**SUBSTANCE ABUSE PREVENTION AND CONTROL**

**TRANSITIONAL PAYMENT REQUEST**

Transitional payments may be approved to support providers facing financial challenges as a result of contract status or Sage-related issues. To assist in the review process, please provide the request information below.

**Agency Name:**

**Contract Number:**

**Contract Amount:**

**Fiscal Year:**

**Requested Amount:**

Please explain in detail the reasons why your agency is experiencing a cash flow problem and requesting a transitional payment. You may select one or more of the following options:

New Fiscal Year and Sage not configured for claims submission

Error in Sage configuration that prevents claims submission

Claims submitted but experiencing significant denials

Replacing denials for resubmission

Recent fiscal staff vacancy preventing claims submission

Services delivered and claims do not cover costs

Cashflow issues associated with revenue sources other than SAPC

Other

Add description of the challenge(s) identified above:

What other services do you provide?

Specialty substance use disorder treatment services (SAPC)

Specialty substance use disorder prevention services (SAPC)

Mental health services – Indicate funding source(s):

Physical health services – Indicate funding source(s):

Services through commercial insurance – Indicate funding source(s):

Other – Please list:

Are you experiencing challenges with payment from non-SAPC funding sources?  Yes  No

If yes, please explain:

Is your agency maintaining a 60-day cash reserve? Yes  No

If no, please explain.

Is your agency in default for any payments due (i.e., payroll, payroll taxes, property taxes)?

Yes  No

If yes, please explain:

Please explain in detail the reasons why your agency is experiencing a cash flow problem and requesting a transitional payment.

What steps will your agency take to remedy cash flow problems?

How long will it take to implement this cash flow plan?

Is your agency in need of free technical assistance from the California Institute for Behavioral Health Solutions (CIBHS) on fiscal planning and the relationship between the volume of services provided and the costs? Yes  No

**Please populate the financial information below:**

|  |  |  |
| --- | --- | --- |
|  | **FY 18-19** | **FY 19-20** |
| **Assets** |  |  |
| **Liabilities** |  |  |
| **Total Billed** |  |  |
| **Total Reimbursed** |  |  |
| **Total Denied** |  |  |
| **Transitional Payments Received** |  |  |
| **Transitional Payments Returned** |  |  |