

CAPACITY-BUILDING INVOICE: Fiscal, Business And Operational Efficiency

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. Revisions are highlighted.

Instructions

This invoice is for **Fiscal, Business, and Operational Efficiency** capacity-building activities. It is used when agencies claim start-up funds for eligible capacity-building efforts and deliverable-based capacity-building efforts.

- **Fiscal, Business, and Operational Efficiency Start-Up Funds and Associated Deliverables**
 - Accounting Systems and Capacity (3-A)
 - Data and Quality Management Systems and Capacity (3-B)
- **Fiscal, Business, and Operational Efficiency Deliverable-Based Efforts**
 - AEHF Follow-Up (3-C)

The following information needs to be included:

START-UP FUNDS TABLES AND ASSOCIATED DELIVERABLES

1. **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 Fund 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 9/15/2024 to indicate your attestation to participate in Start-up Funds and intent for other deliverable-based efforts.

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:

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Agency Name:		Tier:	Select SAPC Assigned Rates Tier
Capacity-Building Contact Person:		Email:	

Capacity Building Category: Fiscal and Operational Efficiency

Description: In FY 2023-24, DPH-SAPC and treatment providers experienced another significant shift in how DMC services are reimbursed with the movement from cost reconciliation (lesser of costs or charges) to fee-for-service (FFS) and practitioner-level rates for outpatient treatment services. Future moves to value-based reimbursement models will transform substance use disorder systems further. It is essential that providers take action to ensure they have a strong and viable organization and that enough appropriate treatment services are delivered to generate sufficient revenue to cover operational costs.

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 Capacity Building Package 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.

Type	Activity	Due Date(s)	Payment Per Unit	Number of Units	Tier/Amount	Requesting Start-Up Funds?
Start-Up	Accounting Systems and Capacity (Available to agencies who did not participate in FY 23-24) (3-A)	9/15/24: Start-Up Funds Request	Tier 1 - \$10,000	Choose an item.	Select Tier/Amount	Choose an item.
		3/31/2025: Supporting Documentation	Tier 2 - \$15,000			
			Tier 3 - \$20,000			
Start-Up	Data and Quality Management Systems and Capacity (3-B)	9/15/24: Start-Up Funds Request	Tier 1 - \$10,000	Choose an item.	Select Tier/Amount	Choose an item.
		3/31/2025: Supporting Documentation	Tier 2 - \$15,000			
			Tier 3 - \$20,000			

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Deliverable Based Efforts (non-Start-Up) – Intent to Participate

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.

Type	Activity	Due Date(s)	Payment Per Unit	Participating in Activity?
Deliverable Based	Assessing and Enhancing Financial Health Follow-Up (3-C) (Available to agencies who did participate in AEHF in FY 23-24)	5/15/25	Tier 1 - \$10,000	Choose an item.
			Tier 2 - \$15,000	
			Tier 3 - \$20,000	

Deliverable-Based Efforts (No Start-Up Funds) – Submission

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

Type	Activity	Due Date(s)	Unit	Number of Units	Total
Deliverable Based	Assessing and Enhancing Financial Health Follow-Up (3-C) (Available to agencies who did participate in AEHF in FY 23-24)	5/15/25	Select Tier/Amount	Choose an item.	Choose an item.



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SIGNATURE AND ATTESTATION

Summary Capacity Building Fiscal Business Operations 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	

SAPC Use Only		
Reviewed By	Approved/Denied	Date