

SAPC Provider Utilization Management Meeting

Los Angeles County Department of Public Health

February 18, 2026

Substance Abuse Prevention & Control



Agenda

- Inter-County Transfer of Medi-Cal benefits
- Medi-Cal redetermination process reminders/Financial Eligibility
- SAPC Referral Process
- Discussions/Questions



Inter-County Transfers (ICT) of Medi-Cal Benefits:

Medi-Cal (MC) transfer of benefits from one county to their new county of residence ensuring no interruption or overlap of MC benefits

Are you struggling with processing Inter-County Transfers (ICT)?

Contact Eligibility Support Team (DPH-SAPC-EST@ph.lacounty.gov) for help!

- A training is available including:
 - How to complete a Medi-Cal ICT for a new admission
 - Selection of Guarantor
 - Documentation supporting transfer to Los Angeles County effective date
 - Change Report Summary
 - Notice of Action
 - Electronic methods of verification of Residency
 - What is available to providers vs SAPC
 - [BenefitsCal](#)

What is an ICT?

Medi-Cal transfer of benefits that allows uninterrupted coverage as the beneficiary moves from one County to their new County of Residence within California.

https://benefitscal.com/

The screenshot shows the homepage of the BenefitsCal website. At the top, there is a dark blue navigation bar with the BenefitsCal logo on the left, which includes a stylized elephant icon. To the right of the logo are links for 'Home', 'Apply For Benefits', 'Programs', and 'Help'. There is also a language dropdown menu set to 'English', a red 'Log In' button, and a white search bar with a magnifying glass icon. Below the search bar, there is a link for 'New? Create An Account'. Below the navigation bar is a teal horizontal bar. The main content area has a light gray background and features a date '02/09/2026' followed by the heading 'Enter Verification Code Manually to Complete Login'. Below this heading is a snippet of text: 'During login, after entering your username and password, some users may be unable to cl...'. There is a 'Read More' link and a pagination indicator '< 1 of 9 >'. Below this is an orange horizontal bar with the text 'View more announcements and updates'. The bottom section has a dark teal background with the heading 'Welcome to BenefitsCal.' and the text 'We're here to support you with food, cash aid, and health coverage benefits.' Below this is the question 'What do you want to do today?' and two white buttons: 'Apply for benefits' and 'Create a BenefitsCal user'. To the right of the 'Create a BenefitsCal user' button is a red chat bubble icon with the text 'Ask Robin'.

Inter-County Transfer (ICT) through BenefitsCAL

Agency
&
Patient

- Assist patient with creating a BenefitsCal account, change the patient address to LAC
- Agency writes a Care Coordination note for the steps taken

DPSS

- Once DPSS processes this change a Change Report Summary will be uploaded to the patient's [BenefitsCal](#) account including a benefit Effective Date

Agency

- Agency screenshots the Change Report Summary and uploads to patient chart under Attachments and writes a Care Coordination note for steps taken, updates the FE, and bills for Care Coordination
- Take note of ELIGIBILITY Date and submit Treatment Authorization (they will be approved starting on the date the patients benefit became active in LAC)

[BenefitsCal](#) link



Medi-Cal Redetermination process reminders/Financial Eligibility



Means of verifying Medi-Cal eligibility in Los Angeles County:

A. AEVS (DHCS Provider Portal)

- a. Available to providers
- b. Only the County of Responsibility is included.
- c. The County of Residence is not included.

Cont. Means of verifying Medi-Cal eligibility in Los Angeles County:

B. MEDSLITE (DPSS electronic system)

- a. It is a live system that can change from day-to-day dependent upon DPSS input.
- b. Included:
 - a. County of residence and responsibility
 - b. DPSS Case #
 - c. Redetermination Date when in 60-day renewal period
 - d. Ability to do a name search (particularly helpful for clients who do not have an SSN)
 - e. Address and phone number on file
 - f. OHC plan assigned
 - g. Medicare Parts A, B, and D
 - h. Incarceration and suspension of benefits information
- c. There is no history of the recent inter-county transfer unless there is a Special Program eligibility.

Cont. Means of verifying Medi-Cal eligibility in Los Angeles County:

C. Avatar MEDS (File sent to SAPC by DHCS at the beginning of every month)

- a. Only available to SAPC staff
- b. County of responsibility and residence are included.
- c. It has extensive historical information but will not reflect changes during the current month.
- d. **Reminder:** When you run the 270/271 in Sage, it updates the MEDS file. Otherwise, changes that occurred during the month will not be reflected. This step strengthens eligibility verification and helps ensure claims are billed appropriately.
- e. This file is reflective of how DHCS is likely to adjudicate claims. It is not uncommon for there to be discrepancies between MEDS and MEDSLITE.

Common Asked Questions:

How to know when the renewal month is?

- Typically, the annual renewal due month is the 11th month after the application month.
- One can find the renewal due date information online by logging in or creating an online account at [BenefitsCal.com](https://www.benefitscal.com) and linking the Medi-Cal case. The renewal due month will be listed in the account under 'Case Information'.

How long does one have to complete the renewal packet before being disenrolled from Medi-Cal?

- Clients are given 60 days to provide the requested information to DPSS.

If the client did not turn in the renewal form or information and got a notice that Medi-Cal is ending, what can be done?

- If it is less than 90 days from the date on the letter, clients can turn in their renewal form or missing information.

Will completing the renewal Medi-Cal coverage benefits count as a public charge or affect immigration status?

- Medi-Cal is not considered public charge or affect immigration status at this time.

Can clients still renew if they have unsatisfactory immigration status?

- If the 60-day window is missed, the client will not be able to get full-scope Medi-Cal again. They can only apply for restricted Medi-Cal, which does not pay for SUD treatment.

Note:

At any time, if you have any trouble verifying client Medi-Cal eligibility in AEVS, please feel free to contact the EST team for assistance at

DPH-SAPC-EST@ph.lacounty.gov

Note:

Beginning of January 2027

Medi-Cal eligibility will be required to be renewed every 6 months.

Note for Timeframes:

- Timeframes begin only after all required components have been submitted for SAPC's review. An authorization request is not considered complete until both medical necessity and financial eligibility documentation have been submitted in Sage PCNX.
- If a provider chooses to deliver services before receiving SAPC authorization, they assume the potential financial risk if the request is ultimately denied.

Note for Timeframes:

- SAPC may deny authorization requests that are submitted more than 30 days after the initial date of service or after the date the client's financial eligibility was established (whichever comes later).
- If a client enters treatment for an authorized service but leaves AMA, the provider must still obtain SAPC authorization to be reimbursed for any services delivered while the client was in treatment. SAPC will deny reimbursement if financial eligibility is not verified, required information is missing, or medical necessity was not established according to the timeframes outlined in Table 3 before the client left AMA.

Sample of Notice of Action (NOA):

Customer Service Center V
3400 AERO JET AVE
EL MONTE, CA 91731-2803

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
CALIFORNIA DEPARTMENT OF SOCIAL
SERVICES

NOTICE DATE: [REDACTED]
CASE NAME: [REDACTED]
CALHEERS CASE NUMBER: [REDACTED]
SAWS CASE NUMBER: [REDACTED]
WORKER NAME: Meina Amin
WORKER ID: 19DPZG3503
TELEPHONE NUMBER: (866) 613-3777
CUSTOMER ID: 1853677942

**NOTICE OF ACTION
MEDI-CAL APPROVAL**

Department of Public Social Services
Pasadena District #03
955 North Lake Avenue
Pasadena, CA 91104-4518

AZUSA, [REDACTED]

Det:

We have reviewed your eligibility for health coverage. We used the information you gave us and state and federal data to make this decision.

You qualify for Medi-Cal because your household income is below the Medi-Cal limit. Your eligibility for Medi-Cal begins 07/01/2021. Your Medi-Cal coverage will continue unless you are found no longer eligible. This could happen at the time your eligibility is renewed or when your situation changes.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back page tells you how. Your benefits may not be changed if you ask for a hearing before this action takes place. You have only 90 days to ask for a hearing. The 90 days started the day after the county sent you this notice.

- You qualify for other health insurance.
- You move. If you move to a new county, you can report your change to your old or new county.

You may report changes to your local county office in person or by mail, fax, phone, or electronically. The contact information is on the first page of this notice.

Sample of Change Report Summary:



Submit Time: 09:03 AM
Case Number:

Change Report Summary

Programs		Food (CalFresh)
		Cash Aid (CalWORKs)
		Health Coverage (Medi-Cal)

Your Information

Home Address		Name
Home Address	Long Beach California 90804	
What's the effective date of this change?	06/24/2022	

Signature	
First Name	
Last Name	
Date	06/28/2022



Definitions of Incarceration Date, Release Date, Suspend Date and Suspend End Dates

DATA ELEMENT	DATE ENTERED ON EW32	DATE DISPLAYED ON INQU AND STORED IN MEDS DATE FILE	EXAMPLE
Incarceration Date	Actual day of incarceration.	Actual day of incarceration.	Incarceration Date is 1/1/2024 and the county processes the EW32 1/29/2024; the Incarceration Date will be 1/1/2024.
Release Date	Actual day of release from incarceration.	Actual day of release from incarceration.	Release Date is 1/18/2024 and the county processes the EW32 the day before; the Release Date will be 1/18/2024.
Suspend Date	Determined by MEDS when there is current Medi-Cal eligibility, excluding eligibility in General Relief/Cash Assistance Program (GR/CAP), INMATE or PAROLE segments)	Date EW32 was processed by MEDS.	Incarceration date is past 28 days, and the county generates the Notice of Action (NOA) 10 days prior to submitting the EW32 transaction on 1/17/2024. The Suspend Date will be 1/17/2024. Note: Suspend Date will not generate if there is no active Medi-Cal to suspend.
Suspend End Date	Determined by MEDS when there is an OPEN incarceration and suspension period & the individual is released from incarceration or Medi-Cal eligibility is terminated.	Either: <ul style="list-style-type: none">• Last full day of incarceration (day prior to Release Date)OR• Last day of Medi-Cal eligibility, whichever is the earlier date.	Individual is released on 6/17/2023. The Suspend End Date will be 6/16/2023. The Med-Cal benefits are activated on 6/16/2023.



If there are additional questions after using BenefitsCal, provider agencies may also contact SAPC to verify the information using the MEDS/MEDSLITE systems.

**For assistance, email DPH-SAPC-EST@ph.lacounty.gov and include the following information in an encrypted email:
Client name, client ID, date of birth, the SSN or CIN.**



← → ↻ ⚠ Not secure publichealth.lacounty.gov/sapc/providers/manuals-bulletins-and-forms.htm?tm#finance ☆ 📁 🔍 👤 ⋮

📱 Apps 📁 DPH Managed Favorites 🗄 | 📧 Mail - Nancy Crosby... 🔄 MEDS Search 🌱 Netsmart myAvatar... 🗨 AEVS >> 📁 All Bookmarks

Providers ▾

Manuals, Bulletins, and Forms

SAPC Home / Network Providers / Manuals, Bulletins, and Forms

To search for a specific document use the search box or click on the tabs below.

Search ×

Click [here](#) if you want to expand all tabs and view all documents.

Manuals & Guides Bulletins Clinical Beneficiary Contracts & Compliance **Finance** CRLA

Finance Related Forms and Documents

Subject	Date
Inter-County Transfer and Other Medi-Cal Eligibility Topics <i>(New - June 2025)</i>	 06/26/25
Inter-County Transfer and Other Medi-Cal Eligibility Topics Recording <i>(New - June 2025)</i>	 06/26/25

Essential Contact Info:

- For a specific authorization question, contact the care manager named in SAGE
- UM General number: **(626) 299-3531** and email: SAPC.QI.UM@ph.lacounty.gov
- Netsmart Helpdesk for SAGE technical problems/questions: **(855) 346-2392**
- To file an appeal: sapc_appeal@ph.lacounty.gov
 - Grievance and Appeal Follow-Up: **(626) 293-2846**
 - The Grievance and Appeal Follow-Up Phone Number is for providers or patients who have questions or concerns after receiving a Grievance and Appeals (G&A) Resolution Letter

SAPC Referral Process



SAPC Referral Process

Unit/Branch/Contact	Email/Phone Number	Description of when to contact
Sage Help Desk	(855) 346-2392 ServiceNow Portal: https://netsmart.servicenow.com/plexussupport	All Sage related questions, including billing, denials, medical record modifications, system errors, and technical assistance
Sage Management Branch (SMB)	SAGE@ph.lacounty.gov	Sage process, workflows, general questions about Sage forms and usage
QI and UM	SAPC.QI.UM@ph.lacounty.gov UM (626) 299-3531- (No Protected Health Information)	All authorizations related questions, questions about specific patient/auth, questions for the office of the Medical Director, medical necessity, secondary EHR form approval
Systems of Care	SAPC_ASOC@ph.lacounty.gov	Questions about policy, the provider manual, bulletins, and special populations (youth, PPW, criminal justice, homeless)
Contracts	SAPCMonitoring@ph.lacounty.gov	Questions about general contract, appeals, complaints, grievances, and/or adverse events. Agency specific contract questions should be directed to the agency CPA if known.
Strategic and Network Development	SUDTransformation@ph.lacounty.gov	DHCS policy, DMC-ODS general questions, SBAT
Clinical Standards and Training	SAPC.cst@ph.lacounty.gov	Clinical training questions, documentation guidelines, requests for trainings
File an Appeal		
Grievance and Appeal Follow Up (G&A)	sapc_appeal@ph.lacounty.gov (626) 293-2846 sapc_appeal@ph.lacounty.gov	Providers or patients who have questions or concerns after receiving Grievance and Appeals Resolution Letter or follow up with an appeal.
CalOMS	HODA_CalOMS@ph.lacounty.gov	<u>CalOMS</u> Questions
Finance Related Topics	SAPC-Finance@ph.lacounty.gov (626) 293-2630	For questions regarding Finance related topics that are not related to billing issues
Out of County Provider	DPH-SAPC-EST@ph.lacounty.gov	Out of county provider requesting assistance in submitting authorization for LA County beneficiary & resident Intercounty Transfer/ Medi-Cal eligibility (MEDS- acceptable aid codes) / Applying for Medi-Cal general questions
SASH	(844) 804-7500	Patient calls requesting for service

Discussions/Questions



Discussions/Questions



“The opposite of addiction is not sobriety; the opposite of addiction is **connection.”**

- Johann Hari