

May 13, 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?	<ul style="list-style-type: none"> • 2025 Treatment Perceptions Survey (TPS) Data Brief • Patient Access System Poster • Provider Advisory Committee (PAC) Meetings • Sage PCNX Provider File Attach Job Aid • Sage Provider Communications • SAPC IN 26-04: Los Angeles County Systems and Applications – Provider Agency User Account Administration Form • SAPC IN 26-08: FY26-27 Rates Matrix and Code Changes • SAPC Trainings Calendar
Special Programs and Initiatives		
2.	When will updates be sent out to providers regarding the RYSE-UP funding amounts for FY26-27?	We are reviewing the allocation for FY26-27 and will share them with agencies once they are finalized in the same manner as we have with prior allocations.
Sage		
3.	<p>a. Should agencies replace their own release of information (ROI) forms with SAPC's updated ROI forms moving forward?</p> <p>b. When will the new ROIs be available to the provider network?</p> <p>c. Will these forms allow for disclosing information as well as receiving information?</p>	<p>a. Yes. SAPC has released three (3) updated ROI forms to align with updates to 42 CFR Part 2 and support compliant sharing of SUD information via the June 5, 2026 Sage Provider Communication Release. The forms include: Payment and Operations, Treatment and Care Coordination, and Legal Proceedings.</p> <p>b. The ROI forms were made available on June 5th via Sage Provider Communication Release. Paper forms will be ready first; digital forms will be available on Sage by July 2026 for primary Sage users. Until the digital forms are ready, providers should scan and upload the paper version to PCNX. Please see Sage Provider Communication Releases and/or Sage PCNX Provider File Attach Job Aid.</p> <p>c. Yes. SAPC's updated ROI forms will be bidirectional (allowing for both the disclosing and receiving of information).</p>
4.	What is the process for getting new Master's level staff Sage access?	We can only provide Sage access to individuals that have a confirmed credential with the Board of Behavioral Sciences (BBS). Although BBS encourages new graduates to start practicing as soon as they submit their application to BBS, there are individuals who may apply but are ultimately not deemed eligible. For that reason, we must take a conservative approach and wait to give Sage access until there is a clear confirmation of a credential.

May 13, 2026 PROVIDER MEETING FAQ

	QUESTIONS	ANSWERS (AND UNIT RESPONSIBLE)
5.	Can SAPC give registered and certified counselors access to care coordination in Sage?	Both registered and certified counselors should already be capable of doing care coordination in Sage. If that has not been the case, please submit a ticket to Sage Help Desk and we can investigate the issue.
Finance		
6.	Which types of medications now require National Drug Codes (NDC)?	Oral medication administration delivered in 3.2 WM, billing code H00333:U9, now requires a National Drug Code (NDC) on the claim per the Department of Health Care Services (DHCS). All the allowable NDCs on the MAT NDC tab of the Rate Matrix are applicable. DHCS has indicated that only MAT medication NDCs are allowable for this code. Please see SAPC IN 26-08: FY 26-27 Rates Matrix and Code Changes and the accompanying attachments for more information.
7.	Since the rates for FY26-27 are increasing, can providers expect an increase in the maximum contract amounts as well?	No. Contract increases are based on utilization, performance, and need. SAPC recommends agencies who reach 50% of their contract allocation to submit a request for an increase, but it is not guaranteed to be approved.
Value-Based Incentives (VBI)		
Workforce Development		
8.	<p>a. For the upcoming FY 26-27 incentive, <i>SUD Counselor-to-Client Ratio</i>, how is an SUD counselor defined?</p> <p>b. What are the ratios for the <i>SUD Counselor-to-Client Ratio</i> incentive?</p> <p>c. Is the ratio at the agency level?</p> <p>d. What is considered a mixed level of care (LOC)?</p> <p>e. How is payment calculated for agencies with mixed LOC?</p>	<p>a. For this incentive, a SUD counselor is a registered or certified SUD counselor.</p> <p>b. There are three distinct ratios:</p> <ul style="list-style-type: none"> • Outpatient/Intensive Outpatient: Twenty (20) active clients per one (1) counselor. • Residential: Twelve (12) active clients per one (1) counselor. • Mixed LOC: Sixteen (16) active clients per one (1) counselor. <p>c. Yes. The ratio is calculated at the agency level based on the number of active clients during the applicable month and/or quarter.</p> <p>d. A mixed LOC is an agency that provides both residential and outpatient services.</p> <p>e. For agencies with mixed LOC, SAPC will calculate the counselor-to-client ratio will be calculated using the combined total of active residential and outpatient clients, along with the total number of counselors across agency. The ratio will be evaluated against the benchmark of 16:1, and incentive payments will be determined at the overall agency level rather than separately by LOC.</p>

May 13, 2026 PROVIDER MEETING FAQ

	QUESTIONS	ANSWERS (AND UNIT RESPONSIBLE)
9.	<p>a. How is the upcoming FY 26-27 incentive, <i>Percent of Clients with Co-Occurring Mental Health Conditions seen by LPHA</i>, different from the <i>ASAM Criteria 4th Edition Residential Capacity Building Program</i>?</p> <p>b. Is there flexibility in how diagnoses are entered if a provider believes a client's mental health diagnosis is actually primary and their substance use might be secondary?</p>	<p>a. The <i>ASAM 4th Edition Residential Capacity Building Program</i> requires 80% of clients whose ASAM assessment includes symptoms on Dimension 3 to receive a diagnostic assessment directly performed by a diagnosing LPHA. Whereas the <i>Percent of Clients with Co-Occurring seen by LPHA</i> requires at least 25% of clients with co-occurring mental health conditions to receive a service provided directly by a LPHA and involves a referral during treatment. The operational definition for who meets criteria for co-occurring mental health conditions is aligned between both programs. SAPC will be referencing data to ensure that the client actually received the services they were referred for.</p> <p>b. SUD must be the primary diagnosis; however, providers may include as many additional diagnoses as needed.</p>