



Fiscal Year (FY) 2024-2025

Payment Reform: Capacity Building Package

October 2024 | Version 2.0



PAYMENT REFORM: CAPACITY BUILDING PACKAGE

With continued behavioral health transformation anticipated under the California Advancing and Innovating Medi-Cal (CalAIM) Initiative, the movement towards value-based care under payment reform, as well as the evolving and competitive behavioral health workforce landscape, the Los Angeles County Department of Public Health’s Substance Abuse Prevention and Control Bureau (DPH-SAPC) is embarking on another round of optional, but recommended, capacity building efforts to support its provider network with development in the following areas:

1. Workforce Development: Recruitment, Retention and Training
2. Access to Care: Reaching the 95%
3. Fiscal, Business, and Operational Efficiency

Agencies can choose to participate in any or all of the following efforts. However, DPH-SAPC strongly recommends full participation since the funding may assist in meeting related Incentive Metrics and drawing down those additional payments. Visit the [SAPC Payment Reform Initiatives webpage](#) for up-to-the-moment information!

What is capacity building?

- Funds that DPH-SAPC pays a treatment provider either in advance to ensure start-up funds to do something or after the fact (i.e., deliverable-based) to compensate a treatment provider for completing something. Capacity building is designed to help prepare providers to meet select metrics and maximize a supplemental incentive payment. Providers need to verify expenditures or submit a deliverable for full payment.

What are incentives?

- Funds that DPH-SAPC pays a treatment provider after achieving a performance metric associated with the incentive payment. Providers need to verify completion and submit relevant data for full payment. Providers keep all funds if the metric is met and do not submit expenditure verification. The funds can be used to reinvest in the program as needed, including to support activities associated with the metric. Refer to the [“Payment Reform: Incentive Package”](#) for more information on available Incentives.

Note: Capacity building payments will be distributed through your DMC-ODS Contract, therefore, notify DPH-SAPC Contracts and Compliance if a contract augmentation is needed to support participation. DPH-SAPC will follow its pre-established contract augmentation process and provider agencies will need to provide information on what efforts you plan to participate in to determine the augmentation amount.

The following is a description of available capacity building efforts.



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Capacity Building Category: Workforce Development

Description: DMC-ODS and CalAIM initiatives transformed the specialty substance use disorder (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.

- Over 80% of LAC’s SUD workforce are counselors: Approximately 50% of them are registered and the other 50% are certified (licensed clinicians comprise the bulk of the remaining workforce).
- California has the lowest educational training hour requirement for SUD counselors in the United States.
 - 9 hours (1 - 2 days) of training allows registered counselors to deliver direct services. However, this will increase with the implementation of AB 2473 in 2025, which will increase the minimum training standard for registered SUD counselors to at least the training standard set for peer specialists (80 hours [2 weeks]).
- Agencies report counselors cannot afford the cost of tuition or to take time off from work to complete coursework and often do not finish before the 5-year deadline.
- Workforce surveys indicate counselors leave the field for higher paying and/or less stressful jobs, including in retail and food service, further impacting the workforce shortage.

DPH-SAPC's capacity building funds are designed to address the above challenges and better ensure that staff are prepared to work with an increasingly complex patient population and a specialty SUD treatment environment where outcomes will be central to future reimbursement models.

Why Participate in Workforce Capacity Building Efforts? Your agency will get additional funding to support your counselor workforce. Your participation is mutually beneficial:

- **Counselors:** Receive tuition assistance, paid time-off to complete coursework, and/or obtain expedited certification to increase skills to provide effective treatment.
- **Agencies:** Reduce turnover and associated recruitment and onboarding costs and receive increased outpatient rates when counselors become certified.

In addition, participation in these efforts should improve your ability to meet Workforce Development Incentive 1a Metric:

At least 50% of SUD counselors providing direct services are certified SUD counselors - Tier 1 - \$30,000 * Tier 2 - \$45,000 * Tier 3 - \$60,000 (see Payment Reform: Incentive Package for more information)

Workforce Development Capacity Building payments and associated deliverables are described in Table 1 below.



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Table 1: Workforce Development Capacity Building Summary

| Description | # | Due Date | Max Units | Payment Per Unit | Total Maximum Revenue Potential |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|---------------------------------|
| LPHA Sign-On and Retention Bonus | | | | | |
| LPHA Sign-On/Loyalty Bonus (NEW) | 1-A | 3/31/2025 | # of eligible LPHAs | 1.0 FTE: \$5,000pp 0.5 FTE: \$2,500pp | Varies Based on Participation |
| LPHA Retention Bonus (NEW) | 1-B | 3/31/2026 | # of eligible LPHAs | 1.0 FTE: \$5,000pp 0.5 FTE: \$2,500pp | Varies Based on Participation |
| Sustainability Plan Implementation | | | | | |
| Sustainability Plan Technical Assistance (TA) and Progress Report: 25% | 1-C | 11/30/2024 | 1 | \$2,500 per report | All Tiers - \$2,500 |
| Sustainability Plan Technical Assistance (TA) and Progress Report: 75% | 1-D | 3/31/25 | 1 | \$7,500 per report | All Tiers - \$7,500 |
| Counselor Expedited Training and Certification | | | | | |
| Tuition/Paid Time Off | 1-E | 6/30/2025 | # registered counselors* | \$2,500pp | Varies Based on Participation |
| Certification Obtained | 1-F | 6/30/2025 | # registered counselors* | \$2,500pp | Varies Based on Participation |
| Medication For Addiction Treatment (MAT) Prescribing Clinician Start Up Cost Sharing | | | | | |
| Approved Implementation Plan / Addendum | 1-G | 3/31/2025 | 1 | \$150,000 per 40 hr/wk clinician time All Tiers | Varies Based on Participation |
| Clinician Staffing and Hours Verified | 1-H | 3/31/2025 | 1 | \$50,000 per 40 hr/wk clinician time All Tiers | Varies Based on Participation |
| 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. This is one-time start up funding (split into two payments) for each agency. | | | | | |
| Language Access | | | | | |
| Approved Language Access Plan Worksheet (NEW) | | 9/15/24 | Submission of the Language Access Assessment Worksheet is a prerequisite for participation in the Improving Workforce Language Access Efforts. | | |
| Approved Language Assistance Service Implementation Plan (NEW) | 1-I | 3/31/2025 | 1 | Tier 1 -\$30,000* Tier 2 -\$45,000* Tier 3 -\$60,000* | Varies Based on Participation |
| Bilingual Bonus for Certified Proficient Direct Service Staff (NEW) | 1-J | Quarterly, ending 6/30/25 | # of direct service staff with verified language proficiency | SUD Counselor/Peers - \$100/mo. LPHA - \$150/mo. | Varies Based on Participation |
| Maximum County (SAPC) Contribution with Full Participation *Calculated based on the total number of SAPC-credentialed Sage users who are registered counselors delivering direct services as of 6/18/24 | | | | | \$28,345,000 |





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Capacity Building

LPHA Sign-On/Loyalty and Retention Bonus Payments

LPHA Sign-On/Loyalty and Retention Bonus Payments: This opportunity supports your agency in hiring and retaining qualified licensed and licensed-eligible practitioners of the healing arts (LPHA and LE-LPHA). This opportunity is available to licensed and licensed-eligible Clinical Social Workers, Marriage and Family Therapists, Professional Clinical Counselors, and Clinical Psychologists. Providers may use this funding for **sign-on/loyalty bonuses** for prospective staff and **retention bonuses** for current staff. This funding must be passed to staff and cannot be absorbed into broader agency-level budgets.

Increased competition for talent from other employers and industries challenges Los Angeles (LA) County SUD providers' short-term ability to recruit and retain qualified SUD staff, particularly LPHAs. Other health and related social fields, such as mental health programs, community health centers, and homelessness programs, are also in demand of this same workforce.

Further, recent legislative changes and industry trends are adding to the urgency of the talent recruitment and retention issue. The Governor's signing of Senate Bill (SB) 525 (2023) to increase the minimum wage for healthcare workers further escalates these challenges.

The LPHA Sign-On/Loyalty and Retention Bonus Payment opportunity will enhance LA County SUD providers' recruitment and retention strategies to meet staffing demands and limit costly staff turnover. The LPHA Sign-On/Retention Bonus Payments opportunity complements SAPC's other workforce development initiatives.

To receive full funding, providers are required to submit all specified documentation to SAPC Finance, including 1) proof of hire/employment as an LPHA, 2) proof of full sign-on/loyalty and/or retention payment, and 3) evidence of Sage enrollment for the eligible staff person providing direct services or supervision.

Why Participate? For a limited time, SAPC will help your agency hire and retain high-quality LPHAs. This is a one-time "bonus" payment and is not intended to be sustained salary support.

Payment: This project is deliverable-based.

- **LPHA Sign-On/Loyalty Bonus Payment (1-A):** Providers (all Tiers) will be paid up to \$5,000 per eligible LPHA upon receipt of the appropriate category invoice and required documentation. This is available to new and current LPHAs. Options: 1.0 FTE: \$5,000 and 0.5 FTE: \$2,500.
Due: 3/31/2025
- **LPHA Retention Bonus Payment (1-B):** Providers (all Tiers) will be paid up to an additional \$5,000 per eligible LPHA who received a Sign-On Bonus Payment (see LPHA Sign-On Bonus Payment (1-A)) upon receipt of the appropriate category invoice and required documentation, including



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verification that they are still employed at the agency as an LPHA by 3/31/2026. Options: 1.0 FTE: \$5,000 and 0.5 FTE: \$2,500.

Due: One year after the Sign-On Retention Bonus was received and paid, expiring 3/31/2026.

Capacity Building | Workforce Development and Retention Sustainability Plan Implementation

Workforce Development and Retention Sustainability Plan Monitoring Reports: Monitoring implementation of your agency's workforce sustainability plan will be critical for ensuring all goals and deliverables are successfully met. This opportunity is designed for your agency to provide biannual updates to report progress for achieving goals outlined in year 1 - Fiscal Year (FY) 2023-24 of the approved sustainability plan as well as provide the opportunity to update future FY plans.

DPH-SAPC recommends in partnership with its vendor(s) agency participation in optional workshops and/or request targeted technical assistance (TA) to address any challenges. A template for monitoring reports will be developed to ensure key components are addressed.

Why Participate? Your agency will address key reasons why your registered counselor workforce struggles with becoming certified and/or develop a more competitive salary/benefits package to increase workplace satisfaction and reduce turnover. You will determine how higher DMC rates can be reinvested in workforce retention strategies, especially in outpatient settings as newly certified counselors help you draw down an estimated \$10,745 more in annual revenue.^{3,4}

Payment: This project is deliverable-based. Providers will be paid after the sustainability plan monitoring reports and supporting documentation are submitted indicating progress/completion of targeted goals.

- **Monitoring Report A (1-C):** Submit sustainability plan monitoring report A and supporting documentation of progress towards targeted goals with the appropriate category invoice - one per treatment agency. All tiers: \$2,500. **Due: 11/30/2024.**
- **Monitoring Report B (1-D):** Submit sustainability plan monitoring report B and supporting documentation of near completion of targeted goals with the appropriate category invoice - one per treatment agency. All tiers: \$7,500. **Due: 3/31/2025.**

Capacity Building | Expedited Counselor Training and Certification

Important: Any provider agency that did not participate in Tuition/Paid Time Off (1-E) and/or Certification Obtained (1-F) in FY 23-24 can do so as part of the FY 24-25 Capacity Building Package. Provider agencies that did participate in FY 23-24 (1D-1 - Tuition/Paid Time Off and 1D-2 - Certification Obtained) are able to complete this effort for those eligible registered counselors that did not complete their certification by





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June 30, 2024. ALL training and/or certification MUST be completed, and invoices and other supporting documentation (as required) submitted by or before 6/30/25, no extensions will be considered.

Expedited Counselor Training and Certification: The counselor profession delivers over 80% of direct services in LA County’s specialty SUD treatment system. They often come to the field with valuable life experiences that enable them to relate effectively to the patients served and which can be enhanced through the completion of coursework and training hours earlier in their career. Given their essential role in the SUD service delivery system and increasing competition for them to take positions in other related and unrelated fields, it is critical to demonstrate their value through enhanced compensation. This activity provides an opportunity for agencies to jumpstart their future investment now through this time-limited financial support.

Expedited Counselor Training and Certification opportunity supports registered SUD counselors credentialed by DPH-SAPC by completion of [Sage Onboarding](#) and employed by agencies as of April 1, 2023, to expedite completion of certification coursework and training hours as this is a key way to ensure the field has the skills to treat patients with complex health needs and prepare for value-based care. It is also an important step in valuing the professionalism of the SUD field’s primary workforce and demonstrating that LA County believes in raising standards and opportunities for counselors and will continue to take steps to elevate this as a priority in California. This also enables agencies to support registered counselors hired before AB 2473 (2023) takes effect to obtain the 80-hours of core competencies¹ and validate the importance of understanding these topics in the delivery of care even when not mandated.

Why Participate? For a limited time, SAPC will jumpstart your counselor workforce investments by advancing you a significant portion of the tuition costs and/or paid time off to attend classes for all your registered counselors employed as of April 1, 2023 who are not participating in the Tuition Incentive Program (TIP). For every registered counselor who becomes certified, you will increase your future outpatient revenue by an estimated \$10,745 annually.^{3,4} More certified counselors should also help you meet future value-based care metrics.

Payment: This project is includes both start-up funds and deliverable-based components:

- The **Tuition/Paid Time Off (1-E)** activity is for start-up funds. Providers will be paid before the registered counselor attends classes to enable the agency to pay the employee for tuition/book costs and/or paid time off. Tuition Incentive Program (TIP) participants are not eligible for these funds. To receive advance funds, SAPC credentialing in [Sage](#) must be completed, and the agency must have completed and submitted the appropriate category

¹ AB 2473 Core Competencies: (A) knowledge of the current Diagnostic and Statistical Manual of Mental Disorders; (B) knowledge of the American Society of Addiction Medicine (ASAM) criteria and continuum of ASAM levels of care, or other similar criteria and standards as approved by the department; (C) cultural competence, including for people with disabilities, and its implication for treatment; (D) case management; (E) utilization of electronic health records systems; (F) knowledge of medications for addiction treatment; (G) clinical documentation; (H) knowledge of cooccurring substance use and mental health conditions; (I) confidentiality; (J) knowledge of relevant law and ethics; (K) understanding and practicing professional boundaries; and (L) delivery of services in the behavioral health delivery system.





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invoice along with the Expedited Training and Certification Form found on the [Workforce Development section](#) of the Payment Reform webpage.

The Start-Up Funds Attestation affirms your commitment to participate on behalf of the specified registered counselors and that funds will solely be used to either reimburse education costs and/or provide paid time off to attend classes. Submit attestation to financially support costs for registered counselors to complete certification coursework – \$2,500 per [SAPC-credentialed](#) direct service registered counselor employed as of April 1, 2023 who are not participating in TIP and who did not receive funding under this category in FY 2023-24. Tier 1 - \$2,500pp, Tier 2 - \$2,500pp, Tier 3 - \$2,500pp.

Due: 6/30/2025

- The **Certification Obtained (1-F)** activity is deliverable-based. Providers will be paid after staff certification and appropriate education costs and/or paid time off verification is submitted and deemed complete. Complete and submit the appropriate category invoice, the Expedited Training and Certification Form and attach the deliverable by the due date for payment.

Verify 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 who are not participating in TIP and who did not receive funding under this category in FY 2023-24. Tier 1 - \$2,500pp, Tier 2 - \$2,500pp, Tier 3 - \$2,500pp.

Due: 6/30/2025

Capacity Building

Medication for Addiction Treatment (MAT) Prescribing Clinician

Medication for Addiction Treatment (MAT) Prescribing Clinician: This activity provides a cost-sharing opportunity alongside treatment agency's own financial investments to recruit, retain, and utilize medical clinicians, as members of the agency's treatment team to provide medication services - also known as MAT - directly to patients served by SAPC contracted agencies and paid via claims to SAPC. Funds may be used 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.

- **Implementation Plan Documentation (1-G):**
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 submit an implementation plan / addendum that corresponds with their level(s) of care. The *addendum* plan should be complete by agencies who already have approved MAT Prescribing Clinician Start-Up Cost Sharing implementation plans (approved prior to 9/1/2024) who are seeking additional funding for additional prescribing clinician hours at their agency.



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- Implementation Plan MAT Prescribing Clinician Start-Up Cost Sharing (Non-OTP)
- Implementation Plan MAT Prescribing Clinician Start-Up Cost Sharing (Non-OTP) – *Addendum*
- Implementation Plan MAT Prescribing Clinician Start-Up Cost Sharing (OTP-only)
- Implementation Plan MAT Prescribing Clinician Start-Up Cost Sharing (OTP-only) – *Addendum*

Start-up funding is available to all 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 provided 40 hours/week 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)

Implementation Plan Requirements:

The implementation plan describes agency plans to integrate a physician, advanced practice registered nurse, or physician assistant into the agency’s workforce and/or expanding the number of hours an agency’s existing medical clinician’s provide addiction medication services to patients where the provision of the full range of applicable addiction medical services is described in [SAPC Information Notice 24-01](#) including:

- Methadone cannot be prescribed through pharmacies; therefore, non-OTP clinicians are not expected to provide treatment with methadone directly.
- Prescribing clinician registration through [PAVE](#) as a SAPC-contracted agency practitioner.
- Medical evaluation and management care provided in person, via telehealth or via phone based on patient’s clinical needs, but 20% of agency’s designated total number of medical clinic hours claims are required to be provided in-person and on-site at one of more of the agency’s treatment sites.
- Medical care provided to patients who are off-site can proceed in person with Field Based Services (FBS) approval of sites who meet criteria as outlined in [SAPC Information Notice 23-14 for FBS](#).
- Since scope of practice of clinical pharmacists does not include diagnosing SUDs, clinical pharmacists do not independently meet clinician requirements.
- Review Capacity Building-Workforce Development webpage for details.



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Payment:

- **Approved Implementation Plan (1-G)** is for start-up funds. Rate is \$150,000 per 40hr/wk prescribing clinician time based on SAPC-approved implementation plan, regardless of tier.
 - Providers who do not have an implementation plan approved prior to 9/1/2024 should submit an initial implementation plan via email to sapc-cbi@ph.lacounty.gov with subject line: “1-G MAT Prescribing Clinician Implementation Plan.” **Due: 3/31/25**
 - Providers with an implementation plan approved prior to 9/1/2024 who are ready to expand the number of prescribing clinician hours beyond what was approved in the initial implementation plan should submit an implementation plan addendum via email to sapc-cbi@ph.lacounty.gov with subject line: “1-G MAT Prescribing Clinician Implementation Plan Addendum.” **Due: 3/31/25**
- **Clinician Staffing and Hours Verified (1-H)** are deliverable-based. For FY24-25, this is limited to agencies with implementation plans approved by SAPC prior to 9/1/2024. Rate is \$50,000 per 40hr/wk prescribing clinician time based on SAPC-approved implementation plan. Providers will be paid once implementation is completed and quarterly updates and verification of MAT prescribing clinician staffing is deemed complete. Complete and submit the appropriate category invoice and attach verification by the due date for payment.
Clinician Staffing and Hours Verified: Verify MAT prescribing clinician staffing and quarterly updates received in accordance with implementation plan for up to 25% fund disbursement regardless of tier level. **Due: 3/31/25**

Capacity Building | Improving Workforce Language Access Efforts

SAPC is committed to ensuring its SUD workforce is representative of the rich diversity of the populations they serve and to ensure its members (i.e., patients or potential patients) have access to communication that allow them to actively participate in treatment services. This is also in accordance with federal and state regulations.

Currently, 7% of patients who enter our treatment system self-report wanting to receive treatment in a language other than English. However, according to most recent data, over 20% of the Drug Medi-Cal eligible population indicated their primary language at home was a language other than English or that they cannot speak English well. Further, in the recent Network Adequacy Certification Application, only 17% of all treatment sites had at least one direct service staff proficient in another language and offered at least one regular group session in that language.

This presents a barrier to engaging a significant percentage of those with an SUD who need but do not access services. This barrier has financial (reduced “income” due to patient engagement and retention), workforce (lack of qualified bilingual staff), cultural (reduced diversity and inclusion), and compliance



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(federal, State, and local regulations) implications for the SUD field and requires a multi-pronged approach to address.

Studies show that effective language matching with staff who are proficient in that language can lead to positive outcomes and better retention. Therefore, as part of a larger strategy, the Improving Workforce Language Access Effort is intended to engage the provider workforce in improving language access and recruiting and retaining a strong and effective bilingual/multilingual workforce. It includes two separate components: 1) an approved Language Assistance Plan (start-up funding); and 2) Bilingual Bonus for Certified Proficient Direct Service Staff (deliverable-based). While providers will benefit most by participating in both these workforce efforts, you are not required to do so.

IMPORTANT: Capacity Building funds are provided ONLY after SAPC approval of provider submitted “Language Access Assessment Worksheet” via email to sapc-cbi@ph.lacounty.gov with the subject line “Language Access Assessment form” by 9/15/2024.

The Language Assistance Plan (LAP) (1-I) start-up funding is designed to build a clear, executable process for the provider workforce to better offer people with limited English proficiency or who are deaf or hard of hearing equal access to the benefits of SUD treatment services. This is intended to ensure that staff are aware of and know what to do when an individual needs language assistance services. The LAP should include a process for regular monitoring and assessment of the language needs of the surrounding community, who may be more engaged if services were provided that addressed their cultural and linguistic needs, as well as trends in the primary populations seeking treatment at your agency.

The LAP should also outline protocols, policies & procedures (e.g., how and when to offer language assistance, identification of language assistance vendors for interpretation or translation services, etc.) to help staff understand what to do when language services are needed, as well as training and monitoring of staff to ensure they are employing these procedures. Finally, the LAP should include methods (such as pay differentials, bilingual bonus, assessing language proficiency skills, etc.) that align with Assessing and Enhancing Financial Health (AEFH) strategies to support sustainability. The LAP is not the Equity Plan (formerly Cultural Competence Plan), but can be included, as needed.

Bilingual Bonus for Certified Proficient Direct Service Staff (1-J) is designed to support provider efforts to recruit and retain bilingual direct service staff in efforts to increase language matching, which has been demonstrated to improve patient engagement and retention of services.

- LPHA Direct Service Bilingual Staff: \$150 per month per eligible staff
- SUD Counselor/Peer Direct Service Bilingual: \$100 per month per eligible staff
- LPHA Direct Service Bilingual Staff – Refers to licensed and licensed eligible psychologists, clinical social workers, marriage and family therapists, and clinical counseling practitioners who currently or will be able to offer direct services in at least one identified non-English threshold language and who has demonstrated proficiency in that language.

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- SUD Counselor/Peer Direct Service Bilingual – refers to registered/certified SUD counselors and peer support specialists who currently or will be able to offer direct services in at least one identified non-English threshold language and who has demonstrated proficiency in that language.

All direct service staff who receive the bilingual bonus MUST demonstrate proficiency. Only one bonus is provided regardless of the number of languages for which staff offer direct services.

- **Language Proficiency**

Language proficiency is solely based on results from a standardized language proficiency exam (e.g., American Council on the Teaching of Foreign Languages [ACTFL], Interagency Language Roundtable [ILR]) at the level of advanced (2+ using ILR) or higher in speaking and listening. Results must be in the form of a certificate (or other approved evidence) produced from a recognized testing agency.

- *County-Sponsored Language Proficiency Testing:*
To assist providers in ensuring the language proficiency of bilingual direct service staff, SAPC has engaged a vendor – TransPerfect Language – who will conduct language proficiency testing at no cost to providers or staff. Instructions on how to access this vendor are provided in the Bilingual Bonus for Direct Service Staff (1-J): Language Proficiency Testing Instructions.

- **Bilingual Bonus Submission Forms:**

Each quarter providers will be required to submit supporting documentation forms (see below), this includes the Bilingual submission form that requires information on the staff who received the bilingual bonus. Only one submission form per agency is required. This submission form request information on the following:

- Name of bilingual staff
- Their position/title (make sure that the title is clearly a direct service staff)
- Site location
- Language
- Date of proficiency
- Name and signature of staff submitting the form one per treatment agency.

The bilingual bonus payment will be effective for the month in which the staff person has verified fluency in the language and will be effective until the employee is no longer a direct staff or no longer works for the organization.

- **Eligibility:**

To be eligible for the bilingual bonus providers must ensure the following:

1. Provider site must indicate interest in providing individual and group counseling services in the languages.
2. The direct service staff MUST have evidence of language proficiency based on the standardized tests at the level of Advanced in speaking and listening.



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3. Provider submits the Bilingual Bonus for Direct Service Staff (1-J) Bilingual Bonus Submission Form by the 10th of the month (see below) for the prior quarter.

This bilingual bonus can and should be used in conjunction with other workforce development efforts (i.e., recruitment, onboarding and/or retention bonus, etc.) to support organizational and workforce infrastructure to assist in developing a practice, policy and procedure.

Payment:

- **Language Assistance Plan (1-I)** is for start-up funds. To receive funds, you must have completed and submitted the appropriate category invoice confirming your commitment to participate by 9/15/24. Submit a viable Language Assistance plan by the due date to avoid recoupment. Expenditure verification is not required.
 - Language Assistance Plan (1-I). Submit the appropriate category invoice to complete viable Language Assistance Implementation Plan – one form per treatment agency. Tier 1 - \$30,000; Tier 2 - \$45,000; Tier 3 - \$60,000. **Due: 3/31/25**
- **Bilingual Bonus for Direct Service Staff (1-J)** is for deliverable-based funds. Providers will be paid each quarter for the number of direct service staff who received their bilingual bonus.
 - Bilingual Bonus for Direct Service staff (1-J): Submit the appropriate category invoice along with supporting documentation each quarter. **See below for submission deadlines.**
 - Quarterly Submission: To receive funds each quarter, providers must submit the following:
 - Completed Bilingual Bonus Submission Form – one form per treatment agency.
 - Evidence of language proficiency for eligible direct service staff.
 - Proof that staff was paid the bilingual bonus.

| Quarterly Submission Deadline | Payment Released | Quarter Covered |
|-------------------------------|---------------------------|-------------------------|
| October 10 th | November 26 th | July-September 2024 |
| January 10 th | February 26 th | October – December 2024 |
| April 10 th | May 26 th | January – March 2025 |
| June 30 th | July 26 th | April – June 2025 |

NOTE: Delays in submission will result in delayed payment.





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

Description: SUD systems are serving about 5% of people who need treatment because 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 designs a specialty SUD system that is focused not **just** on the ~5% of people with SUDs who are already receiving and open to treatment, but also the ~95% of people with SUDs who do not receive treatment 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 haven't even started it yet.

Why Participate in Access to Care – R95 Capacity Building Efforts? Your agency will get additional funding to adapt program services to serve more people and draw-down more revenue. Your participation is mutually beneficial:

- **Patients:** Obtain needed and desired services before they are ready for abstinence and so they have the opportunity to consider all recovery options from your skilled staff.
- **Agencies:** Provide tailored services that meet individual patient needs and preferences and can draw-down additional revenue for the expanded patient population.

In addition, participation in these efforts should improve your ability to meet the R95 Champions Incentive Metric: Become a [R95 Champion](#) by completing: Admissions Policy (2-A) + Discharge Policy (2-B) + At Least One Other Full R95 Category - Tier 1 - \$30,000, Tier 2 - \$45,000, Tier 3 - \$60,000

Access to Care – R95 Capacity Building payments and associated deliverables are in Table 2 below.

Table 2: Access to Care – Reaching the 95% (R95) Capacity Building Summary

| Description | # | Due Date | Max Units | Payment Per Unit | Total Maximum Revenue Potential |
|--------------------------------------------------------------------|-----|----------|-----------|-------------------|---------------------------------|
| Update Admission and Discharge Policies | | | | | |
| Available to Agencies Who DID NOT Participate in FY 2023-24 | | | | | |
| R95 Admissions Policy | 2-A | 10/30/24 | 1 | Tier 1 - \$10,000 | Tier 1 - \$10,000 |
| | | | | Tier 2 - \$15,000 | Tier 2 - \$15,000 |
| | | | | Tier 3 - \$20,000 | Tier 3 - \$20,000 |
| R95 Discharge Policy | 2-B | 10/30/24 | 1 | Tier 1 - \$10,000 | Tier 1 - \$10,000 |
| | | | | Tier 2 - \$15,000 | Tier 2 - \$15,000 |
| | | | | Tier 3 - \$20,000 | Tier 3 - \$20,000 |
| R95 Training Presentation | 2-C | 11/30/24 | 1 | Tier 1 - \$10,000 | Tier 1 - \$10,000 |
| | | | | Tier 2 - \$15,000 | Tier 2 - \$15,000 |
| | | | | Tier 3 - \$20,000 | Tier 3 - \$20,000 |



PAYMENT REFORM: CAPACITY BUILDING PACKAGE



| Available to Agencies with Approved Policy Admission Policy, Discharge Policy, and/or Staff Training | | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------|-----|----------|---------|-------------------|-----------------------------------|--|
| R95 Admission Agreement <i>(Available to all agencies with an approved R95 Admission Policy)</i> | 2-D | 12/31/24 | 1 | Tier 1 - \$10,000 | Tier 1 - \$10,000 | |
| | | | | Tier 2 - \$15,000 | Tier 2 - \$15,000 | |
| | | | | Tier 3 - \$20,000 | Tier 3 - \$20,000 | |
| R95 Toxicology Policy and Patient Agreement <i>(Available to all agencies with an approved R95 Discharge Policy)</i> | 2-E | 12/31/24 | 1 | Tier 1 - \$10,000 | Tier 1 - \$10,000 | |
| | | | | Tier 2 - \$15,000 | Tier 2 - \$15,000 | |
| | | | | Tier 3 - \$20,000 | Tier 3 - \$20,000 | |
| R95 Staff Training Verification <i>(Available to all agencies with an approved R95 Training Presentation)</i> | 2-F | 3/31/25 | 1 | Tier 1 - \$10,000 | Tier 1 - \$10,000 | |
| | | | | Tier 2 - \$15,000 | Tier 2 - \$15,000 | |
| | | | | Tier 3 - \$20,000 | Tier 3 - \$20,000 | |
| Service Design for Lower Barrier Care | | | | | | |
| Available to Agencies with Service Design Implementation Plan | | | | | | |
| Service Design Follow-Up Implementation Process Improvement | 2-G | 3/31/25 | 1 | Tier 1 - \$15,000 | Tier 1 - \$15,000 | |
| | | | | Tier 2 - \$20,000 | Tier 2 - \$20,000 | |
| | | | | Tier 3 - \$25,000 | Tier 3 - \$25,000 | |
| Available to Agencies/Sites Who DID NOT Participate in FY 2023-24 | | | | | | |
| Customer Walk-Through | 2-H | 1/31/25 | # sites | Tier 1 - \$1,000 | Varies based on Participation | |
| | | | | Tier 2 - \$1,000 | | |
| | | | | Tier 3 - \$1,000 | | |
| Plan | 2-I | 3/31/25 | 1 | Tier 1 - \$5,000 | Tier 1 - \$5,000 | |
| | | | | Tier 2 - \$7,500 | Tier 2 - \$7,500 | |
| | | | | Tier 3 - \$10,000 | Tier 3 - \$10,000 | |
| Bidirectional Referrals for Lower Barrier Care | | | | | | |
| Treatment Agency Staff Participation in Harm Reduction Trainings | 2-J | 3/31/25 | 1 | Tier 1 - \$15,000 | Tier 1 - \$15,000 | |
| | | | | Tier 2 - \$20,000 | Tier 2 - \$20,000 | |
| | | | | Tier 3 - \$25,000 | Tier 3 - \$25,000 | |
| Verified Admissions | 2-K | 3/31/25 | 10 | Tier 1 - \$500 | Tier 1 - \$5,000 | |
| | | | 15 | Tier 2 - \$750 | Tier 2 - \$11,250 | |
| | | | 20 | Tier 3 - \$1,000 | Tier 3 - \$20,000 | |
| Minimum Agency Revenue Opportunity with Full Participation *For your agency potential calculate based on total number contracted sites | | | | Tier 1 | \$100,000 + Customer Walk-Through | |
| | | | | Tier 2 | \$148,750 + Customer Walk-Through | |
| | | | | Tier 3 | \$200,000 + Customer Walk-Through | |





PAYMENT REFORM: CAPACITY BUILDING PACKAGE

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|------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------|
| Maximum County (SAPC) Contribution with Full Participation *Calculated based on total number of contracted sites as of 6/18/24 | | \$9,925,750 |
|------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------|

Establishing Lower Barrier Care Across the SUD System

These interventions focus on how agencies can more meaningfully attract and engage individuals who are not interested in or ready for complete abstinence into services by addressing barriers to care across the specialty SUD treatment system.

| | |
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| Capacity Building | Update Admission and Discharge Policies |
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Admission/Discharge Policies: This activity ensures that DPH-SAPC network providers establish more flexible admission policies and admission agreements that allow for enrollment of individuals at different points of their recovery, including those who are not yet ready for complete abstinence (since someone can both be interested in treatment but not yet able to maintain abstinence); establish discharge policies and toxicology (also known as urinalysis or drug) testing policy and patient agreements that do not result in an automatic discharge if clients use substances during a treatment episode and facilitate a culture of treating SUDs as chronic conditions by allowing for clients who use substances during treatment an opportunity to continue with treatment; and that direct service staff and managers are trained and adopt changes.

New categories were added to the FY 24-25 Capacity Building Package to ensure that patient-facing materials such as the admission agreement and toxicology policy and patient agreement align with updated R95 admission and discharge policies and that prospective and current patients experience how their provider has embraced and actualized lower barrier admissions and higher barrier discharges. Additionally, it is important to ensure that managers and staff also understand and effectively implement their updated provider policies and agreements, and what is expected of them as it relates to patients. Therefore, the next step will be verifying manager and staff training using the approved R95 presentation with agency-specific requirements and processes included.

DPH-SAPC will conduct optional listening sessions and collaborative opportunities if providers would like to work together to get ideas on how to expand access to treatment and develop the updated policies and agreements. DPH-SAPC will also request admission policies from providers who are leaders in this area to share as samples with other interested agencies and in collaboration with providers conduct research and share information related to system enhancements in this area of focus, including recommendations on policy format and components.

Why Participate? Updating your policies, agreements, and training staff on the changes, are critical first steps to ensure that admissions are truly broadened to include the R95 populations and staff at the site level have clear expectations on who can and should be admitted to care. It also supports patients who have been successful in care but lapsed/relapsed and remain committed to care.





PAYMENT REFORM: CAPACITY BUILDING PACKAGE

Payment: This project is deliverable-based. Providers will be paid after the admission and discharge policy and training presentation are complete and DPH-SAPC has approved content. Complete and submit the appropriate category invoice and attach the deliverables by the due date for payment. Expenditure verification is not required.

Participation in optional sessions is a way for providers to reinvest capacity building payments and defray costs for staff who would otherwise be providing direct services.

Important: Any provider agency that did not participate in updating their admission policy (2-A), discharge policy (2-B), and/or training presentation (2-C) in Year 1 can do so as part of the FY 24-25 Capacity Building Package; and where completion of these are prerequisites for participation in the new admission agreement (2-D), toxicology policy and patient agreement (2-E), and training verification (2-F) options respectively.* Any provider agency that did participate in any of the above in FY 23-24 and thus satisfies this prerequisite can participate in new efforts automatically.

R95 Admission Policy (2-A): Submit compliant admission policy for approval - one per treatment agency.* Tier 1 - \$10,000, Tier 2 - \$15,000, Tier 3 - \$20,000. **Due: 10/30/24**

R95 Discharge Policy (2-B): Submit compliant discharge policy for approval - one per treatment agency.* Tier 1 - \$10,000, Tier 2 - \$15,000, Tier 3 - \$20,000. **Due: 10/30/24**

R95 Training Presentation (2-C): Submit compliant training presentation for approval - one per treatment agency.* Tier 1 - \$10,000, Tier 2 - \$15,000, Tier 3 - \$20,000. **Due: 11/30/24**

R95 Admission Agreement (2-D): Submit compliant patient admission agreement for approval - one per treatment agency. Tier 1 - \$10,000, Tier 2 - \$15,000, Tier 3 - \$20,000. **Due: 12/31/24**

R95 Toxicology Policy and Patient Agreement (2-E): Submit compliant toxicology policy and patient agreement for approval - one per treatment agency. Tier 1 - \$10,000, Tier 2 - \$15,000, Tier 3 - \$20,000. **Due: 12/31/24**

R95 Staff Training Verification (2-F): Submit verification of staff training participation in SAPC-approved harm reduction trainings.
Tier 1 - \$10,000, Tier 2 - \$15,000, Tier 3 - \$20,000. **Due: 3/31/25**

- Deliverable A: Attestation of R95 Training Protocols for Staff
- Deliverable B: Verification that no fewer than 85% of practitioner staff have participated in an R95 training between 7/1/2024 and the due date.

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| Capacity Building | Service Design for Lower Barrier Care |
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Service Design for Lower Barrier Care supports providers in adapting the program services to align with the treatment needs of individuals who want to participate in services but are not ready to maintain abstinence. Efforts should be made to integrate services for individuals with different recovery goals whenever possible, but there may be instances when this is not conducive for all patients.





PAYMENT REFORM: CAPACITY BUILDING PACKAGE

Providers should articulate expectations to patients and staff to ensure a positive patient experience and develop a plan to monitor the implementation of new changes to ensure appropriate implementation and adoption. These funds support the cost for the agency to set expectations and standards for optimally serving this population and verifying successful implementation based on the customer experience, including reviewing current service offerings for this population, ensuring the intake process is inviting and accommodating, providing materials in languages spoken by patients, and creating a welcoming and professional treatment environment for all patients.

DPH-SAPC will conduct optional listening sessions and collaborative opportunities if providers would like to collaborate to get ideas on how to modify program services to better reach and retain this population. Note: Participation in optional sessions is a way for providers to reinvest capacity-building *payments and defray costs for staff who would otherwise be providing direct services.*

Important:

ONLY provider agency site(s) that did not participate in Service Design Customer Walk-Throughs (2H) and provider agencies that did not participate in Service Design Implementation Plan (2I) in Year 1 can do so as part of the FY 24-25 Capacity Building Package.

ONLY providers who participated in and submitted an approved Service Design Implementation Plan in Year 1 (FY 23-24) may participate in Service Design Follow Up Implementation Process Improvement (2G) is submission of an Implementation Plan in Year 1.

Why Participate? Reimagining how the R95 population can be meaningfully integrated into care models that traditionally only serve those seeking abstinence likely requires updates to your existing processes in addition to admission/discharge policies. Implementation can take time, so it is important that your staff adopt and embrace these changes and that patients actually experience the new model from first contact and throughout their journey with you.

Payment: This project is for start-up funds. Providers will be paid before completion of implementation process improvement, conducting customer walk-throughs, and developing the plan. To receive advance funds, you must have completed and submitted the appropriate category invoice, along with the DMC-certified/licensed and executed contract site form attesting your commitment to participate. Submit the deliverables by the due date to avoid recoupment. Expenditure verification is not required.

- **Service Design Follow-Up Implementation Process Improvement (2-G):** Submit a completed deliverable form demonstrating completion of process improvement activities associated with your 2024 Service Design Implementation Plan for approval - one per treatment agency. Tier 1 - \$15,000, Tier 2 - \$20,000, Tier 3 - \$25,000. **Due: 3/31/25**
- **Customer Walk-Through (2-H):** Submit completed deliverable forms demonstrating completion of customer experience assessment and walk-through results for approval - \$1,000 - one per contracted DMC certified or licensed site and executed contract. Tier 1 - \$1,000 per site, Tier 2 - \$1,000 per site, Tier 3 - \$1,000 per site. **Due: 1/31/25**





PAYMENT REFORM: CAPACITY BUILDING PACKAGE

- **Plan (2-I):** Submit completed deliverable forms demonstrating completion of improvement and investment plan for approval - one per treatment agency. Tier 1 - \$5,000, Tier 2 - \$7,500, Tier 3 - \$10,000. **Due: 3/31/25**

| | |
|-------------------|---------------------------------------------------------------------|
| Capacity Building | Bidirectional Referrals – SUD Treatment and Harm Reduction Services |
|-------------------|---------------------------------------------------------------------|

Harm Reduction Capacity supports providers in efforts to optimize bidirectional referral relationships between treatment sites and harm reduction agencies in two key areas: building staff capacity to work with patients with non-abstinence goals of care and ensuring a bidirectional pathway between treatment services and community-based harm reduction syringe services.

Why Participate? Partnering with harm reduction and harm reduction syringe services programs are keys ways to reach individuals who continue to use substances but would benefit from engaging clinical services and to be available if abstinence goals change. These funds support treatment agencies exercising effective referral partnerships with harm reduction syringe service programs.

Payment:

- **Treatment Agency Staff Participation in Harm Reduction Trainings (2-J)** is deliverable-based. Providers will be paid for the two deliverables below by completing and submitting the appropriate category invoice by the due date.
 - Deliverable A: Attestation of Harm Reduction Training Protocols for Staff
 - Deliverable B: Verification that no fewer than 85% of practitioner staff have participated in no fewer than one SAPC-approved list of trainings involving harm reduction between 7/1/2024 and due date.

Tier 1 - \$15,000, Tier 2 - \$20,000, Tier 3 - \$25,000. **Due: 3/31/25**

- **Verified Admissions (2-K)** is deliverable-based. Providers will be paid after verifying admissions from harm reduction syringe services programs and submitting the appropriate category invoice by the due date.
 - Verify admissions from harm reduction syringe services program using CalOMS *Principal Source of Referral* item 3.2 indicating referral from harm reduction syringe services program. This opportunity is for up to 10 admissions per Tier 1 treatment agency (\$500 each); 15 admissions per Tier 2 treatment agency (\$750 each); and 20 admissions per Tier 3 treatment agency (\$1,000 each). Patient cannot receive any participation incentive.

Tier 1 – up to \$5,000, Tier 2 – up to \$11,250, Tier 3 – up to \$20,000. **Due: 3/31/25**





PAYMENT REFORM: CAPACITY BUILDING PACKAGE

Capacity Building Category: Fiscal, Business, and Operational Efficiency

Description: Starting July 2023, DPH-SAPC and treatment providers experienced a 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 services. This effectively means once a claim has been approved and paid, there will be no other reconciliations or payments involved for that claim.

More than ever, it is essential that providers take action 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. When revenue exceeds expenditures, agencies have the opportunity to reexamine current practices and make adjustments to increase clinical and operational efficiencies and shift those savings to new investments in patient care and their workforce and establish themselves as effective competitors in the SUD treatment marketplace. This can also ease the transition to value-based care where patient outcomes rather than service volume become the basis for reimbursement.

To ensure readiness, it is essential that providers establish and maintain an accurate and current accounting system to monitor revenue and expenditures because some fiscal accountability measures remain post-payment reform:

- The County of Los Angeles Department of Auditor-Controller (A-C) continues to conduct mandated annual fiscal compliance reviews. Key points include:
 - Historically, the majority of finding related to providers not accurately tracking revenue and expenditures attributed to the delivery of services.
 - Providers will continue to submit fiscal reports for non-DMC contracts and be subject to recoupments. Recoupments have actually increased over the last three FYs:
 - FY19-20: 35%
 - FY18-19: 32%
 - FY17-18: 25%
- Though State and County will no longer require the current cost report and reconciliation process, providers are still required to submit the SAPC Fiscal Reporting Tool in order to be considered for an elevation in Tier for their rate.
- Provider agencies may be at risk of significant recoupments via fiscal compliance reviews if expenditures and revenue cannot be properly supported and/or accounted.
- Providers are still required to adhere to Generally Accepted Accounting Principles (GAAP) and the [A-C's Contract Accounting and Administration Handbook](#).

DPH-SAPC recognizes both the risks and opportunities that these changes present to providers. As the County's administrator of the SUD network and steward of public funds, DPH-SAPC has developed a capacity building initiative designed to support providers through this transition.



PAYMENT REFORM: CAPACITY BUILDING PACKAGE

Why Participate in Fiscal, Business, and Operational Efficiency Capacity Building Efforts? Your agency will get additional funding to support your accounting/financial and data/quality management infrastructure and increase your operational efficiency. Your participation is mutually beneficial:

- **Patients:** Effective clinical care requires efficient fiscal and business operations and reinvestment in patient care and direct service staff to facilitate positive treatment outcomes.
- **Agencies:** Increase your internal capacity to better manage your organization by monitoring staff's productivity and how much resources are truly needed to run your organization, and learn where reinvestment can be made by improving operational efficiencies.

Fiscal, Business, and Operational Efficiency Capacity Building efforts are described below.

Table 3: Fiscal, Business, and Operational Efficiency Summary

| Description | # | Due Date | Max Units | Payment Per Unit | Total Maximum Revenue Potential |
|-------------------------------------------------------------------------------------------------------|-----|----------|-----------|-------------------|---------------------------------|
| Accounting, Data, and Quality Management Infrastructure: Systems and Capacity | | | | | |
| Accounting Systems and Capacity <i>(Available to agencies who did not participate in FY 23-24)</i> | 3-A | 3/31/25 | 1 | Tier 1 - \$10,000 | Tier 1 - \$10,000 |
| | | | | Tier 2 - \$15,000 | Tier 2 - \$15,000 |
| | | | | Tier 3 - \$20,000 | Tier 3 - \$20,000 |
| Quality Management Systems and Capacity (NEW) | 3-B | 3/31/25 | 1 | Tier 1 - \$10,000 | Tier 1 - \$10,000 |
| | | | | Tier 2 - \$15,000 | Tier 2 - \$15,000 |
| | | | | Tier 3 - \$20,000 | Tier 3 - \$20,000 |
| Expenditures and Revenue: Assessing and Enhancing Financial Health | | | | | |
| Assessing & Enhancing Financial Health Training (AEFH) Series Follow-Up Implementation | 3-C | 3/31/25 | 1 | Tier 1 - \$10,000 | Tier 1 - \$10,000 |
| | | | | Tier 2 - \$15,000 | Tier 2 - \$15,000 |
| | | | | Tier 3 - \$20,000 | Tier 3 - \$20,000 |
| Minimum Agency Revenue Opportunity with Full Participation | | | | Tier 1 | \$30,000 |
| | | | | Tier 2 | \$45,000 |
| | | | | Tier 3 | \$60,000 |
| Maximum County (SAPC) Contribution with Full Participation | | | | | \$4,000,000 |

| | |
|--------------------------|--------------------------------------------------------------------------------------|
| Capacity Building | Accounting, Data, and Quality Management Infrastructure: Systems and Capacity |
|--------------------------|--------------------------------------------------------------------------------------|

Accounting Systems and Capacity (3-A): This opportunity gives providers funds to invest in new accounting systems and/or strengthen existing accounting systems and organizational capacity. Under this category providers may use the funding for the following activities:

- Purchase or upgrade of software, including accounting software, and information technology to help monitor and manage expenses and revenue.
- Enrollment of staff in accounting or business courses to increase organizational capacity.
- Formal training(s) or course(s) in non-profit organization management.





PAYMENT REFORM: CAPACITY BUILDING PACKAGE

- Enrollment and participation in non-profit organizations (Center for Non-Profit Management, California Association of Non-Profits, etc.).
- Development of trackers, tools, and any report(s) that captures regular productivity or activities to facilitate easier revenue and expenditure tracking.

Why Participate? To improve fiscal capacity may take just a small investment in accounting tools or to train staff who fulfill this function but may need additional support and training to optimize your revenue and effectively transition to the new reimbursement model.

Payment: This project is for start-up funds. Providers will be paid before investing in the accounting system and capacity options.

- **Accounting Systems and Capacity (3-A):**
 - To receive start-up funds, you must complete and submit the appropriate category invoice attesting to your commitment to participate by 9/15/24 – one per agency.
 - Additionally, you must submit the summary of investment expenditures by 3/31/25, to avoid recoupment.

Tier 1 - \$10,000, Tier 2 - \$15,000, Tier 3 - \$20,000. Submit expenditure verification to avoid recoupment. **Due: 3/31/25**

Note: If you did not submit an attestation for start-up funds, you can still receive capacity building funds for this deliverable by submitting an invoice and the required documentation by March 31, 2025.

Quality Management Systems and Capacity (3-B): This opportunity gives providers funds to invest in new data and quality management systems and/or strengthen existing data and quality management systems and organizational capacity. Data and quality management are fundamental to any alternative payment and value-based care reimbursement system. As such, it is critical for providers to invest in developing this internal infrastructure. Under this category, providers may use the funding for the following activities:

- Purchase or upgrade data or quality management software.
- Enrollment of staff in data management, quality management/improvement courses to improve organizational capacity.
- Formal training or course in quality management and improvement.
- Development of trackers, tools, and reports capturing quality management and improvement activities.

Payment: This project is for start-up funds. Providers will be paid before investing in the accounting system and capacity options.



PAYMENT REFORM: CAPACITY BUILDING PACKAGE

- **Quality Management Systems and Capacity (3-B):**
 - To receive start-up funds, you must complete and submit the appropriate category invoice attesting to your commitment to participate by 9/15/24 – one per agency.
 - Additionally, you must submit the summary of investment expenditures by 3/31/25, to avoid recoupment.

Tier 1 - \$10,000, Tier 2 - \$15,000, Tier 3 - \$20,000. Submit expenditure verification to avoid recoupment. **Due: 3/31/25**

Note: If you did not submit an attestation for start-up funds, you can still receive capacity building funds for this deliverable by submitting an invoice along with the required documentation by March 31, 2025.

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|--------------------------|----------------------------------------------------------------------------------|
| Capacity Building | Expenditures and Revenue: Assessing and Enhancing Financial Health (AEFH) |
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AEFH Financial Health Training Follow-Up (3-C)

Available to agencies who did participate in AEFH in FY 23-24. This opportunity further supports providers develop expenditure and revenue management skills, building on CIBHS’s Assessing & Enhancing Financial Health (AEFH) training. AEFH provided individualized training and technical assistance so that providers can effectively conduct internal analysis, identify organizational costs, and develop service implementation strategies to ensure cost coverage.

In FY 2024-25, agencies that participated in the AEFH training and developed an *Impact Logic Model* will have the opportunity to continue receiving technical assistance toward their agency’s identified goals and report progress in reaching milestones.

Payment: This project is deliverable based. Providers will be paid after the progress reports are submitted indicating progress/completion of targeted goals. Final deliverable **Due: 3/31/25**.

Invoice Process for Capacity Building Activities

Activities with Start-Up Funds Option

- Once an agency has decided which capacity building efforts to participate in that permit advance payment (start-up funds), submit the appropriate category invoice with the selected eligible efforts identified, attest to submitting the deliverable by the due date, and indicate intention to participate in other deliverable-based efforts as applicable. An invoice is required to claim start-up funds and is due **9/15/24**.



PAYMENT REFORM: CAPACITY BUILDING PACKAGE

- The following capacity building efforts are eligible for start-up funds:
 - **Workforce**
 - Counselor Expedited Training and Certification – Tuition/Paid Time Off (1-E)
 - Medication for Addiction Treatment (MAT) Prescribing Clinician – Approved Implementation Plan (1-G)
 - Improving Workforce Language Access Efforts - Approved Language Assistance Plan (1-I)
 - **Access to Care/Reaching the 95%**
 - Service Design for Lower Barrier Care – Follow-Up Implementation Process Improvement (2-G)
 - Service Design for Lower Barrier Care – Customer Walk Through (2-H)
 - Service Design for Lower Barrier Care – Plan (2-I)
 - **Fiscal, Business, and Operational Efficiency**
 - Accounting Systems and Capacity (3-A)
 - Data and Quality Management Systems and Capacity (3-B)

Note: If an invoice is not submitted by 9/15/24, the agency may still participate in the Capacity Building Categories as listed above and receive Capacity Building funds for completion by submitting the appropriate category invoice along with required supporting documentation by the deliverable due dates.

Deliverable Based Efforts

- Once an agency has completed capacity building efforts that are deliverable-based in accordance with the above requirements, and any subsequent guidance, submit the appropriate category invoice and provide relevant justification and substantiating documents for SAPC review, approval, and payment.
- The following capacity building efforts are deliverable based:
 - **Workforce**
 - LPHA Sign-On and Retention Bonus (1-A and 1-B)
 - Sustainability Plan TA and Progress Report - 25% (1-C)
 - Sustainability Plan TA and Progress Report - 75% (1-D)
 - Counselor Expedited Training and Certification – Certification Obtained (1-F)
 - Medication for Addiction Treatment (MAT) Prescribing Clinician – Clinician Staffing and Hours Verified (1-H)
 - Improving Workforce Language Access Efforts - Bilingual Bonus (1-J)



PAYMENT REFORM: CAPACITY BUILDING PACKAGE

- **Access to Care/Reaching the 95%**
 - R95 Admission Policy (2-A)
 - R95 Discharge Policy (2-B)
 - R95 Training Presentation (2-C)
 - R95 Admission Agreement (2-D)
 - R95 Toxicology Policy and Patient Agreement (2-E)
 - R95 Staff Training Verification (2-F)
 - Treatment Agency Staff Participation in Harm Reduction Trainings (2-J)
 - Verified Admissions (2-K)

- **Fiscal, Business, and Operational Efficiency**
 - AEHF Follow Up (3-C)

As noted above, if you did not submit a request for start-up funds but are now interested in participating via deliverable-based for the deliverable activities listed above, submit deliverable on-time and use submit the appropriate category invoice for reimbursement.