SAPC PROSPECTIVE DMC CONTRACTOR OVERVIEW
FREQUENTLY ASKED QUESTIONS (FAQ)

1. **What are the required documents for the fiscal viability analysis?**
   SAPC's fiscal viability review generally requires three years of financial information. Agencies should be prepared to submit the two most recent full and closed fiscal years of audited financial statements prepared by an independent certified public accountant (CPA), and current unaudited financial statements if the current fiscal year has not closed. The unaudited financial statements should include a current income statement/profit and loss statement, balance sheet, and statement of cash flow. SAPC may also request reconciled bank statements, a current general ledger supporting bank-reconciled balances, and the agency's accounting policies and procedures for review.

2. **What if my agency does not currently hold any County contracts? How will I satisfy the prerequisite?**
   An agency is not required to have a prior Los Angeles County contract specifically. To satisfy this prerequisite, the agency must demonstrate that it has either: An active and in-good-standing government contract for the provision of behavioral health services, including mental health and/or substance use services, for at least three consecutive years; or full accreditation and good standing with either the Joint Commission or the Commission on Accreditation of Rehabilitation Facilities (CARF).

3. **Would a current Medi-Cal contract count as a government contract for the provision of behavioral health services?**
   Potentially, yes. A Medi-Cal contract may be considered if it is active, in good standing, and specifically for the provision of behavioral health services, such as mental health and/or substance use services, for at least three consecutive years. A general Medi-Cal arrangement for physical health or non-behavioral health services may not meet this prerequisite. SAPC may request supporting documentation as part of the application review.

4. **Can you answer questions regarding State-level DHCS applications.**
   To ensure accurate answers, please direct all DHCS certification/licensure questions to the appropriate DHCS representative(s), as SAPC cannot represent DHCS and does not have any jurisdiction over the State's application process.

5. **Which staff should be included for documentation in the application?**
   Prospective providers should include all staff and positions that will provide, supervise, support, administer, bill, document, or otherwise be funded under the proposed SAPC contract, if awarded. This may include agency/program leadership, clinical staff, billing/fiscal/accounting staff, QA/compliance staff, data/EHR/Sage staff, and administrative or support staff assigned to the proposed services. If a position is vacant at the time of submission, the agency should identify it as vacant or pending hire and provide updates if staffing changes during the application process. Please refer to the SAPC Prospective DMC Contractor Application and SAPC Provider Manual for additional staffing and documentation requirements.

6. **When should we submit the Letter of Intent (LOI) - before or after DHCS licensure?**
   Prospective providers should submit the LOI when applicable DHCS licensure/certification has been completed or when the agency is otherwise prepared to submit a DMC application to SAPC within the next six months.

7. **Does SAPC provide assistance with completing the DMC application process?**
   SAPC can answer general questions about the prospective provider process and clarify application requirements. However, SAPC must maintain a fair and impartial process and cannot complete the application for an agency, advise on agency business decisions, provide legal advice, or provide one applicant with an unfair advantage.

8. **Why is there a two-year minimum experience requirement for prospective providers?**
   The two-year minimum experience requirement helps ensure SAPC is working with organizations that have demonstrated operational stability, organizational capacity, and the resources needed to sustain services. As stewards of public funds, SAPC must take reasonable steps to confirm that prospective providers are viable and prepared to meet ongoing contractual and service delivery expectations.

9. **For OTP/NTP agencies, do we need to directly provide Medications for Addiction Treatment (MAT) services for other disorders, or are we only limited to focus on opioid use disorders?**
   Your license includes Care Coordination to refer patients to an external prescribing clinician who can prescribe MAT for other disorders, but OTP/NTP agencies are also

expected to provide treatment of other conditions beyond opioid use disorders, consistent with the scope of practice of practitioners and local, state, and federal rules and regulations. Your own prescribing clinician may also prescribe medications through a pharmacy, referral, or directly.

10. **What is the difference between an OTP/NTP license and AOD certification for the purposes of contracting with the County?**
    Your OTP/NTP license serves as the AOD certification for OTP/NTP agencies.

11. **What is the turnaround time for SAPC once an application is submitted? What is the best-case scenario timeline?**
    Timing varies based on the completeness of the application, fiscal viability review, SAPC program review, site review, contract processing, and provider responsiveness. SAPC is generally able to complete the contracting process in approximately six months when the application is complete and moves through review efficiently; however, the process may take longer depending on the circumstances. The more responsive provider agencies are to SAPC's questions and requests for more information, the more likely the process will proceed efficiently.

12. **Are there any minimum bank account balance or required startup funds to apply for a DMC contract?**
    SAPC does not prescribe a fixed minimum bank balance or startup amount. However, agencies must demonstrate fiscal viability, including a minimum 60-day operating reserve, as part of SAPC's financial review.

13. **What are the specific requirements for each ASAM Level of Care (LOC)?**
    Please refer to the ASAM Criteria as well as the SAPC Provider Manual for service components and expectations.

14. **Is ASAM certification required for Outpatient services in the 1.0 and 2.1 categories and how do we apply for ASAM certification?**
    ASAM certification for outpatient and intensive outpatient services in the 1.0 and 2.1 categories, respectively, is not required to apply for a contract with SAPC. You can find more information on our requirement in the SAPC Prospective DMC Contractor Application.

15. **Is ASAM certification required for Level 2.5 and 2.7?**
    California is currently operating under the ASAM Criteria 3rd Edition, which includes ASAM 2.1 and 2.5. SAPC does not currently contract for ASAM 2.5 as a separate level of care. Services must align with SAPC-contracted levels of care and medical necessity requirements. ASAM 2.7 is part of the ASAM Criteria 4th Edition, which DHCS is expected to implement on or after July 2027.

16. **Do practitioners still need to obtain an X-waiver to administer MAT services under an OTP/NTP contract with SAPC?**
    No, the X-waiver was eliminated in 2022. Practitioners are required to have a DEA registration to prescribe controlled substances, including buprenorphine for Opioid Use Disorder (OUD).

17. **Can a Licensed Vocational Nurse (LVN) serve as the Licensed Practitioner of the Healing Arts (LPHA)?**
    No. An LVN does not meet SAPC's Diagnosing LPHA category for functions such as diagnosis, medical necessity determination, or counselor supervision. LVNs may provide services within their licensed scope of practice. Please refer to the SAPC Provider Manual for additional information regarding Diagnosing LPHAs.

18. **Can a Federally Qualified Health Center's (FQHC) Board of Directors (BOD) serve as the same Board of Directors for the planned SAPC program?**
    The Board of Directors (BOD) should be directly involved with the agency or the portion of the agency that is providing services for substance use disorder (SUD) for the contract that you are seeking. Additionally, SAPC requires that an agency's BOD is composed of no less than five (5) members and represents the proposed special populations that are to be served in your program.

19. **How can I verify to SAPC that my agency has met the Counselor-to-Patient ratio required by DHCS?**
    For OTP/NTP applicants, submission of DHCS-approved OTP/NTP certification or licensure documentation may be used to demonstrate compliance with applicable DHCS staffing or counselor-to-patient requirements, subject to SAPC review.

20. **As a FQHC, can our current HR staff conduct the background checks SAPC requires, or do we need separate staff specifically for the SAPC contract?**
    SAPC requires a designated Custodian of Records (COR) and prospective agencies to submit their Criminal and Background Clearance Policy for review. The COR can be someone already on your staff. However, if the agency intends to serve youth under the age of 18, the agency must provide verification that it is certified by the Department of Justice (DOJ), has a valid Originating Agency Identifier (ORI) number, and has a COR Designation Letter from DOJ.

21. **Can MAT for OUD be provided at an outpatient level?**
    Yes. MAT can be provided in outpatient settings when the medication is allowable outside an OTP/NTP setting and is prescribed by an appropriately licensed practitioner. For example, buprenorphine and naltrexone may be provided outside an OTP/NTP when applicable requirements are met. Methadone for treatment of opioid use disorder is limited to OTP/NTP settings.

22. **How can we reach more patients if we are not empaneled with all the Managed Care Organizations (MCO)?**
    Empanelment applies to managed care plans, and Drug Medi-Cal is carved out of this requirement. If your patient is an LA County resident and Medi-Cal member and/or meets one or more of the SAPC eligible categories, then SAPC contracted providers are expected to serve them.

23. **Can we serve patients who have no insurance while we work on enrolling them in Medi-Cal? What about undocumented patients?**
    SAPC-contracted providers are expected to serve eligible clients, including individuals who may be eligible for Medi-Cal but are not yet enrolled. Providers are expected to support Medi-Cal enrollment when applicable. Individuals who are not eligible for Medi-Cal due to immigration status may qualify for services under SAPC's Clients Ineligible for Federal Programs (CIFP) category, if applicable. Provider agencies should follow SAPC eligibility and billing requirements when determining how services may be claimed. Please refer to SAPC Information Notice 26-02 on CIFPs for additional context.