

**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)
Agency Name:	
Staff Name:	
Date:	

Required

☐ VBI Year 3 Employee Benefits Package Invoice Coversheet

☐ VBI Y3 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:

- Implemented in FY 2025-26?

☐ Yes ☐ No

☐ Dental Insurance Proof

- Name of documentation/proof provided:

- Please indicate the type of benefit offered:

- Implemented in FY 2025-26?

☐ Yes ☐ No

☐ Vision Coverage Proof

- Name of documentation/proof provided:

- Please indicate the type of coverage offered:

- Implemented in FY 2025-26?

☐ Yes ☐ No

☐ Paid Time-Off Proof

- Name of documentation/proof provided:

- Please indicate the type of benefit offered:

- Implemented in FY 2025-26?

☐ Yes ☐ No

☐ Retirement Plan Proof

- Name of documentation/proof provided:

- Please indicate the type of benefit offered:

- Implemented in FY 2025-26?

☐ Yes ☐ No

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:

- Implemented in FY 2025-26?

☐ Yes ☐ No

☐ Remote Work/Telecommuting

- Name of documentation/proof provided:

- Please indicate the type of benefit offered:

- Implemented in FY 2025-26?

☐ Yes ☐ No

☐ Wellness Programs

- Name of documentation/proof provided:

- Please indicate the type of benefit offered:

- Implemented in FY 2025-26?

☐ Yes ☐ No

☐ Transportation Stipends

- Name of documentation/proof provided:

- Please indicate the type of benefit offered:

- Implemented in FY 2025-26?

☐ Yes ☐ No

☐ Childcare

- Name of documentation/proof provided:

- Please indicate the type of benefit offered:

- Implemented in FY 2025-26?

☐ Yes ☐ No

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

- Name of documentation/proof provided:

- Please indicate the type of benefit offered:

- Implemented in FY 2025-26?

☐ Yes ☐ No

☐ Life Insurance

- Name of documentation/proof provided:

- Please indicate the type of benefit offered:

- Implemented in FY 2025-26?

☐ Yes ☐ No