

INVOICE 2: CAPACITY BUILDING DELIVERABLE-BASED EFFORTS

Fiscal Year (FY) 2023-2024 Capacity Building Package



The Los Angeles County Department of Public Health’s Division of Substance Abuse Prevention and Control (DPH-SAPC) is funding capacity building efforts to support providers as they take the necessary organizational actions in response to the expected changes under the California Advancing and Innovating Medi-Cal (CalAIM) Initiative and the movement towards value-based care under payment reform, as well as increased training requirements for substance use disorder (SUD) counselors in 2025 with AB 2473. DPH-SAPC is embarking on another round of optional capacity building efforts to support its provider network with development the 3 areas below.

Instructions

This **REVISED** invoice is used when agencies have met one or more Capacity Building Deliverables and/or for agencies who missed the opportunity to participate in the start-up funds for Capacity Building that are now interested in participating via deliverable-based for Fiscal Year (FY) 2023-2024. **Note: Providers may only receive one payment for Start Up Funds Categories.** This invoice should be used when seeking reimbursement for meeting the following deliverables:

- **Workforce Development:** 1A-1, 1B-1, 1C-1, 1D-1, 1D-2, **1E-1, 1E-2**
- **Access to Care – Reaching the 95%:** 2A-1, 2A-2, 2A-3, 2B-1, 2B-2, 2C-1, 2C-2, 2D-1, 2D-2, 2D-3, 2E-1, 2E-2, 2E-3, 2F-1, 2F-2
- **Fiscal and Operational Efficiency:** 3A-1, 3B-1, 3B-2

DELIVERABLE EFFORT TABLES

In order to receive funding(s) for any of SAPC’s Capacity Building Deliverable efforts, providers must submit the following information:

1. **Amount Eligible:** Identify the reimbursement amount based on the cost per unit and your assigned Rate Tier. Contact SAPC’s Finance Services Branch at the email below for questions.
2. **E-Signature:** Sign each applicable section indicating you have confirmed that your agency’s deliverable(s) meet the expectation(s) in accordance with the *SAPC FY 23-24 Capacity Building Package* document and any other supplemental guidance from SAPC.
3. **Documentation:** Provide a brief description of how the deliverable(s) were met and attach the relevant deliverable(s) for review and verification of completion.

Capacity Building payments will be distributed through your DMC-ODS Contract and are subject to all federal, state, and County’s audits and verification reviews. Providers must accurately account for funds in accordance with County accounting procedures, including separate cost centers. For additional questions please email SAPC’s Finance Services Branch at sapc-cbi@ph.lacounty.gov. Please provide the following information:

Agency Name:		Tier:	
Capacity Building Contact Person:		Email:	
<input type="checkbox"/> (REVISED) Please check the box if your agency did not submit CBI Start-Up Invoice #1 AND participated in CBI deliverable-based categories.			



Capacity Building Category: Workforce Development

Description: DMC-ODS and CalAIM initiatives will transform the specialty SUD service system for Medi-Cal clients and continue to increase expectations for the workforce in the form of higher clinical, documentation, and outcome standards. DPH-SAPC has prioritized workforce development as a central component to advancing the SUD field and moving towards parity with physical and mental health systems.

Capacity Building Category		Description	Measure	Amount Eligible	e-sign if Complete	
1A 1B, & 1C	Workforce Development & Retention Plan	1A-1	Agency Survey (*required)	Submit completed survey & summary of findings. Due 8/30/23.		
		1B-1	Staff Survey Summary	Submit completed survey & summary of findings. REVISED Due 2/29/24.		
		1C-1	Sustainability Plan	Submit a complete viable workforce development and retention sustainability plan. Submit to SAPC by 6/30/2024 to avoid recoupment.		
				Total Requested	\$	

Narrative, Supporting Material, Attachments

Capacity Building Category			Description	Measure	Amount Eligible	e-sign if Complete
1D-1 & 1D-2	Counselor Expedited Training	1D-1	Tuition Costs or Paid Time-Off	Expenditure verification of education costs and/or paid time off		
					Enter # Units	
	Enter Total \$	_____				
	Counselor Certification	1D-2	Certification Obtained	Provide verification that registered counselor(s) passed the certification exam between 7/1/23 and 6/30/25 – \$2,500 per SAPC-credentialed direct service registered counselor employed as of April 1, 2023. Due 6/30/25.		
					Enter # Units	
	Enter Total \$	_____				
					Total Requested	\$
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(New) Capacity Building Category		Description	Measure	Amount Eligible	e-sign if Complete
1E-1 & 1E-2	Addiction Medication Prescribing Clinician Implementation Plan	1E-1 Prescribing Clinician(s) Approved Implementation Plan	Increase access to MAT Services by funding investments in hiring of staff or addressing needs that limit access. Funds may be used to hire staff that prescribe or support the use of MAT and for organizational investments to implement this benefit, including seeking approval of Incidental Medical Services (IMS) from the California Department of Health Care Services for residential settings. Approval required for MAT Prescribing Clinician Start-Up Cost Sharing Implementation Plan. Due 4/19/24	Enter Amount Below (up to \$150,000*)	
	Addiction Medication Prescribing Clinician(s) Staffed	1E-2 Prescribing Clinician(s) Staffed	Quarterly progress reports and staffing of addiction medication (MAT) prescribing clinicians of up to 40 hours per week between 7/1/23 and 6/30/25 – 25% (up to \$50k) Due 6/30/25.	Enter Amount Below (Up to \$50,000*)	
Total Requested				\$	

Implementation Plan Documentation:

There are two versions of the MAT prescribing clinician implementation plan; one for treatment agencies who offer levels of care other than Opioid Treatment Program (OTP) services and the other for agencies who exclusively offer OTP services. Agencies should only submit one version of implementation plan that corresponds with their level(s) of care:

- 1E Implementation Plan MAT Prescribing Clinician Start-Up Cost Sharing – Non-OTP
- 1E Implementation Plan MAT Prescribing Clinician Start-Up Cost Sharing – OTP-only

*Start-up funding is available to all SAPC-contracted treatment agencies at a ratio of \$200,000 per 40 hours per week of MAT prescribing clinician time, distributed as 75% in Year 1 and 25% in Year 2:

Example: 40 hours/week of addiction medication prescribing clinician time (totaling \$200,000):

- \$150,000 provided during Year 1 (FY23-24)
- \$50,000 during Year 2 (FY24-25)

Example: 20 hours/week of addiction medication prescribing clinician time (totaling \$100,000):

- \$75,000 provided during Year 1 (FY23-24)
- \$25,000 during Year 2 (FY24-25)

Visit [here](#) for more information.

Capacity Building Category: Access to Care – Reaching the 95% (R95)

Description: SUD systems are serving about 5% of people who need treatment services as the other 95% of people who need SUD treatment either don't think they need it or don't want it. The R95 Initiative is designed to:

- Ensure that DPH-SAPC creates a specialty SUD system that is focused not just on the ~5% of people with SUDs who are already receiving and open to treatment services, but also the ~95% of people with SUDs who do not receive treatment services for any reason; and
- Communicate – through words, policies, and actions – that people with SUD are worthy of our time and attention, no matter where they are in their recovery journey, including if they have not even started process yet.

Capacity Building Category		Description	Measure	Amount Eligible	e-sign if Complete
2A-1, 2A-2, & 2A-3	Preparation and Planning for Outreach and Engagement	2A-1	New Partner Entity Meetings Meet with potential new partner entities to reach/serve the R95 and complete the New Partner Entity Log. up to 10 new partners per Tier 1 treatment agency; up to 15 per Tier 2 treatment agency; and up to 20 per Tier 3 treatment agency at \$1,000 each. <i>Maximum Tier 1 - \$10,000, Tier 2 - \$15,000, Tier 3 - \$20,000.</i> Submit to SAPC by 12/31/2023 to avoid recoupment.	Enter # of Meetings Calculate & Enter Amount \$	
		2A-2	New Partnership Plan Complete the New Partner Plan - one per treatment agency. Tier 1 - \$3,000, Tier 2 - \$4,500, Tier 3 - \$6,000. Submit to SAPC by 1/12/24 (REVISED) to avoid recoupment.		
		2A-3	New Executed MOU (different 2B-1, 2F-1) The number of new executed R95 MOUs for health/social service agency bidirectional referral processes - up to 3 MOUs different than 2B-1 and 2F-1 per Tier 1 treatment agency; up to 4 per Tier 2 treatment agency; and up to 5 per Tier 3 treatment agency at \$5,000 each. <i>Maximum Tier 1 - \$15,000, Tier 2 - \$20,000, Tier 3 - \$25,000.</i> Submit to SAPC by 3/31/24 (REVISED) to avoid recoupment.	Select Tier/Max Units & Max Payments	
				Total Requested	\$
Narrative, Supporting Material, Attachments					

Capacity Building Category			Description	Measure	Amount Eligible	e-sign if Complete
2B	Field-Based Services for Outreach & Engagement	2B-1 & 2B-2	New Executed MOU (different 2A-3, 2F-1)	The number of new executed MOUs and add FBS to contract (different than 2A-3 and 2F-1) to reach/serve the 95% - up to 3 MOUs per Tier 1 treatment agency; up to 4 per Tier 2 treatment agency; and up to 5 per Tier 3 treatment agency at \$5,000 each. <i>Maximum Tier 1 - \$15,000, Tier 2 - \$20,000, Tier 3 - \$25,000.</i> Submit to SAPC by 3/31/24 (REVISED) to avoid recoupment.		
			Verified Episodes	After at least 6 months after signed MOU, verify claims for new admissions at FBS site - up to 10 admissions per Tier 1 treatment agency; 15 admissions per Tier 2 treatment agency; and 20 admissions per Tier 3 treatment agency at \$500 each and patient cannot receive any participation incentive. <i>Maximum Tier 1 - \$5,000, Tier 2 - \$7,500, Tier 3 - \$10,000.</i> Due 6/30/24.	Enter # Units	
				Enter Total \$ _____		
					Total Requested	\$
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Capacity Building Category		Description	Measure	Amount Eligible	e-sign if Complete
2C	30-and 60-Day Engagement Period for Outreach & Engagement	2C-1	Engagement Policy Complete the Engagement Policy and staff notification/training. <i>Tier 1 - \$5,000, Tier 2 - \$7,500, Tier 3 - \$10,000.</i> Project 2C-2 is for deliverable-based. Providers will be paid after verification. Submit to SAPC by 02/29/24 (REVISED) to avoid recoupment.	Tier & Max Units	
		2C-2	Verified Engagement Authorizations (*Required to participate in R95) After 6 months after policy approval, verify claims for services provided under an approved 30-to 60-day authorization up to 10 admissions per Tier 1 treatment agency; 15 admissions per Tier 2 treatment agency; and 20 admissions per Tier 3 treatment agency at \$500 each and patient cannot receive any participation incentive. <i>Maximum Tier 1 - \$5,000, Tier 2 - \$7,500, Tier 3 - \$10,000. Required Due 6/30/24.</i>	Enter # Units	
				Enter Total \$ _____	
				Total Requested	\$
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Capacity Building Category		Description	Measure	Amount Eligible	e-sign if Complete	
2D	Update Admission & Discharge Policies	2D-1	R95 Admission Policy (*Required to participate in R95)	Submit compliant Admission Policy for approval. Tier 1 - \$10,000, Tier 2 - \$15,000, Tier 3 - \$20,000. Required. Due 12/31/23.	Select Tier/Amount	
		2D-2	R95 Discharge Policy (*Required to participate in R95)	Submit compliant Discharge Policy for approval. Tier 1 - \$10,000, Tier 2 - \$15,000, Tier 3 - \$20,000. Due 12/31/23.	Select Tier/Amount	
		2D-3	R95 Training Presentation	Submit compliant Admission/Discharge Training presentation for approval. Tier 1 - \$10,000, Tier 2 - \$15,000, Tier 3 - \$20,000. Due 3/31/24 (REVISED).	Select Tier/Amount	

				Total Requested	\$
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Narrative, Supporting Material, Attachments



Capacity Building Category		Description	Measure	Amount Eligible	e-sign if Complete	
2E	Service Design for Lower Barrier Care	2E-1	Service Design	Complete the Service Design. <i>Tier 1 - \$1,000, Tier 2 - \$1,500, Tier 3 - \$2,000.</i> Submit to SAPC by 6/30/2024 to avoid possible recoupment.	Select Tier/Amount	
		2E-2	Customer Walk-Through	Provide the number of Customer Walk-through assessments to reach/serve R95. <i>Tier 1 - \$200 per site, Tier 2 - \$200 per site, Tier 3 - \$200 per site.</i> Submit to SAPC by 6/30/2024 to avoid possible recoupment.	Enter Total Amount \$_____	
		2E-3	Improvement & Investment Plan	Complete the Improvement/Investment Plan. <i>Tier 1 - \$5,000, Tier 2 - \$7,500, Tier 3 - \$10,000.</i> Submit to SAPC by 6/30/2024 to avoid possible recoupment.		
				Total Requested	\$	

Narrative, Supporting Material, Attachments



Capacity Building Category		Description	Measure	Amount Eligible	e-sign if Complete	
2F	Bidirectional Referrals for Lower Barrier Care	2F-1	New Executed MOU (different 2A-3, 2B-1)	The number of executed MOUs to establish bidirectional referral relationships between their treatment sites and harm reduction partners at \$5,000 each. <i>Maximum Tier 1 - \$15,000, Tier 2 - \$20,000, Tier 3 - \$25,000.</i> Submit to SAPC by 3/31/2024 (REVISED) to avoid recoupment.		
					Enter Total \$ _____	
		2F-2	Verified Claims	After 6 months after signed MOU, verify claims for new admissions at non-FBS site up to 10 admissions per Tier 1 treatment agency (at \$500 ea.); 15 admissions per Tier 2 treatment agency (at \$750 ea.); and 20 admissions per Tier 3 treatment agency (at \$1,000 ea.). Patient cannot receive any participation incentive. <i>Maximum Tier 1 - \$5,000, Tier 2 - \$11,250, Tier 3 - \$20,000.</i> Due 6/30/24.		
					Enter Total # of Units	
			Enter Total \$ _____			
				Total Requested	\$	
Narrative, Supporting Material, Attachments						



Capacity Building Category: Fiscal and Operational Efficiency

Description: Effective July 1, 2023, DPH-SAPC and treatment providers will experience another significant shift in how DMC services are reimbursed with the movement from cost reconciliation (lesser of costs or charges) to fee-for-service (FFS), and practitioner-level rates for outpatient treatment services. Now more than ever, it is essential that providers take action(s) to ensure they have a strong and viable organization, and that enough appropriate treatment services are delivered to generate sufficient revenue to cover operational costs.

Capacity Building Category		Description	Measure	Amount Eligible	e-sign if Complete
3B	Accounting Infrastructure: Systems and Capacity	3A-1	Accounting Systems and Capacity Invest in accounting systems and submit verification. Due to SAPC by 12/31/2023 to avoid recoupment.		
	Expenditures & Revenue: Assessing & Enhancing Financial Health	3B-1	Financial Health Training At least one (1) leadership staff will attend and participate in the training/TA and will submit attendance verification. Due to SAPC by 6/30/2024 to avoid recoupment.		
		3B-2	Revenue and Expenditure Tracking Tool - Utilization Submit Revenue/Expenditure Tool and demonstrate use for at least 6-months - one per treatment agency. Due 6/30/2024.		
				Total Requested	\$
Narrative, Supporting Material, Attachments					



SIGNATURE AND ATTESTATION

Summary Deliverable Capacity Building Costs Based on Totals Above	
Workforce Development	\$
Access to Care – Reaching the 95%	\$
Fiscal and Operational Efficiency	\$
TOTAL	\$

I attest that the above is true and factual and that our organization will use the funds as described above and submit the required deliverables on time to avoid recoupment. I acknowledge that we must adhere and are subject to all the reporting, tracking, audits, and recoupment requirements described in this document and the DMC-ODS Contract, and verify that I have authorized decision making authority to commit to the requested funds.

Name		Signature	
Title		Date	

SAPC Use Only		
Reviewed By	Approved/Denied	Date

