N tracked for incentives?	Yes. For Incentives related to MAT Education/Services, H2010M is a zero-dollar code used to track when MAT education is provided to clients with opioid use disorder (OUD) (3-A) or alcohol use disorder (AUD) (3-B) and H2010N is a zero-dollar code used to track when naloxone handling/distribution (3-C) is provided to a client.