

**SUBSTANCE ABUSE PREVENTION AND CONTROL
TRANSITIONAL PAYMENT REQUEST FORM**

Agency Name:
Contract Number:
Contract Amount:
Fiscal Year:
Requested Amount:

Transitional payments may be approved if it enables agencies to remain operational during the cross-over period from one fiscal year to another, a bill blackout, or under limited circumstances when a temporary situation arises that would otherwise impact patient access to care and can be ameliorated within a short period of time. To assist in the review process, please provide information on your agency's situation.

Please explain in detail the reasons why your agency is experiencing a cash flow problem and requesting a transitional payment. You may select one or more of the following options:

- New Fiscal Year and Sage not configured for claims submission
- Error in Sage configuration that prevents claims submission
- Claims submitted but experiencing significant denials
- Replacing denials for resubmission
- Recent fiscal staff vacancy preventing claims submission
- Services delivered and claims do not cover costs
- Cashflow issues associated with revenue sources other than SAPC
- Other

Add description of the challenge(s) identified above:

What other services do you provide?

- Specialty substance use disorder treatment services (SAPC)
- Specialty substance use disorder prevention services (SAPC)
- Mental health services – Indicate funding source(s):
- Physical health services – Indicate funding source(s):
- Services through commercial insurance – Indicate funding source(s):
- Other – Please explain:

Are you experiencing challenges with payment from non-SAPC funding sources? Yes No
If yes, please explain:

Is your agency maintaining a 60-day cash reserve? Yes No
If no, please explain:

Is your agency in default for any payments due (i.e., payroll, payroll taxes, property taxes)? Yes No
 If yes, please explain:

Please explain in detail the reasons why your agency is experiencing a cash flow problem and requesting a transitional payment:

What steps will your agency take to remedy cash flow problems?

How long will it take to implement this cash flow plan?

Is your agency in need of free technical assistance from the California Institute for Behavioral Health Solutions (CIBHS) on fiscal planning and the relationship between the volume of services provided and the costs?
 Yes No

Please populate the financial information below:

	FY 18-19	FY 19-20
Assets		
Liabilities		
Total Billed		
Total Reimbursed		
Total Denied		
Transitional Payments Received		
Transitional Payments Returned		

Please attach the following with this request (*not applicable if there is a billing blackout*):

- Current year Financial Statements (Balance Sheet, Income Statement, Cash Flow Statement).
- Reconciled Bank Statements for the last six months.
- Last two years audited/unaudited Financial Statements.
- Recent Independent Auditor’s Report