Substance Use Disorder Treatment Services Provider Manual 10.0 - Updates

September 30, 2025

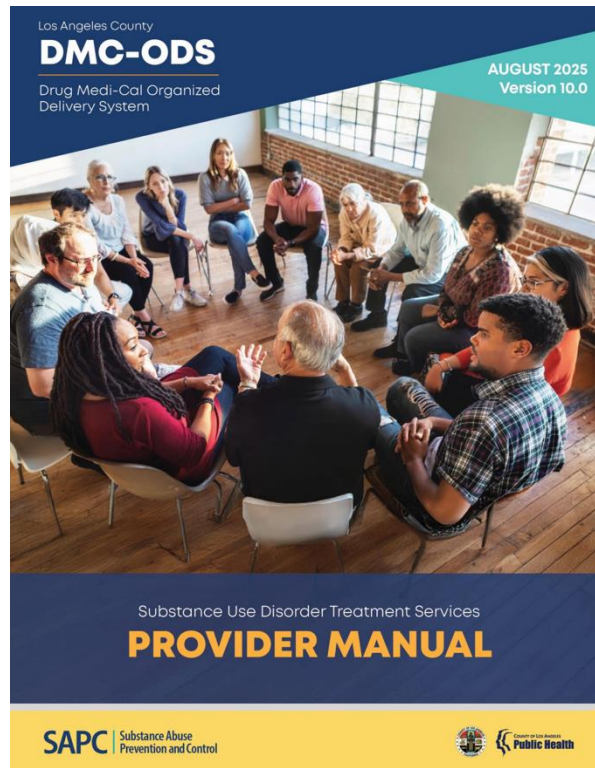**Substance Abuse Prevention and Control (SAPC) Bureau**

Agenda

1. PM Release
2. Clinical Services Updates
3. Contracts Updates
4. Finance Updates
5. Health Outcomes & Data Analytics Updates
6. Sage Management Updates
7. Strategic and Network Development Updates
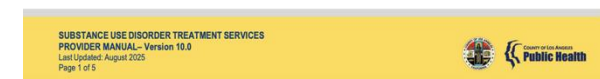8. Systems of Care Updates
9. Q & A
10. Provider Feedback Survey

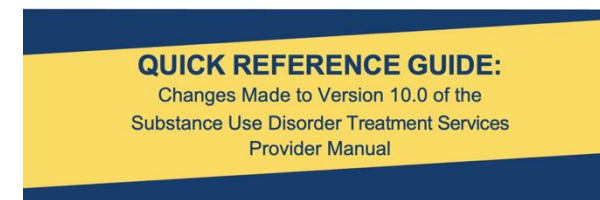# Provider Manual 10.0 – SAPC IN 25-12

Provider Manual 10.0

Quick Reference Guide

Clinical Services Updates

Presented By:

Rachel Santellan, LCSW
Mental Health Clinical Supervisor

- ASAM 4-WM: Admission Criteria
- OTP: Service Requirements
- Medications FDA-Approved to Reverse Opioid Overdose
- Authorized Services
- Clinical Trainees
- Progress Notes
- Group Session Progress Notes

ASAM 4-WM: Admission Criteria

- ### Added 14-day timeframe

Criteria for admission to 4-WM includes one (1) or more of the following within 14 days of the client's most recent use of opioids, alcohol, sedatives or stimulants:

1. The diagnosis of DT that also includes any combination of the following clinical manifestations resulting from cessation or reduced intake of alcohol and/or sedatives:
    a. Hallucinations
    b. Disorientation
    c. Tachycardia
    d. Hypertension
    e. Fever
    f. Agitation
    g. Diaphoresis
2. A severe score on any one of the following scales CIWA-Ar, PAWSS, CINA, and COWS.
3. A moderate score on any one of the following withdrawal scales CIWA-Ar, PAWSS, CINA, COWS, and one or more of the following high-risk factors:
    a. A current serum ethanol level over 0.10mg%
    b. Serum chloride under 96mEg/L (if known)
    c. Use of multiple substances
    d. History of AWD
    e. Inability to receive necessary medical assessment, monitoring, and treatment at a lower LOC
    f. Medical co-morbidities that make detoxification in a lower LOC unsafe
    g. History of failed OP treatment
    h. Psychiatric co-morbidities
4. Pregnancy
5. History of seizure disorder or withdrawal seizures
6. Complications of withdrawal that cannot be adequately managed in the OP setting due to:
    a. Presenting with persistent vomiting and diarrhea from withdrawal
    b. Dehydration and electrolyte imbalance that make detoxification in a lower LOC unsafe
7. Complications from stimulant intoxication that result in medical or psychiatric conditions that impair the client's stability or drastically reduce the client's ability to safely participate in treatment at a lower LOC.

- ### Updated service requirements

"Treatment services at this LOC include screening, assessment/intake care planning, Health Status Questionnaire Form 5103, and/or physical exam, group counseling, patient education, individual counseling, crisis intervention, family therapy, collateral services, safeguarding medications and medication services (including provision of or referral for addiction medication services for individuals who use alcohol, opioids, and/or tobacco products, unless the client's declining addiction medications is documented in Progress Notes), transportation, alcohol/drug testing. RS, discharge services, Care Coordination, and room and board (which cannot include financial participation by the client in the form of payment/transfer of Federal, State, or local benefits such as CalFresh). These services are tailored to address the functional deficits identified in the ASAM criteria."

SUD Treatment Services PM 10.0: Section 2. Client Service Standards (pg. 89-90)

OTP: Service Requirements

- **Updated service requirements**
  - Expands medical testing, adds flexibility in how medications and evaluations are delivered (including telehealth + pharmacy dispensing), allows reimbursement for medically necessary extra counseling.

- **Mobile Opioid Treatment Programs**
  - New section
  - A Mobile Opioid Treatment Program (MOTP) is a mobile component of a primary OTP operating from a motor vehicle under the primary OTP's DEA registration and DHCS license. MOTPs provide OTP treatment of DHCS-approved locations in Los Angeles County remote from the primary OTP's registered location.
  - An MOTP need to be on a vehicle operating with a minimum of four (4) wheels and follow a predefined and pre-approved route. MOTPs are required to operate a minimum of five (5) days a week, and methadone need to be available seven (7) days a week at the home OTP under which the MOTP operates.

Medications FDA-Approved to Reverse Opioid Overdose

- **Clarified naloxone and nalmefene distribution methods**
  - Requires providers to keep doses on-site, train staff, and use pharmacy, Medi-Cal, or NDP pathways to ensure client access.

- **Added information on public access and legal protections**
  - Reinforces that anyone can carry/administer naloxone and highlights California's Good Samaritan laws protecting those who assist in overdose emergencies.

SUD Treatment Services PM 10.0: Section 2. Client Service Standards (pg. 91 & 115-117)

Authorized Services

- **Clarified 30-day submission timeline for initial and continued services**

- **Added policy on late submissions**

- **Added SAPC review procedures**

- **Expanded denial notification section to reflect timeline**

- **Clarified retroactive reimbursement**

SUD Treatment Services PM 10.0: Section 4. Clinical Process Standards (pg. 178-182)

Clinical Trainees

- **Updated information and guidelines**
  - o Broadened the definition of trainees, updated the eligible disciplines list (adding NPs, removing Clinical Nurse Specialists), shifts references to the most current SAPC IN, tightens Sage credentialing/NPI claim requirements.

    > Retroactive to July 1, 2023, Clinical Trainees can submit claims for services provided on or after this date. Claims for Clinical Trainee services will be reimbursed at the same rate as the licensed supervisor's discipline rate. Clinical trainees still need to be credentialed within the Sage system. Provider agencies need to notify the Sage Helpdesk of the primary supervisor's name, National Provider Identification Number (NPI), and credentials to configure the information in Sage during the credentialing process. The supervisor's NPI need to be active as it will be validated against the National Plan and Provider Enumeration System (NPPES) and need to be included on the claim to DMC. Claims need to include the taxonomy code for their discipline and the appropriate provider type modifier.

  - o Re-emphasized limits on LPHA-level duties.

    > The sponsoring provider agency provides adequate clinical supervision and oversight of the trainees' clinical activities. These trainee providers are required to have co-signatures on all of their clinical documentation and receive weekly supervision at a minimum. This supervision requirement consists of one (1) hour of individual supervision or two (2) hours of group supervision for every ten (10) hours of direct clinical service provided by the clinical students, interns, or trainees.
    >
    > **Note:** *Clinical trainees cannot perform the duties of an LPHA (e.g., sign-off on a Problem List (non-OTP settings) or Treatment Plan (OTP settings) or ASAM assessment).*

SUD Treatment Services PM 10.0: Section 4. Clinical Process Standards (pg. 186-187)

Progress Notes

- **Clarified frequency requirements**
  - Must be completed within 3 business days of service (1 day for crisis services).
  - For daily-billed services (e.g., residential treatment), at least one note per day is required.

- **Added requirement for unbundled services**
  - Any service not included in a bundle rate (e.g., residential extras) requires a separate Progress Note to justify the billing.

SUD Treatment Services PM 10.0: Section 4. Clinical Process Standards (pg.200-204)

Group Session Progress Notes

- **New section header**

- **Restructured section**

- **Added group session progress notes requirements**

Group Session Progress Notes need to include:
- The type of service rendered.
- A narrative describing the service, including the title of the group session and how the service addressed the client's SUD and/or mental health need (e.g., symptom, condition, diagnosis, and/or risk factors) in accordance with the ASAM Criteria.
- The date that the service was provided to the client.
- Duration of the service, including travel time.
- Location of the client at the time of receiving the service.
- Justification of discrepancy if the LOC suggested by ASAM criteria is not recommended by the counselor/clinician (if applicable).
- Justification of discrepancy if the discussed LOC is not agreeable to the client (if applicable)
- Justification of discrepancy if the LOC the client was referred to does not match the LOC suggested by the ASAM criteria (if applicable).
- A typed or legibly printed name, service provider signature, and signature date (electronic signatures are acceptable).

Note: For providers capturing client's group participation via a daily summary note, a complete narrative of each group client participated in needs to be included.

SUD Treatment Services PM 10.0: Section 4. Clinical Process Standards (pg.201-203)

Contracts Updates

Presented By:

Setareh Yavari
CCD Division Chief

Tasha McFashion-Stiger
Senior Contract Program Auditor

- Complaints/Grievance Process
- Provider-Led Resolution (Level 1-2 Complaints/Grievances)
- SAPC-Directed Resolution (Level 3)
- SAPC Oversight and Referral Back to Provider
- Table 23: Complaint and Grievance Triage (SAPC Levels)
- Clinical Complaint/Grievance Review
- Table 24: Grievance Timeline
- Notice of Adverse Benefit Determination
- Appeals Process
- Appeals
- SAPC Compliance Monitoring
- Protected Health Information Requirements

County of Los Angeles
Public Health

Complaints/Grievance Process

- **Updated information to reflect BHIN 25-015**
  - o Parity Requirements for DMC State Plan Counties

Complaints/Grievance Submission and Provider Role

- **New section**

Clients may file a complaint or grievance directly with the provider agency or SAPC. Provider agencies need to accept grievances verbally or in writing, including by phone, email, fax, or in person. Complaints may be submitted by the client, an authorized representative, or a provider acting on the client's behalf (with consent). For additional information regarding the grievance timelines, see Table 24.

Providers are required to:

- Accept and assist with grievances submitted at their sites, if requested;
- Make forms and submission instructions available at all service locations;
- Distinguish between inquiries and grievances, and respond accordingly;
- Respond to low-level complaints in a timely, professional, and respectful manner; **and**
- Maintain clear documentation of all grievances in an internal log.

SUD Treatment Services PM 10.0: Section 4. Clinical Process Standards (pg.205-208)

Provider-Led Resolution (Level 1-2 Complaints /Grievances)

- **New section**

Providers may resolve a complaint or grievance internally, without SAPC involvement, only if all of the following conditions are met:

1. The issue is resolved to the member's satisfaction by the close of the next business day.
2. The issue does not involve an Adverse Benefit Determination.
3. The resolution is documented in the provider's internal grievance log.

Level 1 complaints/grievances do not require SAPC acknowledgement or a written Notice of Grievance Resolution (NGR) but need to be reported to SAPC on a quarterly basis. This ensures SAPC can monitor for trends and follow up on patterns over time.

SAPC-Directed Resolution (Level 3)

- **New section**

For complaints or grievances that:

1. Cannot be resolved to the client's satisfaction by the next business day
2. Are submitted in writing (email, mail, fax)
3. Involve clinical concerns, safety issues, failure to provide TGI-inclusive care, or Adverse Benefit Determinations

Provider agencies need to notify SAPC within one (1) business day of receipt of the grievance. SAPC will lead the formal resolution process, including written acknowledgements and NGR issuance using DHCS-approved templates. Providers are expected to:

1. Participate in the resolution process;
2. Submit all relevant documentation within ten (10) business days of resolution to ensure SAPC can comply with the 30-calendar-day deadline required by DHCS.

SUD Treatment Services PM 10.0: Section 4. Clinical Process Standards (pg.206)

SAPC Oversight and Referral Back to Provider & Table 23: Complaint and Grievance Triage (SAPC Levels)

- **New section and table**

SAPC may receive complaints that could reasonably be addressed by the provider using their internal grievance process. In these cases – typically involving Level 2 complaints – SAPC may refer the client back to the provider to complete the internal process, up to and including arbitration.

SAPC will retain oversight of the complaint and expects providers to:

1. Follow their internal policy and complete resolution within regulatory timelines.
2. Notify SAPC of the resolution or escalation within 10 business days.
3. Provide documentation of steps taken.
4. Redirect the client back to SAPC if they remain dissatisfied after the provider's internal process is complete.

This approach allows providers to remain the first line of resolution for concerns that originate at their site, while ensuring SAPC compliance with all DHCS reporting requirements.

Table 23: Complaint and Grievance Triage (SAPC Levels)

SAPC Level	Description	Handled By
Level 3	High-priority concerns such as abuse, neglect, discrimination, serious legal violations, or safety risks	SAPC-led investigations
Level 2	Access delays, interpersonal or communication concerns	SAPC resolution with provider support
Level 1	Low-priority or administrative issues resolved to the member's satisfaction within one (1) business day.	Provider resolved and logged (no NGR)

SUD Treatment Services PM 10.0: Section 4. Clinical Process Standards (pg.207)

Clinical Complaint/Grievance Review

● **New section**

Staff handling complaints or grievances will not have been involved in previous reviews or decisions related to the issue. Decision-makers have the appropriate clinical expertise to ensure fair and informed outcomes.

Complaints involving clinical matters will be reviewed by licensed clinical staff within SAPC-QI and SAPC-UM. These staff members will:

- Work with the involved parties (clients, providers) to gather facts.
- Conduct further investigation if necessary, such as contacting the treating provider.

Every attempt will be made to achieve a satisfactory resolution for the client.

- Clinical complaints/grievances will be addressed as a component of the QI activities within the SAPC-QI and SAPC-UM sections. Depending on the nature of the complaint/grievance, this may trigger more targeted follow-up at the provider level.

SUD Treatment Services PM 10.0: Section 4. Clinical Process Standards (pg.208)

Table 24: Grievance Timeline

- Updated information and guidelines

Notice of Adverse Benefit Determinations

- Moved section under Appeals
- New section headers and updated guidelines

Appeals Process

- New section headers and updated guidelines

SUD Treatment Services PM 10.0: Section 4. Clinical Process Standards (pg.208-215)

GRIEVANCE			
Any complaint or expression of dissatisfaction about any matter (other than Adverse Benefit Determination) • Quality of care or services provided. • Aspects of interpersonal relationships (i.e., staff rudeness of miscommunication). • Delays in services or scheduling • Violation of client rights or discriminatory treatment			
Time of Filing	Member/provider/authorized representative may file verbally or in writing **at any time**.		
Written Acknowledgment of Receipt	**Within five (5) calendar days** of receipt unless the grievance is resolved to the member's satisfaction by the close of the next business day. Acknowledgement needs to include: • Date received; **and** • Contact info of County staff client may contact (Date received/ Name/ Phone/ Address		

Resolution:
 Written Decision Notification
	May not exceed 30 calendar days from the date of initial grievance. A decision **may not exceed 30 calendar days** when the grievance is related to disputes of the County's decision to extend the timeframe for making an authorization decision.
	   NGR needs to include:
	     • Decision date and result
	     • Clear, concise reason for decision
	     • Reviewer contact info
	 • Fair hearing
	 Exemption
	 Written Notification is <u>not required</u> if:
	 • Complaint received verbally (phone/in-person); **and**
	 • Resolved (to member satisfaction) by close of next business day.		

Extensions *(not to exceed 14 calendar days)*	**Initiated by**	**Member**	**County** *ONLY when delays due to the need for additional information AND is in the client's best interest.*

	Written Notice	**N/A**	**Requires:**
			 • Prompt verbal notice of delay; **and**
			 • NOABD Grievance/Appeal Delay Resolution template sent within 2 calendar days of decision to extend.
			     ○ Resolution may <u>not exceed</u> 14 days.
			     ○ Exemptions <u>do not apply</u> when a dispute is related to an Adverse Benefit Determination that is resolved by the next business day. It needs to be in writing and logged.

"APPEAL" **No appeal for grievances only** **additional actions**	• If the client is dissatisfied with the results of the grievance, they may file another grievance; **or** • Submit grievance to the State Medi-Cal Managed Care Ombudsman office.		

Appeals

- **Updated guidelines**

SAPC Compliance Monitoring

- **Updated training requirements for all treatment provider meetings**
  - Providers must participate in required trainings (e.g., CalAIM updates) and send at least one Executive Leadership representative in person to all Treatment Provider Meetings.

SUD Treatment Services PM 10.0: Section 4. Clinical Process Standards (pg.209 & 226)

Protected Health Information Requirements

- **Expanded applicability for PHI**
  - o Applies to all staff with PHI/PII access or client contact, including volunteers, interns, and contractors (especially for youth providers)

- **Added additional guidelines for background checks**
  - o Specifies fingerprint-based Live Scan is required before employment and guidelines on Subsequent Arrest Notification service.

- **Clarified training requirements**
  - o Annual information security and privacy trainings; agencies must track and keep records

- **Added note for Youth Providers**

Note for Youth Providers: All staff (including volunteers, interns, and contractors) who work with minors need to complete DOJ/FBI fingerprint-based Live Scan checks and enroll in the DOJ Subsequent Arrest Notification service. Youth providers need to include DOJ/FBI clearances for their staff.

SUD Treatment Services PM 10.0: Section 6. Business Process Standards (pg.228)

Finance Updates

Presented By:

Daniel Deniz
FSD Division Chief

- County Fiscal Monitoring

- Investments to Support a Modern SUD System

- Figure 3: SAPC's Payment Reform 10-Year Roadmap

- Claims Submission and Reimbursement Process

County Fiscal Monitoring

- **Clarified fiscal monitoring timeline**

- **Added context on policy compliance**

- **Added guidance for provider agencies**

- **Updated information to reflect SAPC IN 25-02**
  - Revised – Fiscal Year 2024-2025 Rates and Payment Policy Updates

- **Updated header (previously Rates and Standards)**

SAPC partners with the County Auditor-Controller to conduct mandated fiscal monitoring. Fiscal monitoring involves reviewing the Provider Agency's financial records to verify compliance with the financial aspects of the contract and generally accepted accounting principles. Fiscal compliance reviews continue to be a requirement in accordance with County and funding policies, and they are a critical tool for supporting the effective management of funds, including verifying their appropriate use. Compliance requirements remain in effect and are not affected by changes at the state level resulting from CalAIM. Fiscal monitoring will review financial records annually, but for the prior closed FY. Fiscal monitoring focuses on the following areas:

- **Accounting Records:** To review overall contractor operations
- **Cash Position:** To determine if the contractor is fiscally viable
- **Financial Condition:** To verify that the contractor maintains a positive working capital position
- **Billing/Expenses:** To confirm the accuracy of service units and operating expenses
- **Payroll:** To ensure staffing is appropriate and payroll taxes are not delinquent

Provider Agencies are encouraged to collaborate with their accounting teams to establish strong internal systems that support accurate financial tracking and documentation. Key areas to address include:

- Cost Allocation Plan
- Ensure all expenditures are supported with adequate and acceptable documentation
- Internal Controls
- Accounting and Financial Reporting
- Fiscal Viability

Investments to Support a Modern SUD System

- **Clarified expectations for assessment and investments**
  - Agencies must now assess practices against best practices and address service gaps.
- **Updated funding opportunities**
  - Value-Based Incentives (formerly Capacity Building) added alongside the Program Investment Fund

Figure 3: SAPC's Payment Reform 10-Year Roadmap

- **New figure**

Figure 3: SAPC's Payment Reform 10-Year Roadmap									
Phase 1		Phase 2		Phase 3		Phase 4		Phase 5	
Investing in the Foundation		Implementing Outcome-Focused Reforms		Delivering Quality + Value		Managing Risks + Rewards		Operating in an Advanced Value-Based or Population Health Environment	
2023-24	2024-25	2025-26	2026-27	2027-28	2028-29	2029-30	2030-31	2031-32	2032-33

SUD Treatment Services PM 10.0: Section 6. Business Process Standards (pg. 230-232)

Claims Submission and Reimbursement Process

- **Clarified submission methods**
  - Two submission paths
    - SAGE Fast Service Entry for primary users
    - EDI via SFTP for secondary users
- **Expanded on payment adjustments**
  - Can include State denial takebacks
- **Detailed DHCS processing**
  - SAPC-approved claims are sent to DHCS for second-level adjudication within 2-3 months.
    - DHCS denials can trigger recoupment/takeback of prior payments
- **Added guidance on claim support and PHI protocols**
  - Providers should utilize the SAGE Help Desk ticketing portal to request SAPC assistance with billing/denial issues

SUD Treatment Services PM 10.0: Section 6. Business Process Standards (pg. 233-234)

Health Outcomes & Data Analytics Updates

- Data Reporting Requirements
- Treatment Perception Survey

Presented By:

Tina Kim, Ph.D, MA
HODA Division Chief

County of Los Angeles
Public Health

Data Reporting Requirements

- **Updated Information to reflect BHIN 25-001**
  - Update to Protocols for Collecting and Reporting Discharge Data in California Outcomes Measurement System Treatment (CalOMS Tx)

- **Clarified and expanded data collection guidelines**

- **Enhanced reporting timeline requirements**

- **Introduced CalOMS Data Quality Report**

- **DATAR – revised reporting metrics**

- **Updated submissions and compliance deadlines**

SUD Treatment Services PM 10.0: Section 2. Client Service Standards (pg. 54-56)

Treatment Perception Survey

- **New Section**

- **Treatment Perceptions Survey Resources webpage**

Treatment Perception Survey

Providers are **required** to participate in the annual administration of the Treatment Perceptions Survey (TPS) to clients in October.

- TPS is designed to measure client perceptions across domains of access, quality of care, satisfaction, care coordination, and outcomes.
- TPS is offered to every client aged 12 and older who receives services either face-to-face or via telehealth during the survey period. FBS are considered face-to-face treatment services.
- TPS is available in all threshold languages and can be completed either online or paper survey.
- The SAPC-HODA TPS team distributes online survey links customized by location, LOC, and age group, along with prefilled paper surveys including location, LOC, and provider numbers prior to the TPS data collection period.
  - Prior to designing both the online and paper surveys, the TPS team will send a validation form to confirm facility information (e.g., LOC, facility address) and survey needs (e.g., survey type, need for youth, Spanish, or paper copies). This form need to be completed and returned by the deadline.
- The TPS Guide and training materials are available on SAPC's Treatment Perceptions Survey Resources webpage.

SUD Treatment Services PM 10.0: Section 2. Client Service Standards (pg. 57)

Sage Management Updates

Presented By:

David Hindman, PhD
SMD Division Chief

- Figure 1: Key Inter-County Transfer Steps

- Documentation & Sage Billing Updates

- Table 16: Types of Licensed Practitioners of the Healing Art

- Data Exchange & Release of Information

- 42 CFR Part 2 – Confidentiality of SUD Client Records

- Required Sage Functions

- Sage User Roles

- SAPC Learning and Network Connection Platform

COUNTY OF LOS ANGELES
Public Health

Figure 1: Key Inter-County Transfer Steps

- **Updated Option 2 and Provider Agency Procedures**

Option 2: Working with DPSS	Contact the local LA County Department of Public Social Services (DPSS) office and report the change of residence.
	Call the DPSS Customer Service ICT Hotline at (866) 613-3777. Press 1 for English; after the recording, press 5 for Disability Accommodation and Other Hotlines; then press 3 for Benefits Transfer Request.
	Notify the DPSS Eligibility Worker (EW) that your client needs to transfer their existing DPSS case from the originating county to LA County.
	A Notice of Action (NOA) confirming the county transfer and effective date will be mailed to the client.
	Upload the NOA to the client's chart, as SAPC-UM will use the effective date to authorize treatment.
	While not recommended, the client may also contact DPSS in person via phone. Please note that this method may initiate a transfer of both County Responsibility and Residence, which can take one (1) to three (3) months to transfer to LA County and will not be retroactive to the request date.

- **Updated Disclaimer**

Disclaimer: SAPC is not responsible for, nor does it have control over, changes to eligibility within the DPSS system or any discrepancies between DPSS and the SAPC MEDS file, including the effective dates listed on an NOA or the CRS. These inconsistencies may result in billing denials. If you receive an eligibility-related denial, submit a Sage Help Desk ticket for troubleshooting and support, and/or contact DPSS directly to verify eligibility status. Medi-Cal eligibility verification is only valid on the date it is viewed in AEVS or when eligibility information is confirmed through MEDS or MEDSLITE. If a Member SAR is submitted in the following month, eligibility data in these systems may not align due to system inconsistencies.

SUD Treatment Services PM 10.0: Section 2. Client Service Standards (pg. 18)

Documentation & Sage Billing Updates

- **Clarified use of crisis intervention code**
  - DHCS previously indicated that Crisis Intervention had occur in-person.
  - DHCS updated this guidance in July 2025 (after PM 10.0 was approved) to include telehealth and telephone.
    - Sage is in process of being updated based on this updated guidance.
  - Crisis Intervention must be documented in SAGE/EHR with a Progress Note.

- **New billing and documentation guidelines**
  - Services are billed in 15-minute increments; Routine services must be distinguished from emergencies (e.g., 911 calls) and from phone/telehealth encounters.

- **Added integration of family therapy guidance**
  - Crisis situations involving family members should be documented as Family Therapy, which can be in-person, telehealth, or telephone, and must use evidence-based approaches (e.g., CBT, family systems).

SUD Treatment Services PM 10.0: Section 2. Client Service Standards (pg.108-109)

Table 16: Types of Licensed Practitioners of the Healing Arts

- **New Table: Clarified Diagnosing vs. Non-Diagnosing LPHAs**
  - Non-Diagnosing LPHAs cannot establish medical necessity, as confirming diagnoses is a key component of medical necessity.

Diagnosing LPHAs	Non-Diagnosing LPHAs
Physician (MD or DO)	Registered Nurse (RN)*
Nurse Practitioner (NP)	Registered Pharmacist (RP)
Physician Assistant (PA)	Licensed Vocational Nurse (LVN)
Licensed Clinical Psychologist (LCP)	Licensed Psychiatric Technician (LPT)
Licensed Clinical Social Worker (LCSW)	Licensed Occupational Therapist (LOT)
Licensed Professional Clinical Counselor (LPCC)	
Licensed Marriage and Family Therapist (LMFT)	

SUD Treatment Services PM 10.0: Section 4. Clinical Process Standards (pg. 186)

Data Exchange and Release of Information

- **New section**
  - Summary: Providers must support secure sharing of client health information to improve care coordination, ensuring all ROI requests (for current and former clients) are processed timely and in compliance with privacy rules.
  - Providers must maintain at least two authorized SFTP users, respond to ROI requests within 7 days, follow required file naming conventions, and ensure only authorized information is released.

- **Clarified ROI requirements**
  - Provider staff obtain an ROI documented on SAPC-approved ROI forms whenever a Care Coordination activity requires releasing any client information, including the client's enrollment in an SUD program.

SUD Treatment Services PM 10.0: Section 4. Clinical Process Standards (pg. 191-192); SUD Treatment Services PM 10.0: Section 2. Client Service Standards (pg. 64-66)

42 CFR Part 2 – Confidentiality of SUD Client Records

- **Updated guidelines and resource links**

- Part 2 Final Rule 2024 has a compliance date (enforcement may formally begin) of February 16, 2026. All organizations have until this date to comply by updating consent forms, required notices, revise organizational policies and procedures and ensure staff knowledge by providing training.
- For a summary of 42 CFR Part 2 Final Rule 2024 modifications, visit: https://www.hhs.gov/hipaa/for-professionals/regulatory-initiatives/fact-sheet-42-cfr-part-2-final-rule/index.html
- Subpart A covers introduction to the statute (e.g., purpose, criminal penalty, reports of violations, etc.).
- Subpart B covers general provisions (e.g., definitions, confidentiality restrictions, minor clients, etc.).
- Subpart C covers disclosures allowed with the client's consent (e.g., consent requirements, notice and copy of consent to accompany disclosure, disclosures permitted with written consent, use and disclosures to prevent multiple enrollments, etc.).
- Subpart D covers disclosures that do not require client consent (e.g., medical emergencies, scientific research, evaluation, and audit activities, disclosures for public health).
- Subpart E includes information on court orders around disclosure (e.g., legal effects of order confidential communications, etc.).

US HHS Fact Sheet 42 CFR Part 2 Final Rule

SUD Treatment Services PM 10.0: Section 4. Clinical Process Standards (pg. 193)

Required SAGE Functions

- **Clarified required use of SAGE for key client care functions**
  - All providers must complete key functions in SAGE (admissions, authorizations, ASAM Co-Triage/CONTINUUM Assessments, referral connections, discharges, etc.), even if using another EHR for documentation of services and claim submission.

- **Added details on required data elements**
  - Expanded list of specific forms now mandated in SAGE (e.g., Youth Screener, RBH Discharge, Real-Time Eligibility, CalOMS).

- **Clarified OTP provider expectations**
  - OTPs cannot use SAGE as their primary EHR. However, OTPs must still enter some required elements in Sage, similar to non-OTP providers.

SUD Treatment Services PM 10.0: Section 6. Business Process Standards (pg. 237-238)

SAGE User Roles

- **Updated the list of available Sage user roles to reflect current options**

> To fully utilize the benefits of Sage, SUD providers should actively manage the user roles assigned to their staff. Sage supports a wide range of staff roles, enabling providers to carry out various functions, including but not limited to:
>
> - Varying Clinical Levels in LPHA, Counselors, and license-eligible LPHA, and those who also conduct financial tasks
> - Financial Staff
> - Clinical Trainees
> - Audit User
> - Operations
> - Clerical
> - Peer Support Specialist (also known as CMPSS or Certified Peer)
> - LVN & MA

- **See the Sage User Enrollment page for more information on Sage user roles.**

SUD Treatment Services PM 10.0: Section 6. Business Process Standards (pg. 238)

SAPC Learning and Network Connection Platform

- **New section**

The SAPC-LNC platform, a gateway to SAPC's programmatic and network training resources, is a learning and network management platform. This platform offers a range of free, on-demand trainings and content designed specifically created for SAPC Network Providers to support all types of substance use services. The trainings and content aim to strengthen clinical practice and address the operational needs of Provider Agencies.

Provider Agencies can complete trainings at their own pace and certificates of completion are available for download once a training is finished. Selected clinical trainings also offer CEs for eligible disciplines on this platform.

To access the SAPC-LNC platform, provider agencies need to register for an account directly on the SAPC-LNC platform. For guidance on registration, navigation, and technical support, refer to the SAPC-LNC Getting Started Guide.

SUD Treatment Services PM 10.0: Section 6. Business Process Standards (pg. 240)

Strategic and Network Development Updates

Presented By:

Antonne Moore, M.Ed.
SND Division Chief

- Table 4: SAPC Access and Services Delivery
- Out-of-Network Policy
- County of Responsibility and Residence
- Notifications and Provider NACT Coordinator
- Network Adequacy Certification Application
- Member Handbook and Client Orientation Video
- Culturally and Linguistically Appropriate Services
- TGI-Inclusive Services

Table 4: SAPC Access and Services Delivery Standards

- **Updated language around Screening for Provisional LOC**

Screening for Provisional LOC[3]	Date of first contact (walk-ins only) • In instances where clients were screened for admission but not admitted, treatment agencies need to provide two (2) alternate referral agencies and connect the client within 48 hours to these agencies. Within 72 hours of admission, agencies should administer the ASAM CO-Triage® Tool for Adults (age 21 and over) or the ASAM Screener for Youth (age 17 and under) and Young Adults (age 18-20) to clients admitted to residential LOC, except for WM LOC, if the applicable Assessment Tool (below) has not been administered during this timeframe, to support the client's placement in an appropriate LOC.

SUD Treatment Services PM 10.0: Section 2. Client Service Standards (pg. 34-36)

Out-of-Network Policy

- **Added BHIN 25-007**
  - Expanded the DMC-ODS benefit to include Traditional Health Care Practices (i.e., interventions provided by qualified Traditional Healers and Natural Helpers) for eligible members, which can only be provided through Indian Health Care Providers

County of Responsibility and Residence

- **Updated language to reflect BHIN 24-001 and BHIN 24-008**
- **Expanded the exceptions**

SUD Treatment Services PM 10.0: Section 2. Client Service Standards (pg. 13)

Notifications and Provider NACT Coordinator

- **Added BHIN 25-013**
  - 2025 Network Certification Requirements for County Mental Health Plans (MHPs), Drug Medi-Cal Organized Delivery System (DMC-ODS) Plans, Drug Medi-Cal (DMC) State Plan Counties, Integrated Behavior Health Plans (IBHPs) and Integrated DMC Behavioral Health Delivery Systems (DMC-IBHDS)

- **Updated NACT Coordinator Requirements**
  - Each agency is allowed a minimum of one (1) and a maximum of three (3) NACT coordinators.

SUD Treatment Services PM 10.0: Section 2. Client Service Standards (pg. 39)

Network Adequacy Certification Application (NACA)

- **Expanded NACT Coordinator roles**

- **Added submission confirmation requirement**

- **Added guidelines for non-compliance**

- **Incorporated system updates for new DHCS Companion Guide requirements.**

- **Enhanced system validations to capture user discrepancies**

To ensure SAPC meets the DHCS NACT and 274 Standard Process submission deadline, provider agencies need to have completed and validated all data in the NACA by the last week of every month, unless otherwise notified by SAPC. Failure to meet the specified deadline may result in consequences, including, but not limited to, the denial of augmentation requests and contract amendments. NACT Coordinators need to finalize their submission by selecting the "Confirm Monthly Submission" on the last page of the Practitioner page. An auto-email notification will be sent to the primary and the back-up coordinator confirming submission.

SUD Treatment Services PM 10.0: Section 2. Client Service Standards (pg. 40)

Member Handbook and Client Orientation Video & Provider Responsibilities: Notice of Significant Change to Member Handbook

- **Updated information to reflect BHIN 24-034**

  o Integrated Behavioral Health Member Handbook Requirements and Templates

- **Updated member resource links**

In accordance with BHIN 24-034, current clients need to be notified of any significant changes to the information contained in the member handbook at least 30 days prior to the effective date of the change. Significant changes are typically due to regulatory or other changes. When changes are issued, SAPC will notify provider agencies and provide a copy of the updated document, along with the "Member Handbook Notification of Significant Change Letter."

SUD Treatment Services PM 10.0: Section 2. Client Service Standards (pg. 48-49)

Culturally and Linguistically Appropriate Services

- **Updated information to reflect BHIN 24-007, SAPC IN 24-02, SAPC IN 25-02**
  - BHIN 24-007: Reiterates federal and state requirements regarding communications with individuals with disabilities.
  - SAPC IN 24-02: Requirements for ensuring culturally and linguistically appropriate service
  - SAPC IN 25-02: Revised – Fiscal year 2024-2025 rates and payment policy updates
    - When a third-party interpreter is used during outpatient, intensive outpatient, or recovery services, providers may bill for the language assistance add-on rate to support the provision of language services. This add-on is available for DMC-ODS eligible services to ensure access for individuals with limited English proficiency.

> As outlined in BHIN 24-007 and SAPC IN 24-02, providers need to have clear policies to accommodate the communication needs of all qualified individuals. They should be prepared to offer information in alternative formats, such as braille, audio recordings, large print, and accessible electronic formats, including data CDs. Other auxiliary aids and services also need to be provided when appropriate.

SUD Treatment Services PM 10.0: Section 2. Client Service Standards (pg. 119-121)

TGI-Inclusive Services

- **New section**

> **TGI-Inclusive Services**
>
> In accordance with BHIN 25-019 and SAPC IN 24-02, SAPC and its contracted provider agencies need to comply with requirements under Senate Bill 293 to provide trans-inclusive care to individuals who identify as Transgender, Gender Diverse, or Intersex (TGI) consistent with the standards of care for individuals who identify as TGI, honors the individual's personal bodily autonomy, does not make assumptions about an individual's gender, accepts gender fluidity and nontraditional gender presentation, and creates spaces of inclusivity and belonging, treating everyone with compassion, understanding, and respect.
>
> Under SB 923 and BHIN 25-019, SAPC is required to ensure that staff who have direct contact with clients are trained on a specific set of training curriculum requirements, as well as to track, monitor, and report complaints for failure to provide TGI-inclusive care and submit them to DHCS. Trainings will be provided by SAPC and tracked using the SAPC Learning & Network Connection (SAPC-LNC) platform.

- **BHIN 25-019**
  - Transgender, Gender Diverse, or Intersect Cultural Competency Training Program Requirements

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Systems of Care Updates

Presented By:

Yanira A. Lima, MPH, MHM
SOC Division Chief

- Table 4: SAPC Access and Services Delivery
- Recovery Bridge Housing
- Recovery Housing
- Recovery Incentives-Contingency Management Program
- Pregnant and Parenting Women Population
- DMC Perinatal Eligibility
- Women and Children's Residential Treatment Services
- PPW: Additional Perinatal Services
- Jail-Release/Community-Reentry Programs
- Community-Supervision Programs – Probation & Parole
- Building Relationship, Inspiring Development, and Growing Engagement Program

Recovery Bridge Housing

- **Added guidance on PPW clients**

> The goal of RBH is to provide safe interim housing that is supportive of recovery for clients who are receiving OP/IOP/OTP/OP-WM treatment for their SUD. RBH is available for Young Adults (age 18-20) and Adults (age 21 and over), including PPW, who are:
>
> - In need of a stable, safe living environment to best support their recovery from SUD; **and**
> - Concurrently enrolled in OP/IOP/OTP/OP-WM treatment settings
>
> PPW clients may be accompanied by up to five (5) dependent children (age 0-16) in RBH. RBH providers authorized by the County to provide PPW services need to ensure that all services being provided to the parent and child(ren) are in accordance with DHCS's Substance Use Disorder Perinatal Practice Guidelines (August 2024).

- **Added guidance on billing**

Recovery Housing

- **Updated information to reflect SAPC IN 25-04**
  - Recovery Bridge Housing and Recovery Housing Providers

SUD Treatment Services PM 10.0: Section 2. Client Service Standards (pg. 95-100, 102-103)

45

Recovery Incentives-Contingency Management Program

- **New section**

  - CM is an effective treatment that offers incentives (i.e., gift cards) for negative drug tests, to treat individuals with Stimulant Use Disorder and support their path to recovery.

  - Providers must follow SAPC and DHCS guidance on eligibility and incentive limits.

  - Providers interested in offering CM should email SAPC-SOC@ph.lacounty.gov

SUD Treatment Services PM 10.0: Section 2. Client Service Standards (pg. 104)

Pregnant and Parenting Women Population

- **Updated information to reflect DHCS's Substance Use Disorder Perinatal Guidelines**

> Perinatal services need to align with the most current version of DHCS's Substance Use Disorder Perinatal Practice Guidelines (August 2024), developed in accordance with DMC and the Substance Use Prevention, Treatment, and Substance Use Block Grant (SUBG or SUPTRS BG; *formerly known as Substance Abuse Prevention and Treatment Block Grant or SABG*) Perinatal Set-Aside from SAMHSA. The SUBG requires specified funds to be used for perinatal clients and is governed by 45 CFR § 96, Subpart L; DMC funds are governed by CCR Title 22.

DMC Perinatal Eligibility

- **Added guidance on Women's Health History in SAGE**

> PPW agencies need to complete the Women's Health History Form in Sage for all clients who are pregnant or within 365 days postpartum. This form needs to be completed for each pregnancy and updated if the pregnancy ends during treatment. Required fields include the client's last menstrual period, pregnancy start date, expected due date, pregnancy end date (if applicable), and date of initial treatment.

SUD Treatment Services PM 10.0: Section 3. Client Service Standards: Special Populations (pg. 131-138)

Women and Children's Residential Treatment Services

- **Updated WCRTS program outcomes**

> The **four (4) outcomes** intended to be achieved through the WCRTS program include:
>
> 1. Preserving family unity
> 2. Promoting healthy pregnancies
> 3. Enabling children to thrive
> 4. Reducing or eliminating the distress caused by the symptoms of SUD for women and their families

PPW: Additional Perinatal Services

- **Added guidance on reproductive health counselling services and referrals**

> Reproductive health counseling services to provide referrals and support individuals to make informed choices around HIV/STI testing, pregnancy prevention, family planning, sexual health, pregnancy support, pregnancy options counseling, postpartum care, etc.

SUD Treatment Services PM 10.0: Section 3. Client Service Standards: Special Populations (pg. 135-136)

Jail-Release/Community-Reentry Programs

- **Updated CalAIM Post-Release Linkage Process information to reflect SAPC IN 25-05**

> As of October 1, 2024, under the CalAIM Justice-Involved Initiative, DHCS required SAPC and all California county behavioral health agencies to launch a behavioral health link process to accommodate the post-release requests from CFs. These post-release linkages include referrals and appointments to SUD and/or mental health services to ensure continuity of behavioral health or other health services received while in custody.
>
> For additional information on SAPC's CalAIM post-release linkage process, see SAPC IN 25-05.

Community-Supervision Programs-Probation & Parole

- **Added information on Proposition 36 (2024)**
  - Section expanded to include both the original 2000 law (mandating probation and treatment for certain non-violent drug offenses) and new 2024 Proposition 36, which repealed parts of Proposition 47 and reclassified certain drug offenses as "treatment-mandated felonies".

SUD Treatment Services PM 10.0: Section 3. Client Service Standards: Special Populations (pg. 148-149)

Building Relationship, Inspiring Development, and Growing Engagement (BRIDGE) Family Supportive Services Program

- **New section**

Family involvement in SUD treatment services provides youth with the greatest chance for long-term recovery from the harmful effects of substance use and/or misuse. The Building Relationship, Inspiring Development, and Growing Engagement (BRIDGE) program is aimed to enhance youth treatment providers' capacity to deliver supportive services for parents, caregivers, and families of Youth (age 17 and under) who are receiving SUD treatment services, inclusive of youth with complex needs, juvenile justice-involved youth, and those released from detention or secured facilities.

To strengthen services for parents and caregivers, SAPC will fund a BRIDGE Family Support Specialist (BFSS) position dedicated to enhancing family-focused support for youth in SUD treatment. The BFSS will coordinate and deliver services for parents and caregivers, which may include one-on-one consultations to help them navigate the treatment process, educational sessions, family support groups, and programs that promote positive family relationships to support youth in recovery.

The BFSS role may be filled by an LPHA, a license-eligible LPHA, a Certified Peer, a Registered SUD Counselor, or a Certified SUD Counselor. Candidates need to have at least one (1) year of experience providing and/or coordinating family supportive services to youth and/or families.

The BFSS will collaborate with the SUD treatment team to develop, implement, coordinate, and integrate family supportive services provided to parents and caregivers of youth who are seeking or receiving SUD services. For a list of services to be provided under this program and for additional information, see SAPC 24-06.

Note: The BRIDGE program is effective October 1, 2024, and will renew each subsequent FY contingent upon the availability of funds and the program's success in achieving its goals and objectives.

SUD Treatment Services PM 10.0: Section 3. Client Service Standards: Special Populations (pg. 167)

Q & A

Substance Use Disorder Treatment Services Provider Manual – Feedback Survey

https://forms.office.com/g/WRM4s5rZcA

5-10 minutes to complete

SAPC Division Contact Information

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Thank You!