

May 3, 2022 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)
COVID-19		
1.	Can unvaccinated staff with a valid exemption now provide services in person?	<p>Yes. Please review the exemption information provided in SAPC IN 22-08. Those individuals with a valid medical or religious exemption must test weekly. Additionally, agencies must retain all weekly testing documentation for those exempted personnel. There are also resources, and information on booster requirements within this SAPC IN that may be helpful.</p> <p>http://publichealth.lacounty.gov/sapc/bulletins/START-ODS/22-08/SAPCIN22-08COVID-19Vaccination.pdf</p> <p>COVID Vaccination Certification of Compliance Form</p>
2.	Given that COVID-19 might be on the rise again, what is SAPCs current policy on virtual services	<p>The telehealth and telephone service standards are described on pages 89-91 of the provider manual posted via http://publichealth.lacounty.gov/sapc/NetworkProviders/Privacy/SAPCProviderManual6.0.pdf and SAPC IN 22-01 which outlines current telehealth flexibilities extended by DHCS BHIN 21-047 through 12/31/22:</p> <p><i>Group counseling sessions (12 group limit) may be conducted via telehealth and telephone if the provider obtains consent from all the participants and takes the necessary security precautions, in compliance with HIPAA and 42CFR Part 2</i></p>
3.	If we have a Corporate Office away from the clinical setting, do administrative staff need to wear masks?	<p>For non-clinical settings, the applicable masking policy is described via the LA County Best Practices to Prevent COVID-19 Guidance for Businesses and Employers described here: http://publichealth.lacounty.gov/acd/ncorona2019/BestPractices which currently states that “The County Health Officer Order strongly recommends, but no longer requires, employees to wear a face mask while working indoors and in shared vehicles.”</p> <p>For clinical settings, the applicable health officer order describing the masking policy for Community Care Facilities is posted is on http://publichealth.lacounty.gov/media/Coronavirus/reopening-la.htm</p>

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Special Programs and Initiatives		
4.	Who is qualified to provide Care Coordination services?	<p>Information regarding care coordination (formerly case management) and staffing level criteria is included in the SAPC Provider Staffing Guidelines:</p> <ul style="list-style-type: none"> • The Care Coordinator must be a registered/certified SUD counselors and/or LPHA. • Care coordinators must have working knowledge of the appropriate resources, both at the system and the service levels, to refer patients to relevant networks of support. <p>http://publichealth.lacounty.gov/sapc/Bulletins/START-ODS/Bulletin19-07ProviderStaffingGuidelines.pdf</p>
5.	How can Recovery Services be provided concurrently with other DMC-ODS services?	<p>The main way that concurrent services can be provided between Recovery Services, formally <i>Recovery Support Services</i>, and other DMC-ODS services is for transition periods between levels of care, i.e., during transition of Residential to Outpatient. Providers may recall that previously during this transfer period, only one of the agencies could bill for services. This change is to address this issue. Recovery Services can now be provided by both the discharging and receiving treatment sites. Member authorizations are also not required for Recovery Services, effective 7/1/2021.</p>
6.	Where can we find more information on the Behavioral Health Continuum Infrastructure Program (BHCIP) and how to apply?	<p>The Department of HealthCare Services provides funding to award competitive grants to qualified entities to construct, acquire and rehabilitate real estate to expand the community continuum of behavioral health treatment resources. Information can be found on the DHCS website. To apply, visit: https://www.infrastructure.buildingcalhhs.com/apply/</p>
7.	Where can we find more information on Enhanced Care Management (ECM) or Community Supports (CS) formerly in Lieu of Services (ILOS)?	<p>Information regarding ECM and CS can be found on the DHCS website at: https://www.dhcs.ca.gov/enhancedcaremanagementandinlieuofservices</p>
8.	How can we report a change to our agency Network Adequacy Certification Tool (NACT) Coordinator?	<p>All SAPC contracted DMC-ODS providers are required to complete submission of a network adequacy information.</p> <p>To update your NACT coordinator information email sapc_nact@ph.lacounty.gov</p> <p>Updates can be found on the SAPC NACT Webpage: http://publichealth.lacounty.gov/sapc/NetworkAdequacy/NetworkAdequacy.htm</p>
9.	How can providers get information to prepare for CalAIM changes?	<p>SAPC has sponsored trainings through the California Institute for Behavioral Health Solutions (CIBHS). Upcoming training dates are on May 12th, 26th and June 9th and 23rd.</p>

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		See SAPC Training calendar to sign up today! http://publichealth.lacounty.gov/phcommon/public/cal/index.cfm?unit=sapc&prog=pho&ou=ph&cal_id=24
10.	What is the contact information for Cal MHSA related to the Peer Specialist Program?	Visit the CalMHSA website which includes a contact tab: https://www.calmhsa.org/peer-certification/ Providers can also email CalMHSA directly at PeerCertification@calmhsa.org
11.	Will any SAPC departments be involved in the Peer Specialists Services?	SAPC Implementation of the Medi-Cal Certified Peer Specialist Program will be led by the Systems of Care Branch with other SAPC Units working collaboratively with the State, CalMHSA and others. This includes the System of Care as well as the Clinical Standards & Training (CST) branches (continuing education for Peer Support Specialists). For additional information about Peers, providers are encouraged to contact Systems of Care at SAPC_ASOC@ph.lacounty.gov .
12.	Are there new documentation requirements under Cal AIM we should be aware of?	Yes. DHCS has released BH-IN 22-019 that outlines DMC-ODS Documentation Requirements effective July 1, 2022. Requirements apply to both primary and secondary providers. SAPC will provide additional information soon.
13.	Where can we view Culturally Linguistically Appropriate Services (CLAS) requirements?	CLAS Requirements are outlined in the SAPC Bulletin 18-03: http://publichealth.lacounty.gov/sapc/Bulletins/START-ODS/Bulletin18-03CulturallyLinguisticallyAppropriateServiceRequirements.pdf
Eligibility and Authorization		
14.	Is a full ASAM is still needed for admission to residential or hospital withdrawal management (ASAM 3.2-WM, 3.7-WM, and 4.0-WM) levels of care?	An ASAM Assessment is not required to initiate residential or hospital withdrawal management. SAPC requires that a full ASAM assessment be completed within 7 calendar days of first service for adults (18+) and within 14 calendar days of first service for youth (ages 12-17) for patients in residential settings (see table 4, page 36-38 of the SAPC Provider Manual). The ASAM Assessment and associated clinical documentation should describe the clinical justification for why withdrawal management was clinically indicated in accordance with the withdrawal management criteria described within the SAPC provider manual, pages 65-74. The SAPC Provider Manual can be accessed via http://publichealth.lacounty.gov/sapc/NetworkProviders/Privacy/SAPCProviderManual6.0.pdf .
15.	Can you explain the new Inter County Transfer (ICT) through BenefitsCal?	SAPC is recommending providers use the BenefitsCal website exclusively to verify or initiate a change in county of residence and/or an Inter County Transfer (ICT) as described herein:

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How would we implement ICT when we submit an authorization?

Would we need to do anything different for older claims that were denied?

<http://publichealth.lacounty.gov/sapc/NetworkProviders/pm/050322/InterCountyTransfers.pdf>

The process outlines that the provider will

- Initiate the permanent Change of Address to Los Angeles County with the patient present using <https://benefitscal.com/>
- Obtain evidence that this requested change of residence was requested. This can include a printout from BenefitsCal or a screen shot to document the request of change of address was requested.
- Upload the printout for evidence that the ICT was initiated for SAPC QI & UM using Provider Connect File Attach.

TO REQUEST RETROACTIVE AUTHORIZATION:

- UM will accept retroactive requests from dates of service 7/1/2021 and after that are new authorization requests or previously submitted service authorizations that were denied under service request rescinded.
- If there was a previously submitted authorization that was denied due to the ICT process not completed upon UM review (in many cases, the county eligibility file will show LA county residence from 1-3 months prior to the completion date of the ICT), providers should go through the Grievance and Appeals process for secondary review.
 - Update 270/271 form, upload any documentation from DHCS or DPSS that indicates changes to the county of residence or when an ICT was initiated as the eligibility file may not show the expected changes.
 - Once the documentation is uploaded or you have confirmed the dates of the change of address or ICT, providers can submit the authorization for the corresponding dates of service.
 - Include miscellaneous note on your actions taken to transfer benefits
 - UM will verify the dates against the county's eligibility file and/or attached supporting documentation and miscellaneous note on actions taken to determine the retroactive authorization period.
- **For prior billing claims that were denied during the period that you believe the patient's county of residence had been updated to LA County:** Please submit a Sage Helpdesk ticket by going to <https://netsmart.service-now.com/plexussupport> or by calling 855-346-2392
SAPC recommends that you use the Sage Helpdesk online portal and include all relevant information (dates of service, date of ICT request and ensure the documentation has been uploaded to Sage). This will route the ticket to the appropriate contacts to address the questions.

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16.	<p>Can we use the Benefits Cal portal to do the entire ICT transfer? Do we also still need to help clients go to DPSS?</p>	<p>BenefitsCal is to initiate the Inter-County Transfer process. The patient should be present with you for this process and should not need to go to the Department Public Social Services (DPSS). The DPSS eligibility worker may request additional information from the patient on a case-by-case basis.</p>
17.	<p>Would we still use the “30 day applying for Medi-Cal” along with the proof or request of ICT under the new ICT process through BenefitsCal?</p>	<p>You should no longer use the “30-day applying for Medi-Cal” for inter-county transfers.</p> <p>During this pilot period, you will not use the 30-day policy for patients who currently reside in Los Angeles County and are enrolled in Medi-Cal in another County. Instead, you will assist the patient in changing their Medi-Cal County of Residence as identified above on the day of first service. Any delays in making the County of Residence change will result in claims being denied since the County of Residence would not be assigned to Los Angeles #19. Therefore, it is important to do this with the patient as soon as possible. Once you have the documentation (screenshot) that the change of residence was initiated for ICT, you use DMC as guarantor.</p>
18.	<p>If there is a delay in getting the patient to sign onto Benefits Cal, can we later upload the information for DMC authorization for subsequent authorizations?</p>	<p>Yes, you can submit any evidence you have that indicates that a change in county of residence has been requested, including a screenshot to this affect, if you have confirmed that this screenshot is associated with the patient, as evidence of Medi-Cal coverage for the purposes of updating financial eligibility for a subsequent authorization. Providers must also document an attestation that they have aided the patient in requesting an update to the change in county of residence and that the uploaded supporting materials are associated with this particular patient if not directly evident. See #16 regarding delays in entering the residence change in BenefitsCal.</p> <p>Utilize BenefitsCal to begin InterCounty Transfer with the patient and take screen shot. (See #15)</p> <p>For prior billing claims that were denied during the period that you believe the patient’s county of residence had been updated to LA County: Please submit a Sage HD ticket by going to https://netsmart.service-now.com/plexussupport or by calling 855-346-2392</p> <p>SAPC recommends that you use the Sage HD online portal and include all relevant information (dates of service, date of ICT request and ensure the documentation has been uploaded to Sage). This will route the ticket to the appropriate contacts to address the questions.</p> <p>The entire process can be found on the SAPC website at: http://publichealth.lacounty.gov/sapc/NetworkProviders/pm/050322/InterCountyTransfers.pdf</p>

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19.	Would we continue to use “Applying for Medi-Cal” Financial Eligibility during this new ICT process through BenefitsCal?	<p>No. Once the ICT has been initiated through BenefitsCal and appropriate documentation has been uploaded to Sage then these patients should be entered as DMC while we are testing this process. Do not use Applying for Medi-Cal during this test. Based on the BHIN-21-032 and SAPC’s validation efforts to date, these patients should be considered eligible for Medi-Cal in LA County.</p> <p>The instructions are listed here: http://publichealth.lacounty.gov/sapc/NetworkProviders/FinanceForms/FinancialEligibility/DocumentingChangesFinancialEligibilityStatus.pdf</p>
20.	Would we be able to submit an authorization for those clients that were initially non-DMC when we were doing the old ICT process?	<p>Yes. For dates of service from July 2021 forward, authorizations are to be submitted using LA County of residence with ICT initiations verified via a screenshot obtained through BenefitsCal. You should contact the UM Care Manager assigned to that authorization if you believe an adjustment to your authorization is needed.</p>
21.	Can we go back and utilize the [BenefitsCal] website and change for patients already in our care? Or does this start today?	<p>The relevant guidance was effective as of July 2021. For participants who are still in your care, you can upload the screenshot to verify ICT initiation and update the Financial Eligibility (FE) for patients who have existing authorizations. View process outlined here: http://publichealth.lacounty.gov/sapc/NetworkProviders/FinanceForms/FinancialEligibility/DocumentingChangesFinancialEligibilityStatus.pdf.</p>
22.	For those applying for Medi-Cal, are we to submit authorization for the applying period and finalize all notes and bill, then input the DMC information and submit under DMC?	<p>Applying for Medi-cal will apply only to those who are not currently enrolled in Medi-Cal in any county and the providers submit a new application. In this case, you would use the “Applying for Medi-Cal” guarantor and 30-day authorization.</p> <p>Once you complete all the billing under Applying for Medi-Cal, then add the DMC guarantor once you receive the official Medi-Cal eligibility date. Once the DMC guarantor is entered, delete the Applying for Medi-Cal guarantor and submit for the additional authorization days.</p>
23.	How do we access free paper based ASAM assessment?	<p>The Free Paper Based ASAM Assessment is posted on: http://www.asam.org/asam-criteria/criteria-intake-assessment-form. SAPC will subsequently announce any changes advising our providers about which paper-based ASAM assessment tool to use during SAGE downtimes, and until there is further direction, SAPC providers should continue to use the existing Assessment Tool - Adults (Paper Version) posted on http://publichealth.lacounty.gov/sapc/NetworkProviders/Forms.htm. Comments on whether SAPC providers should transition from the existing tool to the proposed Free Paper Based ASAM Assessment during SAGE downtimes can be addressed via email to bhurley@ph.lacounty.gov.</p>

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<p>24.</p> <p>Who do we contact for specific authorization related questions?</p>		<p>Start by contacting the UM Care Manager assigned to your specific authorization. The UM Care Manager provides their contact information in the authorization notes.</p> <p>Additionally, you can contact the SAPC Utilization Management Unit via phone (626) 299-3531 or email sapc.qi.um@ph.lacounty.gov for questions about an authorization.</p> <p>For technology problems with SAGE, visit http://netsmart.servicenow.com/plexussupport or call the Netsmart Helpdesk via (855) 346-2392</p> <p>For filing appeals for authorizations which have already been denied, the appeal form can be downloaded via the Appeal Form and Complaint and Grievance Form listed via: http://publichealth.lacounty.gov/sapc/NetworkProviders/Forms.htm and submitted via fax (626) 458-6692 or email SAPCMonitoring@ph.lacounty.gov The phone number to file or follow-up on a complaint, grievance, or appeal (for which a response is pending) is (626) 299-4532.</p> <p>Providers or patients who have questions or concerns <u>after</u> receiving a Grievance and Appeals (G&A) Resolution Letter should contact the Quality Improvement Unit via phone (626) 293-2846 or email sapc.qi.um@ph.lacounty.gov</p>
<p>25.</p> <p>How would we know if a client is under the Youth Medi-Cal Expansion (ages 19-25)? Will they lose Medi-Cal services on 26th birthday and be transferred to My Health LA (MHLA).</p>		<p>The patient would have to contact DPSS prior to turning 26 to verify continued eligibility under Medi-Cal and switch a new aid code/program.</p> <p>Providers would check Medi-Cal Eligibility through Automated Eligibility Verification System (AEVS).</p> <p>The DHCS Master Aid Code Chart lists the aid-code and program means. https://www.dhcs.ca.gov/services/MH/Documents/MedCCC/Library/Aid-Code-Master-Chart.pdf</p> <p><u>If patient is no longer eligible to Medi-Cal, they would apply to MHLA. Providers should utilize care coordination benefits to assist the patient during this process.</u></p>
<p>26.</p> <p>If a patient has MyHealthLA (MHLA) and then transfers to Medi-Cal, will SAPC approve the new authorization or are we limited to only one authorization per patient?</p>		<p>The information for updating Financial Eligibility (FE) for a patient with an existing authorization can be found here: http://publichealth.lacounty.gov/sapc/NetworkProviders/FinanceForms/FinancialEligibility/DocumentingChangesFinancialEligibilityStatus.pdf</p>

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27.	Does this cover Room and Board for children living under Unite? Can someone assist w/what “this” means?	Pregnant and Parenting Women (PPW) providers who hold a residential contract can bill for Room and Board services for children accompanying the parent in treatment.
28.	Where can we access information on the new 50+ Older Adult Medi-Cal Expansion Program?	Beginning May 1, 2022, a new law in California gave full-scope Medi-Cal to adults 50 years and older regardless of Immigration status. See the following DHCS links for more information: https://www.dhcs.ca.gov/services/medi-cal/eligibility/letters/Documents/21-13.pdf And https://www.dhcs.ca.gov/services/medi-cal/eligibility/Pages/OlderAdultExpansion.aspx
29.	Will SAPC provide an information related to SB-349 California Ethical Treatment for Persons with SUD Act.	Providers should be aware of requirements under SB-349 CA Ethical Treatment for Persons with SUD Act . SAPC will provide further guidance, where indicated.
30.	Is SAPC able to provide an infographic that describes the differences between ASAM1.0/ASAM .5/ASAM 1.0AR/ RS as there appears to be a lot of overlap.	We are preparing and will subsequently publish information distinguishing the difference between the youth outpatient level of care (ASAM 1.0), the youth early intervention level of care (ASAM 0.5), and recovery services for youth. Each of the service components included within ASAM 1.0 are included within ASAM 0.5, and the service components within each level of care are listed in the Youth Rates Matrix posted via http://publichealth.lacounty.gov/sapc/NetworkProviders/Regulations.htm Please note that ASAM 1.0AR is no longer an active LOC and is being replaced by ASAM 0.5.
31.	Does the 30 day stay in residential apply to all residential levels of care?	The Residential Authorization and Reauthorization Service timeframes are posted on Table 15, page 158 of the SAPC Provider Manual posted on http://publichealth.lacounty.gov/sapc/NetworkProviders/Privacy/SAPCProviderManual6.0.pdf . There is no fixed limit on residential length of stays, and this depends upon the patient continuing to meet medical necessity for residential treatment.
Finance and Sage		
32.	Will SAPC provide transitional payments for July/August due to blackout dates for billing similar to the Department of Mental Health (DMH) Cash Flow Advances?	SAPC does not anticipate having an extended payment blackout period that would prevent providers from billing for services delivered in July. Just as we have for the past 2 consecutive fiscal years, SAPC anticipates that the payment blackout will be lifted by August 1, 2022, enabling providers to bill and receive payment for services billed in July 2022. While the payment blackout will temporarily prevent submission of billing for dates of services in July 2022, providers can still submit billing for initial and replacement claims for dates of service up until 6/30/2022. Though SAPC does not anticipate the need for

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		Transitional Payments. providers may review SAPC IN 19-08 for more information regarding on these payments when to request them.
33.	Do the Department of Health Care Services (DHCS) Behavioral Health Information Notices BH-IN 22-019 documentation requirements apply to secondary providers?	<p>Yes, BH-IN 22-019 documentation requirements apply to all providers- both primary and secondary providers. SAPC is currently in the process of developing guidance for the Provider Network.</p> <p>If there are any changes to Secondary Sage Users clinical documentation formats because of this IN, those changes should be submitted to the medical director's office for approval to ensure they meet DHCS requirements. Please submit updated clinical documentation to SAPC.QI.UM@ph.lacounty.gov</p>
34.	Can any provider access the Sage Helpdesk portal to submit Help Desk Tickets?	<p>Yes, any provider can access the Sage Netsmart Helpdesk portal to submit tickets at: https://netsmart.service-now.com/plexussupport A Sage log-in is required.</p>
35.	Are Medication for Addiction Treatment (MAT) services included in ASAM 1.0 & ASAM 2.1?	<p>Yes, all SAPC contracted treatment providers are required to establish and maintain active policies and procedures facilitating the provision of MAT either directly to their patients or via linkage with other providers for all levels of care and across the Specialty SUD system.</p> <p>Simply providing a name and phone number to refer is not sufficient. SAPC outlines the requirements in the Provider Manual 6.0 on pages 100-102 or in the SAPC-IN 22-04.</p>
36.	Can claims be added to SAGE during the blackout for the upcoming FY end?	<p>The date of service determines if claims can be entered during the blackout period.</p> <ul style="list-style-type: none"> • Dates of service up to June 30, 2022 can be entered and billed as normal. This includes new claims, replacement claims and rebilling for previously denied claims. • Dates of service July 1, 2022 and after cannot be entered in Sage during the blackout period. If claims are entered or submitted before the configuration is complete, they will be denied as being submitted while a payment blackout is in place.
37.	Is ASAM 0.5 At Risk Youth going to be entered into Sage?	Yes, the Sage system is currently being configured for ASAM 0.5. SAPC will send a Sage Announcement when it is completed.
38.	Is SAPC still holding local level claims that they were troubleshooting for FY 18/19?	No, SAPC is not holding any local level claims for FY 18/19. Providers are currently receiving all denials.
39.	How do we navigate Recover Support (RS) service denials?	For RS Denials please visit: http://publichealth.lacounty.gov/sapc/Sage/Communication/SAPCSageProviderCommunication022522.pdf

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40.	Where can we find information regarding mismatched Funding Source Screen when entering treatments in Provider Connect (PCONN)	<p>For information on Funding Source Screen When Entering Treatments in PCONN please visit: http://publichealth.lacounty.gov/sapc/Sage/Communication/SAPCSageProviderCommunication021722.pdf</p> <p>If you have further questions, please submit a ticket to the Sage HD and it will be assigned to a SAPC Finance Analyst for review and assistance.</p>
41.	Where can we find information on Denials mentioned in today's meeting?	<p>The PowerPoint related to the May 3, 2022 Provider Meeting is here. Below are a few highlights:</p> <p>Local Level Denial Summary Links Telehealth: http://publichealth.lacounty.gov/sapc/Sage/Communication/SAPCSageProviderCommunication012822.pdf</p> <p>Level 2 State Denial Summary: Telehealth Denials CO 26 N650 -Resolved http://publichealth.lacounty.gov/sapc/Sage/Communication/SAPCSageProviderCommunication042222.pdf</p> <p>CO 96 N362 - Not Resolved do not resubmit/replace until corrected http://publichealth.lacounty.gov/sapc/Sage/Communication/SAPCSageProviderCommunication042222.pdf</p> <p>NDC Code expiration- SAPC awaiting replacement codes (specific to Medications for Addiction Tx (MAT)).</p>
42.	Will the Jan-June 2022 cost reimbursement be similar to that of July 2021-Dec 2021?	It will be on a case-by-case basis due to separate program budget and SAPC contract budget.
43.	The time it takes for LPHAs to finalize notes is not taken into consideration when it comes to billing as they are also doing assessments for new admits at the same time. Can any resolutions be implemented?	Currently, DHCS only permits billing for time spent in direct provision of services and in documentation time for creating clinical documentation. Case consultation time is not currently a DHCS billable service. As such, DHCS has incorporated these considerations when approving overall rates for services.
44.	Is Netsmart working on a way for providers to be able to see how much of the augmentation has been used?	There is not currently a mechanism within Sage to identify the amount remaining on your contract. Providers wishing to clarify this amount should submit a Sage HD ticket that will be escalated to SAPC-Finance who will provide you this information via the HD ticket.
45.	When providing services for clients through telehealth, does it need to be submitted as a Crisis Intervention to bill?	Medi-cal covered services delivered via telehealth and telephone are reimbursable in the DMC-ODS system, inclusive of initial assessments. Telehealth services are to supplement, and not replace in-person service. SUD treatment services can be delivered by Telehealth based on client/patient need. There are various opportunities to provide telehealth services to patients

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		<p>consenting to SUD services. Please review the Provider Manual 6.0 section on “Available Telehealth Services” along with Agency requirements and responsibilities related to Telehealth beginning on page 90.</p> <p><i>Group counseling sessions (12 group limit) may be conducted via telehealth and telephone if the provider obtains consent from all the participants and takes the necessary security precautions, in compliance with HIPAA and 42CFR Part 2</i></p>
Contracts		
46.	Should providers budget FY 2022-23 capacity to the approved budget amount since amendments/ augmentations are not guaranteed and expenses over budget could be forfeited, including staffing/ payroll expenses?	Please reach out to Ddeniz@ph.lacounty.gov for case-by-case basis.
47.	How do we request an overall contract amount increase beyond just the current FY?	The overall contract amount increase request information can be included in the justification section of the Contract Amendment Form .
48.	If the response for an amendment request is 3-4 months, it will be challenging to manage the remaining 30% of the contract. Can these contract amendments be reviewed sooner?	SAPC has looked at this due to delays in processing the Contract. We are seeing some amendments get processed in line with original timeframe. SAPC will review and consider amendments before they reach 30% threshold.
49.	Where can we access DMC-ODS requirements for the 2022-2026 period?	<p>DMC ODS Requirements effective January 1, 2022 can be found in DHCS BH IN 21-075: https://www.dhcs.ca.gov/Documents/BHIN-21-075-DMC-ODS-Requirements-for-the-Period-2022-2026.pdf</p> <p>BH IN 21-075 replaces the Section 1115 Standard Terms and Conditions (STCs) and will be included in the Intergovernmental Agreement when executed. **Excludes July 2022 changes highlighted today.</p>
50.	Where can we find the new DMC Documentation requirements?	<p>DMC Documentation Requirements can be viewed here: https://www.dhcs.ca.gov/Documents/BHIN-22-019-Documentation-Requirements-for-all-SMHS-DMC-and-DMC-ODS-Services.pdf</p> <p>Requirements are effective July 1, 2022</p>

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51.	<p>When an augmentation is requested and approved, does the budget include salary increases and new staff? Do providers need to submit an augmentation request annually, even when a previous amendment to augment for additional staff has been approved</p>	<p>Contract budgets do include line items for salary. Providers should make staffing decisions based on their internal funding and resources, which includes contracts with SAPC. Yes, providers will need to request an augmentation on an annual basis which will be reviewed and approved based on network need, provider performance and available funding.</p>
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Additional Information

52.	<p>Where can we access information regarding the Provider Advisory Committee (PAC)?</p>	<p>Visit the SAPC Provider Advisory Committee (PAC) Information page for general information, Bylaws, and Conference Call Information to the next PAC Meeting: http://publichealth.lacounty.gov/sapc/providers/provider-advisory-committee.htm</p> <p>If you are considering applying for PAC membership and have questions, feel free to reach out to PAC Co-Chair Kathy Watt by phone or email at (323) 463-4266 or wattvnrh@aol.com</p>
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53.	<p>Where can we access the new Provider Manual?</p>	<p>Provider Manual Quick Reference Guide: http://publichealth.lacounty.gov/sapc/NetworkProviders/Privacy/ProviderManualV6.0QuickReferenceGuide.pdf</p> <p>Provider Manual: http://publichealth.lacounty.gov/sapc/NetworkProviders/Privacy/SAPCProviderManual6.0.pdf</p>
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54.	<p>Where can we locate SAPC trainings?</p>	<p>SAPC Trainings can be found: http://publichealth.lacounty.gov/phcommon/public/cal/index.cfm?unit=sapc&prog=ph&ou=ph&cal_id=24</p>
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55.	<p>How do we sign-up for provider communications?</p>	<p>SAPC provides several options to obtain provider communications, don't miss out.</p> <p>Sign up to receive communications directly to your inbox, instructions included here: http://publichealth.lacounty.gov/sapc/bulletins/START-ODS/21-04/Bulletin21-04EffectiveCommunication.pdf</p> <p>Bookmark Provider Communications to view at your leisure: http://publichealth.lacounty.gov/sapc/providers/sage/provider-communications.htm</p>
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Links provided:

DPH COVID-19 Website:

<http://publichealth.lacounty.gov/media/Coronavirus/>

SAPC COVID-19 Webpage:

<http://publichealth.lacounty.gov/sapc/providers/covid19/>

DHCS COVID-19 Webpage:

<https://www.dhcs.ca.gov/Pages/DHCS-COVID-19-Response.aspx>

SAPC Informational Notice 22-01:

<http://publichealth.lacounty.gov/sapc/bulletins/START-ODS/22-01/SAPCIN22-01COVID-19.pdf>