

**Substance Abuse Prevention and Control Bureau
Behavioral Health Payment Reform
Year 3 Value-Based Incentives: Employee Benefits Package [2-A]
Agency Checklist for Document Submission**

Purpose:

This checklist is to support Provider Agencies in submitting required programmatic documents for the Employee Benefits [2-B] Value-Based Incentive to ensure appropriate payment.

Instructions:

Please finalize and submit a completed copy of this form along with a copy of the documents required by close of business (COB) 3/31/2026 to ensure timely and accurate processing.

VBI Activity Name:	Employee Benefits Package (2-A)
Provider Agency Name:	
Staff Name:	
Date:	

Required

☐ VBI FY2025-26 (Year 3) Invoice Form

☐ VBI FY2025-26 Employee Benefits Package Agency Checklist for Document Submission (***this form***)

☐ Medical (Health) Insurance Proof

- Name of documentation/proof provided:

- Please indicate the type of benefit offered:

☐ Dental Insurance Proof

- Name of documentation/proof provided:

- Please indicate the type of benefit offered:

☐ Vision Coverage Proof

- Name of documentation/proof provided:

- Please indicate the type of coverage offered:

☐ Paid Time-Off Proof

- Name of documentation/proof provided:

- Please indicate the type of benefit offered:

☐ Retirement Plan Proof

- Name of documentation/proof provided:

- Please indicate the type of benefit offered:

Enhanced Incentive Offerings – Must Select at LEAST 3 out of 6 Incentives to Qualify [Optional]: \$10,000

☐ Flexible Work Schedules

- Name of documentation/proof provided:

- Please indicate the type of benefit offered:

☐ Remote Work/Telecommuting

- Name of documentation/proof provided:

- Please indicate the type of benefit offered:

☐ Wellness Programs

- Name of documentation/proof provided:

- Please indicate the type of benefit offered:

☐ Transportation Stipends

- Name of documentation/proof provided:

- Please indicate the type of benefit offered:

☐ Childcare

- Name of documentation/proof provided:

- Please indicate the type of benefit offered:

☐ Student-Loan Repayment or 401(k) Match on Loan Payments

- Name of documentation/proof provided:

- Please indicate the type of benefit offered:

☐ Life Insurance

- Name of documentation/proof provided:

- Please indicate the type of benefit offered:
