July 15, 2026 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?	• 2026 SUD Champions of Change Awards Application • 2026 Los Angeles Al-Impics Registration • CalOMS Admission Form • DHCS – Managed Care Accountability Sets/External Accountability Sets • DHCS – Managed Care Plans and Behavioral Health Plans/Counties • Patient Access System Materials & Resources Webpage • Provider Manual Version 11.0 (updated June 2026) ○ Quick Reference Guide • Recreated SAPC ROI Forms for Secondary Providers • Sage-PCNX Guide to Reports (updated July 2026) • Sage Release of Information (ROI) Guide (updated July 2026) • SAPC IN 26-11: Interoperability and Patient Access Final Rule • SAPC IN 26-12: FY 26-27 Bilingual Bonus Capacity Building Project • SAPC-LNC – ASAM Criteria 4th Edition: Implications for SAPC Treatment Provider Agencies • SAPC Member Handbook (updated June 2026) • SAPC ROI – Legal Proceedings • SAPC ROI – Payment and Operations • SAPC ROI – Treatment and Care Coordination • SAPC Training Calendar
Special Programs and Initiatives		
2.	What practitioner types are eligible for the FY 2026-27 Bilingual Bonus Capacity Building Project?	Clinical Licensed Practitioners of the Healing Arts (LPHA), including licensed eligible AND registered and certified SUD counselors AND certified Peer Support Specialist who are bilingual and provide direct services to clients. Only the following LPHAs are eligible: psychologists, clinical social workers, marriage and family therapists, and clinical counselors. It also applies to SUD counselors/peer direct service bilingual staff, which includes registered or certified SUD counselors and certified peer support specialists. For more information, please review SAPC IN-26-12: FY 26-27 Bilingual Bonus Capacity Building Project. All treatment provider agencies that wish to participate in the Bilingual Bonus Capacity Building Project must submit certain documents by **August 14, 2026** to EAS@ph.lacounty.gov.

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3.	With the discontinuation of the Service & Bed Availability (SBAT) Surveys, how will providers be able to report Recovery Bridge Housing (RBH)/ Recovery Housing (RH) sites?	The Network Adequacy Certification Application (NACA) has been updated to include relevant SBAT fields. The NACA will include a drop-down menu to select RBH or RH for a site and update the information for the SBAT.
4.	Why does the latest update to the Service Bed Availability Tool (SBAT) include field-based services (FBS)?	To better accommodate clients that are unable to get to a treatment facility, updates to the SBAT will include field-based services. We are focusing on providers that can provide in-home services to clients so that if a client needs services brought to them, they will be able to find a provider that can do that through SBAT.
5.	When will youth-serving providers be given details on funding amounts associated with BRIDGE, RESET, and/or RYSE-UP for this fiscal year?	Eligible providers have already been notified of their BRIDGE and RYSE-UP FY26-27 allocation. Notices were sent out on July 31, 2026 to provider leadership. The funding amounts for RESET will be shared with eligible providers by mid-August. Please email DPH-SAPC-YSU@ph.lacounty.gov for additional questions about BRIDGE, RESET, and RYSE-UP.
	Sage	
6.	a. Does a client only need to sign one (1) Payment and Operations Release of Information (ROI) form to be effective across the SAPC Network or does each agency need to obtain the ROI? b. If a client chooses not to sign the Payments and Operations ROI, does this mean they would not have a chart opened in SAGE-PCNX because they refused to sign this form?	a. Only one (1) Payment and Operations ROI form is needed to be effective for the entire SAPC network. Providers will have visibility if the ROI is completed in Sage by any agency as it is non-episodic. If a paper form is completed and uploaded to Sage, providers will only have visibility on their agency record. If an active electronic or paper form is not on record, providers should not bill SAPC. b. Documentation would still be allowed with Sage-PCNX without a signed Payment and Operations ROI as it is SAPC's electronic health record system and SAPC is the administrative entity per 42 CFR 2.12(c)(3).
7.	When will the Sage-PCNX Managed Care Plans (MCP) forms go live?	Once the memorandums of understanding (MOUs) with the MCPs are executed, we will be able to share those forms with the SAPC network. The MOUs are anticipated to be completed by August 2026. We plan to implement the full MCP Care Coordination workflow requirement by the end of 2026.
8.	a. Only one (1) electronic Treatment and Care Coordination ROI form can be active in Sage-PCNX for each patient. How can an additional	a. As of 7/28/26, the Treatment and Care Coordination ROI allows multiple active records. The Sage Release of Information (ROI) Guide was updated to account for the changes. Additionally, a new recording was created demonstrating the functionality of the new form. Due to possible overlap, providers are strongly encouraged to view the training video in Sage prior

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	ROI be added if a patient wants to add one with restricted purpose? b. If an agency has submitted multiple paper-based ROIs, how can we make it clear which ROI is being revoked?	to completing the updated form to learn how to verify the status of a ROI in Sage PCNX. b. If a client would like to revoke consent, providers should print out the entire paper-based ROI that was approved by the client, have the client sign the *Revocation of Consent* portion of that ROI (section VI) and then re-upload the entire ROI to Sage-PCNX. Please make sure the entire document is included, do not solely upload the singular *Revocation of Consent* page.
Eligibility and Authorization		
9.	Which payer source should be used for clients with prior authorization requests (PAR) that do not have Medi-Cal?	The payer for clients should be identified in alignment with the current version of the SAPC Provider Manual Version 11.0, page 13 discussing Eligibility Determination and Establishing Benefits to meet one of the allowable eligibility categories which include those enrolled in Medi-Cal, those who are eligible to enroll in Medi-Cal, and those who meet one of the described State and County program eligibilities. Page 16 of our provider manual and onward discusses the payer source that should be attached to a request for authorization.
10.	Can providers route clients to the Substance Abuse Service Helpline (SASH) for care coordination purposes?	No. Providers should NOT use SASH as the care coordinator for screened and referred (not admitted) clients. If a facility is unable to provide services to a client (e.g., no beds available, LOC non-match, etc.), providers should use the care coordination benefit to refer that client, with a warm hand-off, to another provider who can serve them.
Billing		
11.	If a licensed clinical social worker (LCSW) completes an ASAM assessment and recommends that the client see another clinician for a full biopsychosocial assessment, can each bill for the assessments?	Yes, each LPHA may bill for the assessments given to a single client.
Value-Based Incentives (VBI)		
Workforce Development		
12.	Does the SUD Practitioner-to-Client Ratio (2-A) Value-based Incentive (VBI) exclude claims submitted under Client Engagement and Navigation Services (CENS)?	Yes, CENS will be excluded.

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Access to Care		
13.	Does the Clients Engaged in Treatment (3-E) VBI apply for each level of care?	No. The Clients Engaged in Treatment (3-E) VBI is calculated across all eligible levels of care at the agency level, rather than separately for each level of care. Example: If Agency A has 30 new outpatient admissions and 40 new residential admissions during the measurement period (70 total eligible admissions), and 50 clients remain engaged in treatment for 30 days or more, the agency's engagement rate is 71.4% (50/70).
Additional Information		
14.	Can SAPC share a list of required postings that providers need to display on their bulletin boards to help maintain compliance?	Yes. We are working to create a list of required postings and will share it with the provider network as soon as possible.