# Substance Abuse Prevention and Control Bureau Payment Reform Capacity Building & Incentive Initiative Increasing Workforce Language Access Efforts

# Bilingual Bonus Invoice and Supporting Documentation Submission Instructions

This instruction document is designed to assist eligible SAPC providers in submitting bilingual bonus invoices.

The instructions are divided into two sections:

- 1. Quarterly Bilingual Bonus Invoice and Submission form
- 2. Supporting Documentation

Please follow the instructions below to ensure timely processing and approval of your invoices.

#### Submission Instructions:

 Submit both the Quarterly Bilingual Bonus Invoice and Submission form AND Supporting Documentation by the following deadlines.

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

- All invoices MUST be signed by the appropriate agency authority (no print allowed in the signature box)
- If a signature cannot be placed in the excel document, then it must be converted to a PDF for signature.
- Submit BOTH the excel and the PDF if using this option or the signed excel by the deadline listed above.
- Submit the appropriate supporting documentation with the *Bilingual Bonus Quarterly Invoice and Submission Form*
- Delays in submission of the *Bilingual Bonus Quarterly Invoice and Submission Form* will result in delayed reimbursement.
- If a delayed submission, we ask that you submit your invoice no later than 30-days after the deadline.
- Submitted invoices that take longer to resolve and approve based on incomplete or inaccurate submission will delayed reimbursement.

#### 1. Bilingual Bonus Invoice and Submission Form

#### General Information:

- 1. **Agency Name**: Insert the full name of the organization.
- 2. **Quarter Report**: Using the drop-down menu, make the appropriate selection for the quarter you are seeking reimbursement.
- 3. **Total LPHAs/SUD Counselors**: This field is LOCKED and is autofilled using the data you submit in Column E.

#### 4. Total Funding Requested:

This field is LOCKED and is automatically calculated based on the information you insert in Column N.

- 5. Follow the below instructions to complete fields in columns A-L:
  - Complete ALL fields.
  - Some fields have drop down boxes; please select the appropriate answer.

# \*Please be aware this form has several cells that are protected and that you cannot change.

\*\*NOTE: Sometimes staff may hide columns to make data input easier. It is important that you ensure those columns are unhidden when you submit. In some cases, this has locked the excel sheet and transferred to the PDF.\*\*

## Instructions for completion of Columns A-N



#### Column B: Position Title

Indicate the actual position title of the identified staff. While positions titles may be different, only the following types of direct service staff are eligible for the bilingual bonus.

- LPHA Direct Service Bilingual Staff
  - Licensed and Licensed eligible:
    - psychologists
    - clinical social workers
    - marriage and family therapists
    - clinical counseling practitioners.

- SUD Counselor/Peer Direct Service Bilingual
  - Registered/Certified SUD counselors. This may include case managers or care coordinators only when they are registered/certified SUD counselors.
  - Certified peer support specialists
- All staff must be onboarded onto Sage.

#### Column C: Type of Bilingual Bonus

Provide the start date of the staff receiving the bilingual bonus. The month and year is sufficient.

#### Column E: Type of Bilingual Bonus

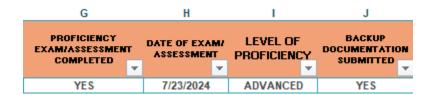
Select from the drop-down menu whether this is for the LPHA or Counselor bonus type.

#### **Column F: Threshold Language\*:**

Select from the drop-down menu the language associated with the bilingual bonus language. The menu only includes the following languages:

- Los Angeles County Threshold Languages:
   Arabic, Armenian, Cantonese, Farsi, Khmer/Cambodian, Korean, Mandarin,
   Russian, Spanish, Tagalog/Filipino, Vietnamese.
- Prioritized Languages: American Sign Language, Spanish, and Chinese Languages

#### \*Must select only one of these languages



### Column G: Level of Proficiency:

Select from the drop-down menu (yes or no) whether proficiency examination or certification was completed.

For the purposes of this effort:

- Proficiency examination means staff who used the SAPC-sponsored language assessment o or certification.
- Assessment means staff were assessed for proficiency using the provider proficiency examination (must be SAPC-approved prior to invoice submission).

#### **Column H: Date of Exam/Certification:**

Input the date of the examination or assessment.

#### **Column I: Level of Proficiency:**

Select from the drop-down menu the bilingual staff's level of proficiency:

- Advanced for staff who were assessed using SAPC-approved provider language assessment.
- Certified for staff who used the SAPC-sponsored language assessment.

#### Column J: Backup Documentation Submitted

Select yes or no from the drop-down menu.

- If your response is yes, make sure that the approved forms of supporting documentation are included in your submission.
- If your response is no, you will not receive reimbursement until supporting documentation is submitted.



#### Column K: What type of Direct Service was provided choices:

Select from the drop-down menu which primary form of Direct Service was provided <u>in</u> that language, if any, during the reporting period.

- Individual counseling
- Intake/assessment
- None
- Other

#### **Column L: Number of Months**

Select from the drop-down menu the number of months you are requesting bilingual bonus reimbursement.

Your supporting documentation MUST support the number of months requested.

#### Columns M: Bilingual Bonus Amount and Column N: Quarter Total

These columns are LOCKED and automatically calculated from the information you select in column E and column L.

# 2. Supporting Documentation Requirements

#### **Acceptable supporting documents include:**

- Providers are <u>required to submit supporting documentation verifying payment</u> of a bilingual bonus to eligible staff that covers the specific reporting period (e.g., months in the quarter). The acceptable forms of supporting documentation include:
  - Pay Stub (preferred): A copy of each staff's paystub(s) or warrant(s) for the entire reporting period, with the amount paid for bilingual bonus clearly identified or highlighted.

OR

 General Ledger: A copy of the general ledger indicating that payroll amounts for the <u>entire reporting period</u>, with the amount paid for bilingual bonus clearly identified or highlighted

**AND** (only for agencies that pay differentials)

- Supplemental Bilingual Differential Verification form: REQUIRED\_for
  providers using differentials to incentivize bilingual staff. Submit this form that
  outlining methodology for converting the SAPC-provided bilingual bonus into the
  differential. It MUST be signed by the appropriate party (no printed names will be
  accepted).
- Providers must ensure that the supplemental documentation matches the information in the Quarterly Bilingual Bonus Invoice and Submission form. Any discrepancies may result in a request to correct and impact timely reimbursement.

For any questions about invoice submissions or the tracking process, please contact SAPC Payment Reform Capacity Building and Incentive Team directly at sapc-cbi@ph.lacounty.gov, with subject line "Bilingual Bonus".