



Communication Release

04/10/2026

Report Updates in LIVE

Following a period for provider feedback the reports listed below are now available in the LIVE environment. Please see the table below for a description of the reports and the environment(s) in which they are available.

Report Name	Description	Available in
Diagnosis History Report (New)	<p>Aggregate report of Diagnosis form entries. It is recommended this report be run by client or for no more than 6 months at a time for the full agency as it can be timely to load.</p> <p>It will show the multiple diagnosis entries per record and when they were submitted as well as by whom.</p> <p>This report can be used for clinical purposes as well as for denial investigations.</p>	TRAIN & LIVE
Discharge Reason Report (New)	<p>Identifies discharge reasons and dates of discharge for individual clients or provider programs. Data is based on completion of the Discharge and Transfer form. May be run by program or by individual clients.</p>	TRAIN & LIVE
Client Ineligible Fed Prog (CIFP) Report (New)	<p>Identifies clients that have been designated by providers as potentially qualifying for the Client Ineligible for Federal Programs (CIFP) guarantor. The report populates clients who either have a CalOMS Admission or Financial Eligibility that indicate CIFP funding. It includes the required fields and indicates when there is a mismatch or missing requirement for providers to update.</p> <p>This report is also used by the SAPC Eligibility Support Team (EST) to monitor utilization and ensure the required components are present and correct. EST will contact providers for technical assistance if errors are noted.</p> <p>Report name has been truncated from the full guarantor name. SAPC recommends searching "CIFP" in the smart search to find the report.</p>	TRAIN & LIVE
Authorization Request Status Report	<p>Aggregate report on Service Authorization Requests. A new column was added to capture the "Request Status." This will</p>	TRAIN & LIVE

(Updated)	show if a an Approve auth is partially approved, details for Denied auths, and the reason for Pending.	
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ASAM Assessment Form Update in LIVE

Following a period for provider feedback, SAPC has added a value to the **Recommended Level of Care (by ASAM)** and **Actual Level of Care (Provider determined)** fields in the ASAM Assessment and Finalize ASAM Assessment forms in the LIVE environment.

Recommended Level Of Care (by ASAM)
<input style="width: 95%; border: none;" type="text" value="Select"/> ▼
Actual Level Of Care (Provider determined)
<input style="width: 95%; border: none;" type="text" value="Select"/> ▼

“No LOC Recommended” was added to address situations where the CONTIUUM or CO-Triage did not resolve to a level of care (LOC). This may also be used if the client was not admitted after the assessment as there was no “Actual Level of Care.”

Coverage for Clients Ineligible for Federal Programs Training LIVE on SAPC-LNC

SAPC held an instructional webinar on February 25, 2026, providing details about the new Client Ineligible for Federal Programs (CIFP) guarantor/funding. This funding is specifically for clients in LA County in need of SUD treatment who no longer qualify for Medi-Cal or other Federal funding under the new Federal regulations due to immigration status.

The recording of this training was posted on the SAPC-LNC on March 31, 2026, found here: [Sage-PCNX: Coverage for Clients Ineligible for Federal Programs \(CIFP\)](#).

Based on questions from the webinar, SAPC compiled and posted an FAQ document to the SAPC Sage Trainings page, found here: [Coverage for Clients Ineligible for Federal Programs \(CIFP\) FAQs](#). The training slides are also posted to the same page: [Coverage for Clients Ineligible for Federal Programs \(CIFP\) Training PowerPoint Slides](#).

For questions related to eligibility in general or specific to CIFP usage, providers should contact the SAPC Eligibility Support Team at SAPC-EST@ph.lacounty.gov for further assistance.

FY 24-25 FINAL Billing Deadline Reminder

The Fiscal Year 2024-2025 final billing deadline is approaching. It is critical that agencies submit original and replacement claims by the deadline noted below. Please note, this is the **final deadline**, if services are submitted near the deadline and are denied, the replacement service must be submitted prior to the deadline to correct the information. To prepare for this deadline:

- Do not wait until the final week or days to submit claims. Aim to complete all billing at least one month prior to the deadline to allow for sufficient time to fix and replace any Local and State denials.
- Review denied services to ensure they have been corrected and replaced, as applicable.

- Review available contract amounts and request augmentations if necessary.
- Open a [Request Billing Assistance](#) ticket for any support needed to resolve outstanding questions and receive support.

Dates of Service	Billing Deadline
1/1/2025 – 6/30/2025	4/30/2026

Highlights from Previous Communications

Financial Eligibility: Removal of Coordination of Benefits Field: Effective Tuesday March 31, 2026, SAPC will remove the Coordination of Benefits field from the Financial Eligibility form. This field is not required for billing and does not impact adjudication or benefits information when billing to DHCS.
