

**Substance Abuse Prevention and Control Bureau
Payment Reform Capacity Building & Incentive Initiative
Increasing Workforce Language Access Efforts**

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

This instruction document is designed to assist eligible SAPC providers in submitting bilingual bonus invoices.

The instructions are divided into two sections:

1. Quarterly Bilingual Bonus Invoice and Submission form
2. Supporting Documentation

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

Submission Instructions:

- Submit both the *Quarterly Bilingual Bonus Invoice and Submission form* AND *Supporting Documentation* by the following deadlines.

Quarterly Submission Deadline	Payment Released	Quarter Covered
October 10th	November 26th	July - September 2024
January 10 th	February 26 th	October – December 2024
April 10 th	May 26 th	January – March 2025
June 30 th	July 26 th	April – June 2025

- All invoices MUST be signed by the appropriate agency authority (**no print allowed in the signature box**)
- 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 Invoice and Submission Form*
- Delays in submission of the *Bilingual Bonus Quarterly Invoice and Submission Form* will result in delayed reimbursement.
- If a delayed submission, we ask that you submit your invoice no later than 30-days after the deadline.
- Submitted invoices that take longer to resolve and approve based on incomplete or inaccurate submission will delayed reimbursement.

Quarterly Bilingual Bonus Submission Instructions

1. Bilingual Bonus Invoice and Submission Form

General Information:

1. **Agency Name:** Insert the full name of the organization.
2. **Quarter Report:** Using the drop-down menu, make the appropriate selection for the quarter you are seeking reimbursement.
3. **Total LPHAs/SUD Counselors:**
This field is LOCKED and is autofilled using the data you submit in Column E.
4. **Total Funding Requested:**
This field is LOCKED and is automatically calculated based on the information you insert in Column N.
5. **Follow the below instructions 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 has several cells that are protected and that you cannot change.**

****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.**

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.

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- SUD Counselor/Peer Direct Service Bilingual –
 - 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: Type of Bilingual Bonus

Provide the start date of the staff receiving the bilingual bonus. The month and year is 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 from the drop-down menu the language associated with the bilingual bonus language. The menu only includes 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**

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).

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Column H: Date of Exam/Certification:

Input the date of the examination or assessment.

Column I: Level of Proficiency:

Select from the drop-down menu the bilingual staff's level of proficiency:

- Advanced – for staff who were assessed using SAPC-approved provider language assessment.
- Certified – for staff who 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

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

Quarterly Bilingual Bonus Submission Instructions

These columns are LOCKED and automatically calculated from the information you select in column E and column L.

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2. Supporting Documentation Requirements

Acceptable supporting documents include:

- Providers 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 that 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 providers using differentials to incentivize bilingual staff. Submit this form that 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).
- Providers 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.**

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