

**Substance Abuse Prevention and Control Bureau
FY 2025-26 Payment Reform – Value-Based Incentives
Increasing Workforce Language Access Efforts**

**Bilingual Bonus and Supporting Documentation Form
Submission Instructions**

This instruction document is designed to assist eligible SAPC provider agencies in submitting Bilingual Bonus forms.

The instructions are divided into two sections:

1. Quarterly Bilingual Bonus and Submission forms
2. Supporting Documentation

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

Submission Instructions:

- Submit a completed VBI Invoice Form along with both the *Quarterly Bilingual Bonus Submission Forms AND Supporting Documentation* by the following deadlines.

For FY 2025-26, SAPC will reimburse 75% of Bilingual Bonus payments, and provider agencies will cover the remaining 25%. SAPC will reimburse invoices for Q1 through Q3. Provider agencies will need to support their staff with Bilingual Bonus payment for Quarter 4.

Quarterly Submission Deadline	Quarter Covered
October 10th	July - September 2025
January 10th	October - December 2025
March 31st	January - March 2026
Not reimbursed by SAPC	April - June 2026

- All forms **MUST** be signed by the appropriate provider agency authority (**no print allowed in the signature box**). (Please note that the *Quarterly Bilingual Bonus Submission Form* does not require a signature)
- 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 Submission Form*.

Quarterly Bilingual Bonus Submission Instructions

- Delays in submission of the *Bilingual Bonus Quarterly Submission Forms* will result in denial of invoice.
- *Bilingual Bonus Quarterly Submission Forms* and supporting documentation have a FIRM deadline and must be completed by the due date listed above for the quarter covered. SAPC will not accept submission forms for prior quarters, **only** forms that are for the current quarter due dates.
 - Submissions after the deadline identified above WILL NOT be accepted. Please work with your respective human resources or other staff to make sure they are able to produce the required documentation before the deadline
- Submitted forms that take longer to resolve and approve based on incomplete or inaccurate submission will delay reimbursement.

1. Bilingual Bonus Submission Form

General Information:

- **Provider Agency Name:** Insert the full name of the organization.
- **Quarter Report:** Using the drop-down menu, make the appropriate selection for the quarter you are seeking reimbursement.
- **Total LPHAs/SUD Counselors:**
This field is LOCKED and is autofilled using the data you submit in Column E.
 - Ensure SUD Counselors and LPHAs are associated in your agencies Network Adequacy Certification Application (NACA).
- **Total Funding Requested:**
This field is LOCKED and is automatically calculated based on the information you insert in Column N.
 - If the invoice needs to be unlocked because of prorated billing or special circumstance that require different amounts than what is automatically calculated, please contact SAPC Team (sapc-vbi@ph.lacounty.gov subject: Bilingual Bonus) for assistance.
- **Follow the instructions below 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 contains several protected cells that cannot be edited.**

****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. **

Quarterly Bilingual Bonus Submission Instructions

Instructions for completion of Columns A-N

A	B	C	D	E	F
BILINGUAL BONUS STAFF NAME (FIRST, LAST)	POSITION TITLE	START DATE (MM/YYYY)	SITE ADDRESS (street #, name and city)	TYPE OF BILINGUAL BONUS	THRESHOLD LANGUAGE
John Doe	counselor	10/2024	1234 Sherman Way	counselor	Farsi

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 Staff
 - 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: Start Date:

Provide the start date of the staff receiving the Bilingual Bonus. The month and year are 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 the language associated with the Bilingual Bonus from the drop-down menu. The menu includes only 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.**

Quarterly Bilingual Bonus Submission Instructions

G	H	I	J
PROFICIENCY EXAM/ASSESSMENT COMPLETED	DATE OF EXAM/ ASSESSMENT	LEVEL OF PROFICIENCY	BACKUP DOCUMENTATION SUBMITTED
YES	7/23/2024	ADVANCED	YES

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 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:

There are only **two** options to select: Select from the drop-down menu the bilingual staff's level of proficiency:

- Advanced ONLY USED BY:
 - Provider agencies that have an internal assessment that was approved by SAPC in advance.
- Certified ONLY USED BY:
 - Provider agencies that 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.

K	L	M	N
WHAT TYPE OF DIRECT SERVICE WAS PROVIDED?	NUMBER OF MONTHS	BILINGUAL BONUS AMOUNT	QUARTER TOTAL
GROUP COUNSELING	2	\$100	\$ 200.00

Quarterly Bilingual Bonus Submission Instructions

Column K: What Type of Direct Service was Provided Choices:

Select from the drop-down menu which primary form of Direct Service was provided **in 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:

- Provider agencies are required to submit supporting documentation verifying payment 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 payroll amounts for the entire reporting period, 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 provider agencies using differentials to incentivize bilingual staff. Submit this form 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).
- Provider agencies 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.**

Acceptable supporting documents for Proficiency Results:

- Agency provider proficiency examination (must be SAPC-approved prior to invoice submission).
 - Include a copy of testing results as part of your supporting documents.
- SAPC-approved language assessment
 - No need to include proficiency results, unless SAPC team requests additional information.

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