Substance Abuse Prevention and Control (SAPC)

CAPACITY-BUILDING INVOICE: Access To Care - Reaching The 95%

Fiscal Year (FY) 2024-2025 Incentive Metrics Package

With the continued behavioral health transformation anticipated under the California Advancing and Innovating Medi-Cal (CalAIM) Initiative, the movement towards value-based care through 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 areas below.

Instructions

This invoice is for <u>Access to Care – Reaching the 95%</u> capacity-building activities and is used when agencies claim start-up funds for eligible capacity-building efforts and deliverable-based capacity-building efforts.

- Access to Care Reaching the 95% Start-Up Funds and Associated Deliverables
 - Service Design for Lower Barrier Care Implementation Plan Follow-Up-Process Improvement (2-G)
 - Service Design for Lower Barrier Care Customer Walk-Through (2-H)
 - Service Design for Lower Barrier Care Plan (2-I)
- Access to Care Reaching the 95% <u>Deliverable-Based Efforts</u>
 - o R95 Admission Policy (2-A)
 - o R95 Discharge Policy (2-B)
 - R95 Training Presentation (2-C)
 - o R95 Admission Agreement (2-D)
 - R95 Toxicology Policy and Patient Agreement (2-E)
 - R95 Staff Training Verification (2-F)
 - o Treatment Agency Staff Participation in Harm Reduction Trainings (2-J)
 - Verified Admissions (2-K)

The following information needs to be included:

START-UP FUNDS TABLES AND ASSOCIATED DELIVERABLES TABLES

- Units: Enter the number of units you are seeking reimbursements for and expect to be completed. Units may not exceed the amount identified under the "Max Units" for your assigned Rates Tier.
- 2. **Requested Amount/Tier**: Enter the total cost per your assigned Rates Tier for the total number of units. Contact SAPC's Finance Services Division using the email below for questions.
- 3. **Participation Opt-In**: Select 'Yes' to the Start-up funds activities you wish to participate in to receive start-up funds.

DELIVERABLE EFFORT TABLES

- 4. **Intent for Other Efforts**: Indicate if your agency intends to participate in other listed capacity-building efforts that are deliverable-based by indicating 'yes,' 'no,' or 'maybe.' This is non-binding, and agencies can participate at any time before the due date.
- 5. Submit to SAPC-CBI@ph.lacounty.gov by 09/15/24 to indicate your attestation to participate in Start-Up Funds and intent for other Deliverable-based Efforts.



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Capacity Building payments will be distributed through your DMC-ODS Contract and are subject to all federal, state, and county 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: | Select SAPC Assigned Rates Tier |
|--------------------------------------|--------|------------------------------------|
| Capacity-Building Contact Person: | Email: | |

<u>Description</u>: 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.

Start-Up Funds and Associated Deliverables

By signing and responding 'Yes' to receiving start-up funds, you attest to the completion and submission of required documentation in accordance with the <u>Capacity Building Package</u> specifications by the due date to avoid recoupment. Responses of 'No' will result in no advance payment of start-up funds. However, if you do not opt for start-up funds, you may still participate in any qualifying, non-start-up activity as a deliverable-based effort. You will receive payment when the deliverable is submitted and approved.





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| Туре | Activity | Due Date(s) | Payment Per Unit | Number of Units | Tier/Amount | Requesting Start-Up Funds? |
|--------------|--|--|------------------------------|-----------------------------|--|----------------------------------|
| | Service Design for Lower Barrier Care – Implementation Plan Follow-Up- Process Improvement (2- G) | 9/15/24: Start-Up Funds Request 3/31/2025: Supporting Documentation | Tier 1 - \$15,000 | | Enter Tier/Amount | Choose an item. |
| Start- Up | | | Tier 2 - \$20,000 | Choose an item. | | |
| | | | Tier 3 - \$25,000 | | | |
| Start- Up | Service Design for Lower Barrier Care – Customer Walk-Through (2-H) | 1/31/25: Start-Up Funds Request 1/31/2025: Supporting Documentation | \$1,000 per eligible site | Enter Number of Units | Calculate and Enter Amount \$ | Choose an item. |
| | | 9/15/24: Start-Up Funds | Tier 1 - \$5,000 | | | |
| Start- Up | Service Design for Lower Barrier Care – Plan (2-I) | Request 3/31/2025: Supporting Documentation | Tier 2 - \$7,500 | Choose an item. | Enter Tier/Amount | Choose an item. |
| | | | Tier 3 - \$10,000 | | | |

<u>Deliverable Based Efforts (non-Start-Up) – Intent to Participate</u>

Indicate if your agency intends to participate in the capacity-building efforts listed below that are deliverable-based by indicating 'yes,' 'no,' or 'maybe.' This is non-binding, and agencies can participate at any time before the due date.



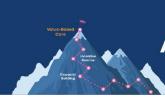


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| Туре | Activity | Due Date(s) | Payment Per Unit | Participating in Activity? | |
|-------------|--|----------------|-------------------|----------------------------|--|
| Dalivarable | R95 Admission Policy (2-A) | | Tier 1 - \$10,000 | Choose an | |
| Deliverable | (Only available to agencies who did not participate in FY 23-24) | 10/30/24 | Tier 2 - \$15,000 | item. | |
| Based | | | Tier 3 - \$20,000 | | |
| Deliverable | R95 Discharge Policy (2-B) | | Tier 1 - \$10,000 | Choose an item. | |
| Based | (Only available to agencies who did not | 10/30/24 | Tier 2 - \$15,000 | | |
| baseu | participate in FY 23-24) | | Tier 3 - \$20,000 | item. | |
| Deliverable | R95 Training Presentation (2-C) | | Tier 1 - \$10,000 | Choose an item. | |
| Based | (Only available to agencies who did not | 11/30/24 | Tier 2 - \$15,000 | | |
| baseu | participate in FY 23-24) | | Tier 3 - \$20,000 | | |
| Deliverable | R95 Admission Agreement (2-D) (Available to all agencies with an approved R95 Admission Policy) | | Tier 1 - \$10,000 | Choose an item. | |
| Based | | 12/31/24 | Tier 2 - \$15,000 | | |
| Dased | | | Tier 3 - \$20,000 | | |
| | R95 Toxicology Policy and Patient | | Tier 1 - \$10,000 | | |
| Deliverable | Agreement (2-E) (Available to all agencies with an approved R95 Toxicology Policy) | 12/31/24 | Tier 2 - \$15,000 | Choose an item. | |
| Based | | | Tier 3 - \$20,000 | | |
| Deliverable | R95 Staff Training Verification (2-F) (Available to all agencies with an approved R95 Training Presentation) | 3/31/25 | Tier 1 - \$10,000 | Choose an item. | |
| Based | | | Tier 2 - \$15,000 | | |
| Dased | | | Tier 3 - \$20,000 | | |
| Deliverable | Treatment Agency Staff | | Tier 1 - \$15,000 | Choose an item. | |
| Based | Participation in Harm Reduction | 3/31/25 | Tier 2 - \$20,000 | | |
| Daseu | Trainings (2-J) | | Tier 3 - \$25,000 | | |
| Deliverable | Bidirectional Referrals - Verified | 3/31/25 | Tier 1 - \$500 | | |
| Based | Admissions | | Tier 2 - \$750 | Choose an item. | |
| Dasea | (2-K) | | Tier 3 - \$1,000 | | |





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<u>Deliverable-Based Efforts (No Start-Up Funds) – Submission</u>

Only submit this section when the deliverable(s) are complete and agency is requesting payment

| Туре | Activity | Due Date(s) | Payment Per Unit | Number of Units | Total |
|----------------------|---|----------------|--|--------------------------|--|
| Deliverable Based | R95 Admission Policy (2-A) (Only available to agencies who did not participate in FY 23-24) | 10/30/24 | Select Tier/Amount | Choose an item. | Choose an item. |
| Deliverable Based | R95 Discharge Policy (2-B) (Only available to agencies who did not participate in FY 23-24) | 10/30/24 | Select Tier/Amount | Choose an item. | Choose an item. |
| Deliverable Based | R95 Training Presentation (2-C) (Only available to agencies who did not participate in FY 23-24) | 11/30/24 | Select Tier/Amount | Choose an item. | Choose an item. |
| Deliverable Based | R95 Admission Agreement (2-D) (Available to all agencies with an approved R95 Admission Policy) | 12/31/24 | Select Tier/Amount | Choose an item. | Choose an item. |
| Deliverable Based | R95 Toxicology Policy and Patient Agreement (2-E) (Available to all agencies with an approved R95 Discharge Policy) | 12/31/24 | Select Tier/Amount | Choose an item. | Choose an item. |
| Deliverable Based | R95 Staff Training Verification (2-F) (Available to all agencies with an approved R95 Training Presentation) | 3/31/25 | Select Tier/Amount | Choose an item. | Choose an item. |
| Deliverable Based | Treatment Agency Staff Participation in Harm Reduction Trainings (2-J) | 3/31/25 | Select Tier/Amount | Choose an item. | Choose an item. |
| Deliverable Based | Bidirectional Referrals - Verified Admissions (2-K) | 3/31/25 | Enter Tier & Max Units Enter Tier & Payment Per Unit | Enter Number of Units | Calculate and Enter Amount \$ |



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SIGNATURE AND ATTESTATION

| Summary Capacity Building Access to Care-Re | eaching the 95% Costs Based on Totals Above |
|---|---|
| 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 | |

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| SAPC Use Only | | | | |
|---------------|-----------------|------|--|--|
| Reviewed By | Approved/Denied | Date | | |
| | | | | |
| | | | | |