









Value-Based Incentives Package

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Value-Based Incentives Package

Introduction

Fiscal Year 2025-26 marks the third year of Substance Abuse Prevention and Control's (SAPC) innovative implementation of Behavioral Health Payment Reform, a statewide initiative to modernize California's specialty behavioral health treatment system. Together with its substance use disorder (SUD) provider agencies, SAPC has made important strides during the first two years of payment reform by laying a strong foundation for the SUD treatment system in Los Angeles County in key areas such as finance and business operations, workforce development, and access to care, each critical for ensuring long-term success operating in a value-based environment.

SAPC's SUD provider agencies also strengthened their internal processes to meet clinical and operational benchmarks, using data-driven approaches to enhance treatment outcomes, streamline service delivery, and ensure compliance with regulatory standards.

While the first two years of SAPC's payment reform focused on establishing a stable foundation, Year 3 builds on this momentum by prioritizing outcome-focused reforms that are client-centered, evidence-based, sustainable, and supportive of long-term recovery. These efforts are essential to achieving measurable improvements in client outcomes over time.

Key Changes for Fiscal Year 2025-26

- New Name to Reflect Purpose: SAPC's payment reform approach has been renamed Value-Based Incentives (VBI) to reflect its purpose incentivizing and supporting provider agencies as they advance in a value-based framework.
- Clear and Aligned Focus Areas: We consolidated the many focus areas across our activities to center our efforts on three key priorities: 1) Finance and Business Operations, 2) Workforce Development, and 3) Access to Care.
- **Streamlined Number of Activities**: This year's VBI package includes a simplified set of activities designed to help provider agencies fully participate and take advantage of VBI's opportunities.
- Focus on Incentives: This year introduces more metric-based activities to advance our system's ongoing use of data to guide decision-making and continuous improvement.
- Increased and More Frequent Incentive Payments: We are offering increased incentive amounts and more milestone-based payments to encourage consistent engagement and sustained participation.

Please visit <u>SAPC's Payment Reform webpage</u> for the latest information.

We look forward to working with you to make VBI successful in Fiscal Year 2025-26!



Value-Based Incentives Package

Finance and Business Operations

Building Performa	nce and Risk Metrics (1-A)
Description	This incentive enhances provider agencies' ability to use analytical strategies to strengthen data-informed decision-making, risk management, and financial sustainability within evolving value-based reimbursement models.
	An optional component of this activity is funding to purchase software to support the implementation of a data dashboard. Provider agencies must complete a functional key performance indicators (KPI) dashboard or the KPI tracking tool to access this funding.
	This activity complements the Managing Financial Risk in Value-Based Reimbursement (1-B) activity.
Eligibility	Open to all contracted treatment provider agencies.
Other criteria	Not applicable
Invoicing/ Submission Guidelines	Submission 1: Submit the Following Deliverables by 9/10/25: Invoice Form Cohort Assessment Survey Submission 2: Submit the Following Deliverables by 10/10/25: Invoice Form Completed functional KPI performance dashboard or KPI tracking tool Submission 3: Submit the Following Deliverables by 12/10/25: Invoice Form Completed Performance Benchmarking and Gap Analysis Tool Optional: Quality Management System Funds Optional: Leadership Coaching Verification Form Please refer to the Payment Reform - VBI Website for guidance documents.
Payment	 Submission 1: \$5,000 Submission 2: \$15,000 Submission 3: \$15,000 Optional Quality Management System Funds: \$20,000 Optional Leadership Coaching Participation: \$5,000





Managing Financi	al Risk in Value-Based Reimbursement (1-B)
Description	This incentive enhances provider agencies' ability to navigate financial risk under value-based reimbursement and alternative payment models through risk- readiness assessments, stress testing, and financial strategy development. This activity complements the Building Performance and Risk Metrics activity (1-A).
Eligibility	Open to all contracted treatment provider agencies.
Other criteria	Not applicable
Invoicing/ Submission Guidelines	 Submission 1: Submit the Following Deliverables by 2/15/26: Invoice Form Risk and Financial Readiness Assessment Completion of Financial Stress Test Submission 2: Submit the Following Deliverables by 3/31/26: Invoice Form Contingency Planning Template Submission <u>Optional</u>: Leadership Coaching Engagement Please refer to the <u>Payment Reform - VBI Website</u> for guidance documents.
Payment	 Submission 1: \$15,000 Submission 2: \$15,000 Optional Leadership Coaching Participation: \$5,000





Timely Submissi	on of CalOMS Admission and Discharge Records (1-C)
Description	This incentive strengthens the operational performance of provider agencies by ensuring that at least 65% of California Outcomes Measurement System (CalOMS) admission and discharge records are submitted on time and are 100% complete.
Eligibility	Open to all contracted treatment provider agencies.
Calculation	Numerator: Number of CalOMS admission and discharge records that are both 100% complete and submitted on time. (Discharge records include administrative discharges.)
	Denominator: Total number of CalOMS admission and discharge records submitted, including administrative discharges.
Invoicing/ Submission Guidelines	Consult the monthly Data Quality Report (DQR) provided by SAPC's Health Outcomes and Data Analytics (HODA) Division on the 15 th of each month, which reflects the % of metrics for the prior month's records.
	Required Documents:
	Invoice form
	Applicable HODA DQR incentive page
	Submit all required documents quarterly within 5 days of DQR release, according to the following schedule:
	• Submission 1: Q1 (July to September 2025) - Due 10/20/25
	 Submission 2: Q2 (October to December 2025) - Due 1/20/26
	• Submission 3: Q3 (January to March 2026) - Due 4/20/26
	Please refer to the Payment Reform - VBI Website for guidance documents
Payment Rates	• Submission 1: Q1 \$20,000
	• Submission 2: Q2 \$20,000
	• Submission 3: Q3 \$20,000





Value-Based Incentives Package

Timely Claims Sul	bmissions (1-D)
Description	This incentive supports fiscal accountability and revenue cycle management by ensuring 100% of prior-month service claims are submitted by the 10th of each month, as monitored through supplemental claims reporting to SAPC.
Eligibility	Open to all contracted treatment provider agencies.
Calculation	Total number of late claims submitted after the 10 th of the following month.
Invoicing/ Submission Guidelines	Consult the monthly Data Quality Report (DQR) provided by SAPC's HODA Division on the 15 th of each month, which reflects the % of metrics for the prior month's records. Required Documents: Invoice form Applicable HODA DQR incentive page Submit all required documents quarterly within 5 days of DQR release, according to the following schedule:
	 Submission 1: Q1 (July to September 2025) - Due 10/20/25 Submission 2: Q2 (October to December 2025) - Due 1/20/26 Submission 3: Q3 (January to March 2026) - Due 4/20/26 Please refer to the <u>Payment Reform - VBI Website</u> for guidance documents.
Payment Rates	 Submission 1: Q1 \$20,000 Submission 2: Q2 \$20,000 Submission 3: Q3 \$20,000



Value-Based Incentives Package

Workforce Development

Employee Benef	its Package (2-A)
Description	This incentive reimburses provider agencies for offering a baseline benefits package: medical, dental, and vision coverage, paid time off, and a retirement match. It also offers additional payments for enhanced incentive offerings, which include flexible work schedules, wellness programs, stipend for transportation, childcare, student- loan repayment, or 401(k) match on loan payments, and life insurance. Provider agencies must offer three of the six enhanced incentives mentioned above to qualify for the additional incentive amount. The incentive aims to stabilize the SUD workforce, improve recruitment and retention, and support long-term system sustainability.
Eligibility	Open to all contracted treatment provider agencies.
Other Criteria	Not applicable
Invoicing/ Submission Guidelines	 Implement activity and submit required documentation by 3/31/26: Invoice form Employee Benefits Package Provider Agency Checklist Organizational policy, Human Resources (HR) documentation, and/or other documentation illustrating the benefits offered with the option of opting out of benefits. Please refer to the Payment Reform - VBI Website for guidance documents.
Payment	 \$45,000 one-time payment If a provider agency offers an enhanced employee benefit package, it will receive an additional \$10,000 one-time payment.



Value-Based Incentives Package

SUD Registered	Counselor Minimum Wage (2-B)
Description	The provider agency must demonstrate that it offers a \$23 per hour minimum wage for all SUD Registered Counselors employed by the agency across all programs and funding streams. This includes agencies that implemented it in FY 2024-25.
Eligibility	Open to all contracted treatment provider agencies.
Other Criteria	 A minimum wage floor of \$23 per hour must be implemented for all staff who hold the SUD Registered Counselor credential, regardless of job function. The \$5,000 per counselor incentive is only available to SUD Registered Counselors employed under a Drug Medi-Cal Organized Delivery System (DMC-ODS) contract.
Invoicing/ Submission Guidelines	<u>New Policy</u> : For provider agencies implementing the \$23 per hour minimum wage as a new policy in FY 2025-26, implement the activity and submit the following required documentation by 03/31/26:
	 Invoice Form Organizational Human Resources (HR) policies or other documentation reflecting the minimum \$23 per hour wage. Documentation showing payment to each SUD Registered Counselor included in the invoice at the \$23 per hour minimum wage. This documentation must include the employee's name, pay rate, and pay date.
	<u>Continued Policy</u> : For provider agencies that implemented the \$23 per hour minimum wage in FY 2024-25 through SAPC, submit the following required documents by 03/31/26:
	 Invoice Form Signed attestation form confirming continued implementation of the \$23 per hour minimum wage.
	Please refer to the Payment Reform - VBI Website for guidance documents.
Payment Rates	<u>New Policy</u> : For provider agencies that implement a new SUD Registered Counselor minimum wage policy in FY 2025-26:
	• \$5,000 per SUD Registered Counselor employed under a DMC-ODS contract.
	<u>Continued Policy</u> : For provider agencies that completed the SUD Registered Counselor minimum wage incentive in FY 2024-25 and continue to implement the policy, an additional one-time payment is available based on the number of approved counselors in FY 2024-25:
	 0-10 Registered Counselors: \$20,000 11-25 Registered Counselors: \$40,000 25+ Registered Counselors: \$60,000





Bilingual Bonus	(2-C)
Description	This incentive supports provider agency efforts to recruit and retain bilingual direct service staff (e.g. Licensed Practitioners of the Healing Arts [LPHA], Licensed Eligible LPHA [LE-LPHA]) in efforts to increase language matching, which has been demonstrated to improve client engagement and service retention.
	 LPHA Direct Service Bilingual Staff – Refers to licensed and license-eligible psychologists, clinical social workers, marriage and family therapists, and clinical counseling practitioners who currently or will be able to offer direct services in at least one identified non-English threshold language and who have demonstrated proficiency in that language.
	 SUD Counselor/Peer Direct Service Bilingual – Refers to registered/certified SUD counselors and peer support specialists who currently or will be able to offer direct services in at least one identified non-English threshold language and who have demonstrated proficiency in that language.
Eligibility	Treatment provider agencies who DID NOT participate in FY 2024-25 must complete a Language Access Plan Worksheet to be eligible.
Other criteria	 Participating Provider Agencies must: Indicate interest in providing individual and group counseling services in the languages. Ensure direct service staff receiving bilingual bonus have evidence of language proficiency, as demonstrated by standardized tests, at the Advanced level in speaking and listening. Submit required documentation by the 10th of the month for the prior
Invoicing/ Submission Guidelines	 quarter (see below). To receive funds each quarter, provider agencies submit the following required documents: Invoice form Completed Bilingual Bonus Submission Form – One form per treatment provider agency Evidence of Language Proficiency for Eligible Direct Service Staff Proof that the staff person was paid the bilingual bonus Deadlines: Language Access Worksheet (only for provider agencies that have not previously completed) - Due 07/07/25 Submission 1: Q1 (July 2025 – September 2025) - Due 10/10/25
	 Submission 2: Q2 (October 2025 – December 2025) - Due 01/10/26 Submission 3: Q3 (January 2026 – March 2026) - Due 04/10/26 Please refer to the <u>Payment Reform - VBI Website</u> for guidance documents.
Payment	 \$150 per month per eligible LPHA staff \$100 per month per eligible SUD Counselor/Peer Direct Service staff





LPHA Sign-On/Lo	oyalty & Retention Bonus (2-D)
Description	This incentive supports provider agency hiring and retaining qualified licensed and license-eligible Clinical Social Workers, Marriage and Family Therapists, Professional Clinical Counselors, and Clinical Psychologists.
Eligibility	 Sign-On/Loyalty Bonus: Provider agencies that <u>did not</u> participate in FY 2024-25 are eligible to participate in the <i>Sign-On/Loyalty Bonus</i> component. Funds can be used as either sign-on bonuses for prospective staff or loyalty bonuses for current LPHA/LE-LPHA staff. Retention Bonus: Only LPHAs who received a bonus payment in FY 2024-25 through the SAPC <i>LPHA Sign-on/Loyalty</i> Bonus Capacity building activity are eligible. For LPHAs who received a Sign-On Bonus Payment in FY 2024-25, continued employment as an LPHA must be verified by 3/31/26 to be eligible. SAPC will send a supplemental LPHA Retention Bonus form detailing a list of eligible LPHA staff.
Other Criteria	 Eligible staff must bill to the DMC-ODS contract. % FTE (full-time equivalent) is calculated based on % of total time billed to the DMC-ODS contract. LPHA must have a minimum of 0.5 FTE billed to the DMC-ODS contract to be eligible for the part-time bonus of \$2,500. LPHA must have a minimum of 1.0 FTE billed to the DMC-ODS contract to be eligible for the full-time bonus of \$5,000. Only the following licensure types are eligible: Licensed and License-Eligible Clinical Social Workers, Marriage and Family Therapists, Professional Clinical Counselors, and Clinical Psychologists.
Invoicing/ Submission Guidelines	Submit the following required documents by 3/31/26: Sign-On/Loyalty Bonus: Invoice form LPHA Sign-On/Loyalty Bonus supplemental form Documentation of bonus payment for each eligible employee Retention Bonus Invoice form LPHA Retention Bonus supplemental form (sent from SAPC staff) Documentation of bonus payment to each employee Please refer to the Payment Reform - VBI Website for guidance documents.
Payment	 \$2,500 per eligible part-time LPHA (0.5 FTE) \$5,000 per eligible full-time LPHA (1.0 FTE)



Value-Based Incentives Package

MAT Prescribin	g Clinician Start-Up Cost Sharing (2-E)
Description	This incentive encourages provider agencies to expand Medications for Addiction Treatment (MAT) by supporting the costs of prescribers. It has two parts:
	Part 1: Approved Implementation Plan or Addendum: Up to 75% of funds disbursed. This incentive offers a cost-sharing opportunity alongside the treatment provider agency's financial investments to recruit, retain, and utilize medical clinicians as members of the provider agency's treatment team to provide addiction medication services - also known as MAT directly to clients served by SAPC-contracted provider agencies and paid via claims to SAPC.
	Part 2: Verified Program Participation: Up to 25% of funds disbursed. SAPC will internally verify provider agency participation and submission of required deliverables (see below). SAPC will notify agencies by 6/30/26 if they successfully completed these required deliverables and related issuing of funds.
Eligibility	Part 1: Implementation Plan/Addendum: No Prerequisites. Open to all contracted treatment provider agencies.
	Part 2: Verified Program Participation: To participate in this component, provider agencies are required to have an approved Implementation Plan or Addendum.
Other criteria	Successful completion of all required reporting, including Quarterly Progress Reports workflow development, organizational readiness self-assessments, and attendance of all the necessary activities, technical assistance trainings, and meetings.
Invoicing/ Submission Guidelines:	 Part 1: Submit the following required documents by 9/30/25 for 75% of funds. Invoice Form; and Implementation Plan (required if no approved plan by 7/1/25); or Addenda (required if plan approved before 7/1/25 and expanding the number of medical clinician hours beyond the original approved plan)
	Part 2: <u>No Action Needed from Provider Agencies</u> . Verified Program Participation for 25% of funds issued 6 months following Implementation Plan/Addenda approval.
D	Please refer to the <u>Payment Reform - VBI Website</u> for guidance documents.
Payment	Start-up funding is available to all DMC-ODS provider agencies at a ratio of \$200,000 per 40 hours per week of MAT prescribing clinician time, distributed in 2 payments:
	 Part 1: Due 9/30/25 Part 2: <u>No Action Needed from Provider Agencies</u>. SAPC will internally verify provider agency participation on 3/31/26 and will notify provider agencies by the end of the fiscal year of the status.





Value-Based Incentives Package

Access to Care

MAT Education	/Services for Opioid Use Disorder (OUD) in Non-OTP Settings (3-A)
Description	This incentive is designed to promote clinical quality and access to evidence-based care by ensuring that at least 60% of clients with OUD in non-OTP (opioid treatment program) settings receive MAT education and/or medication services that include MAT.
Eligibility	Open to Non-OTP contracted treatment provider agencies.
Calculation	Numerator: Applicable MAT / Medication Service Code and/or H2010M (MAT Education).
	Denominator: Clients with OUD (F11.*) diagnosis.
	Consult the monthly Data Quality Report (DQR) provided by SAPC's HODA Division on the 15 th of each month, which reflects the % of metrics for the prior month's records.
	Required Documents:
Invoicing/	Invoice formApplicable HODA DQR incentive page
Submission Guidelines	Submit all required documents quarterly within 5 days of DQR release, according to the following schedule:
	 Submission 1: Q1 (July to September 2025) - Due 10/20/25 Submission 2: Q2 (October to December 2025) - Due 1/20/26 Submission 3: Q3 (January to March 2026) - Due 4/20/26
	Please refer to the Payment Reform - VBI Website for guidance documents.
Payment	 Submission 1: Q1 \$20,000 Submission 2: Q2 \$20,000 Submission 3: Q3 \$20,000

*Applicable MAT / Medication Service Codes are, for non-OTP settings: 90792, 99202 through 99205, 99212 through 99215, H0034, H0033, and H2010M.





MAT Education	/Services for Alcohol Use Disorder (AUD) (3-B)
Description	This incentive advances clinical quality and access to evidence-based care by ensuring that at least 50% of clients with AUD agency-wide receive MAT education and/or medication services that include MAT.
	NOTE : Claims from OTP settings must ensure that at least 50% of clients with AUD either receive education about medications for AUD or treatment with medications for AUD in order to meet this incentive benchmark.
Eligibility	Open to all contracted treatment provider agencies.
Calculation	Numerator: Applicable MAT / Medication Service Code ¹ and/or H2010M (MAT Education).
	Denominator: Clients with AUD (F10.*) diagnosis.
Invoicing/ Submission	Consult the monthly Data Quality Report (DQR) provided by SAPC's HODA Division on the 15 th of each month, which reflects the % of metrics for the prior month's records.
Guidelines	Required Documents:
	Invoice formApplicable HODA DQR incentive page
	Submit all required documents quarterly within 5 days of DQR release, according to the following schedule:
	• Submission 1: Q1 (July to September 2025) - Due 10/20/25
	• Submission 2: Q2 (October to December 2025) - Due 1/20/26
	 Submission 3: Q3 (January to March 2026) - Due 4/20/26
	Please refer to the <u>Payment Reform - VBI Website</u> for guidance documents.
Payment	 Submission 1: Q1 \$20,000 Submission 2: Q2 \$20,000 Submission 3: Q3 \$20,000

^{*} Applicable MAT / Medication Service Codes are, for non-OTP settings: 90792, 99202 through 99205, 99212 through 99215, H0034, H0033, and H2010M. Applicable codes for OTP settings are H2010M and S5001AB, S5001C, S5000C, and S5001C specific to AUD medications.





MAT: Agency-wide Naloxone Distribution (3-C)		
Description	This incentive enhances client safety and overdose prevention efforts by ensuring that at least 60% of clients' agency-wide receive naloxone through prescription or distribution, as documented in the client record.	
Eligibility	Open to all contracted treatment provider agencies.	
Calculation	Numerator: The number of clients who received naloxone (by prescription or via distribution documented in the record) at a given provider agency.	
	Denominator: The total number of clients served.	
Invoicing/ Submission Guidelines	Consult the monthly Data Quality Report (DQR) provided by SAPC's HODA Division on the 15 th of each month, which reflects the % of metrics for the prior month's records.	
	Required Documents:	
	Invoice formApplicable HODA DQR incentive page	
	Submit all required documents quarterly within 5 days of DQR release, according to the following schedule:	
	 Submission 1: Q1 (July to September 2025) - Due 10/20/25 Submission 2: Q2 (October to December 2025) - Due 1/20/26 Submission 3: Q3 (January to March 2026) - Due 4/20/26 	
	Please refer to the Payment Reform - VBI Website for guidance documents.	
Payment	• Submission 1: Q1 \$20,000	
	• Submission 2: Q2 \$20,000	
	 Submission 3: Q3 \$20,000 	





Clients Referred/Admitted to Another SUD Level of Care (3-D)		
Description	This incentive strengthens continuity of care by ensuring that at least 30% of clients are referred and admitted to another level of SUD care within 30 days of discharge.	
Eligibility	Open to all contracted treatment provider agencies.	
Calculation	Numerator: Number of clients referred and admitted to another level of SUD care within 30 days of discharge. Denominator: Total number of clients discharged.	
Invoicing/ Submission Guidelines	 Consult the monthly Data Quality Report (DQR) provided by SAPC's HODA Division on the 15th of each month, which reflects the % of metrics for the prior month's records. Required Documents: Invoice form Applicable HODA DQR incentive page Submit all required documents quarterly within 5 days of DQR release, according to the following schedule: Submission 1: Q1 (July to September 2025) - Due 10/20/25 Submission 2: Q2 (October to December 2025) - Due 1/20/26 Submission 3: Q3 (January to March 2026) - Due 4/20/26 Please refer to the Payment Reform - VBI Website for guidance documents. 	
Payment Rates	 Submission 1: Q1 \$20,000 Submission 2: Q2 \$20,000 Submission 3: Q3 \$20,000 	





Mental and Ph	ysical Health Referrals/Care Coordination (3-E)
Description	This incentive supports integrated care by ensuring that at least 25% of clients with mental or physical health conditions are referred and connected to appropriate services.
Eligibility	Open to all contracted treatment provider agencies.
Calculation	Numerator: The number of clients with a mental or physical health condition who are referred and connected to mental or physical health services.
Investeine /	Denominator: Total number of clients with a mental or physical health condition.
Invoicing/ Submission	Consult the monthly Data Quality Report (DQR) provided by SAPC's HODA Division on the 15 th of each month, which reflects the % of metrics for the prior month's
Guidelines	records.
	Required Documents:
	Invoice formApplicable HODA DQR incentive page
	Submit all required documents quarterly within 5 days of DQR release, according to the following schedule:
	 Submission 1: Q1 (July to September 2025) - Due 10/20/25 Submission 2: Q2 (October to December 2025) - Due 1/20/26 Submission 3: Q3 (January to March 2026) - Due 4/20/26
	Please refer to the <u>Payment Reform - VBI Website</u> for guidance documents.
Payment	Submission 1: Q1 \$20,000
	• Submission 2: Q2 \$20,000
	 Submission 3: Q3 \$20,000





R95 Champion (3	R95 Champion (3-F)		
Description	This incentive supports provider agencies implement specified Reaching the 95% (R95) initiatives, demonstrating a commitment to redesigning specialty SUD treatment systems by lowering barriers to care and building policies and systems around the needs of our clients.		
	Participation in 1) R95's policy and agreement activity and 2) at least one MAT activity demonstrates commitment to redesigning specialty SUD treatment systems by lowering barriers to care and building policies and systems around the needs of SUD clients.		
Eligibility	Open to all contracted treatment provider agencies.		
	 Treatment provider agencies that previously completed admission AND toxicology policies are eligible if they complete at least one MAT component in FY 2025-26. Eligible MAT activities: 		
	 MAT Education/Services for OUD in Non-OTP settings (3-A) MAT Education/Services for AUD (3-B) 		
Invoising	 MAT Agency-wide Naloxone Distribution (3-C) 		
Invoicing/ Submission Guidelines	 SAPC will confirm acceptance/invoice records of at least two eligible activities and notify provider agencies with the pre-populated verification form. 		
	• The pre-populated verification form must be signed and submitted with an invoice by 4/25/26.		
	Please refer to the Payment Reform - VBI Website for guidance documents.		
Payment Rates	 \$40,000 one-time payment 		





R95 Client-Facin	ng Agreements (3-G)
Description	This incentive fosters a client-centered approach by ensuring participating treatment provider agencies update their policies and client-facing agreements to recognize SUD as a chronic medical condition that will be treated with compassion.
Eligibility	Open to all contracted treatment provider agencies.
	Treatment provider agencies that previously completed admission, discharge, and/or toxicology policies will not have to repeat activities from previous years.
Invoicing/ Submission	For provider agencies that <u>have not</u> previously completed any of the below documents, submit an invoice form and <u>all five items</u> by 12/31/25.
Guidelines	 Invoice form R95 Admission Agreement R95 Toxicology Agreement R95 Admission Policy R95 Discharge Policy R95 Toxicology Policy
	For provider agencies that previously completed any of the above policies and agreements, short of all five (5) items, submit an invoice form and <u>all remaining items</u> by 12/31/2025.
	For example, if a provider agency completed the Admission Policy and Discharge Policy in previous fiscal years, for FY 25-26 completion, the provider agency would only need to complete the Admission Agreement, Toxicology Policy, and Toxicology Agreement.
	 Invoice form R95 Admission Agreement R95 Toxicology Agreement R95 Admission Policy (if not previously completed) R95 Discharge Policy (if not previously completed) R95 Toxicology Policy (if not previously completed)
	Please refer to the Payment Reform - VBI Website for guidance documents.
Payment Rates	 \$40,000 for provider agencies that have not previously completed any of the five documents. \$20,000 for provider agencies that have previously completed some of the documents and complete the rest this year.





Service Design Follow-up Implementation Plan (3-H)	
Description	This incentive supports provider agencies in adapting program services to align with the treatment needs of individuals who want to participate in services but are not yet ready to maintain abstinence.
Eligibility	Provider agencies with an approved FY 2023-24 Implementation/Investment Plan; OR Provider agencies with an approved FY 2024-25 Implementation/Investment Plan and who did not participate in the FY 2024-25 Follow-up Implementation Plan.
Invoicing/ Submission Guidelines	 Treatment provider agencies are required to participate in and complete the following: Attend Orientation Attend a two-day Change Leader Academy Participate in three (3) of the four (4) coaching calls Complete a change project plan Develop and present a 5x5 PowerPoint slide deck reflecting the change project plan Invoice Submission Due Date: 3/31/26 Required Documents: Invoice form Required Documentation Change Project Plan 5x5 PowerPoint Presentation
Payment Rates	 Please refer to the <u>Payment Reform - VBI Website</u> for guidance documents. \$30,000 one-time payment



