**County of Los Angeles**
Department of Public Health
Substance Abuse Prevention and Control

**Workforce Development Expedited Training (1-E) & Certification (1-F) Verification Submission Overview Process**
April 2025

# Workbook and Certification Submission Overview

1. **Eligibility Requirements**
2. **Workbook Tabs Completion**
   a) Start Up Participants Tab
   b) Deliverable Based Participants Tab
   c) Certification (1-F)
   d) Not Approved Tab

3. **Proof of Expenditures through the Expenditure Cover Sheet**

# Staff Eligibility (1-E) Requirements

- Registered Counselor providing SUD direct services
- Employed as of 4/1/23
- Credentialed by DPH-SAPC (Sage Onboarding Completion)
- Not participation in Tuition Incentive Program (TIP)
- Submission of valid expenditures (completion of coursework, tuition book costs and/or paid time off to attend training or examination preparation) by 6/30/25
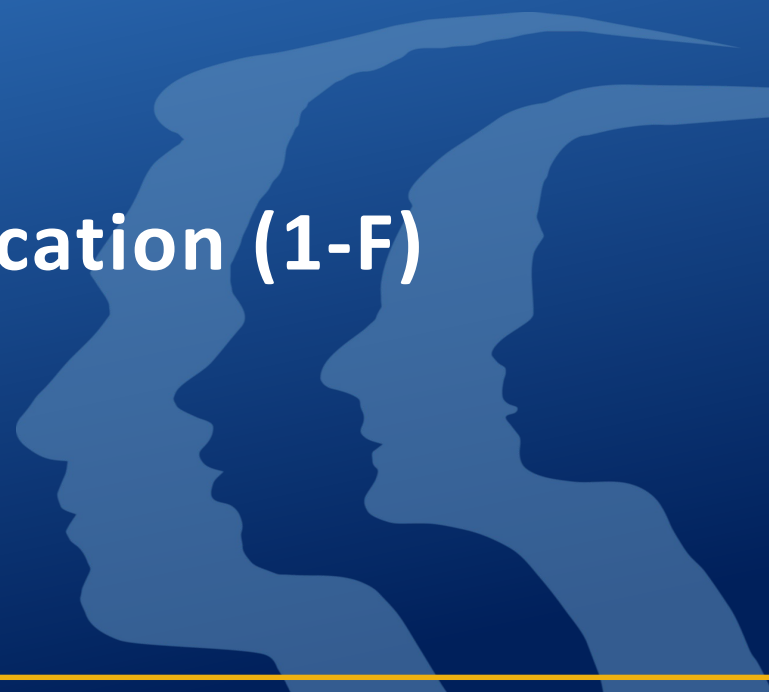
# Proof of Certifications Obtained (1-F)

- Counselors supported with expenditures under 1-E
- Verification of Certification between 7/1/23-6/30/25

# Reviewing the Expenditure (1-E) and Certification (1-F) Workbook

**Counselor Training (1-E) and Certification (1-F) Workbook**

## Instructions for Workbook and Cover Sheet

*This form has several cells that are protected and cannot be changed.

Instructions: **1)** Complete this workbook according to the directions below for all participating staff. **2)** Complete the expenditure cover sheet with enclosures per staff **(one per staff)**

### Start Up Participants Tab (Green Tab)

1. Columns B and C have been prefilled for you with the approved eligible staff from your agencies earlier submissions.
2. Complete remaining **Columns D-I for 1-E.**
3. If the participant achieved certification, complete rows **J-N**. Staff must have submitted for 1-E to be eligible for 1-F.
4. Ensure that columns **O** and **P** are completed
5. Columns **Q-Z** are intentionally **locked for SAPC Use Only.**
6. For staff that did not receive Start Up funds but is submitting expenditures, please follow instructions for the Deliverable Based Participants Tab.

### Deliverable Based Participants Tab (Blue Tab)- FOR USE ONLY IF START-UP FUNDS NOT RECEIVED

1. Please complete information in **Columns B-I** to verify employee is eligible (hired prior to 4/1/23; providing direct services as a registered counselor (C-Number and Registration a Tuition Incentive Program (TIP) Participant.)
2. If the participant is eligible, continue to complete rows **J and K** for expenditures.
3. If the participant achieved certification, complete rows **L-P**. Staff must have submitted for 1-E to be eligible for 1-F.
4. Ensure that columns **Q and R** are completed
5. Leave Columns **N-AA** blank. This section has been intentionally locked so data cannot be entered. It is for SAPC Staff to complete.

### Not Approved Tab (Orange Tab)

1. Staff names included on this tab were previously not approved for start up funds due to ineligibility for 23-24 and 24-25 and provider was previously notified.
2. If the reason for non-approval is "Not submitted by Start Up Due Date", these could be included as "Deliverable Based"

### Invoice Signature Tab (Purple Tab)

1. Review requested totals in rows **8 and 11**. These numbers are populated based on the information entered in the *Start Up Participants and Deliverable Based Participants* tab. totals are incorrect, review the corresponding tab for errors and updated accordingly.
2. Review the statement in row 12 and enter agency and your information in rows 17-19. Please sign the invoice signature page each time you submit this workbook. If you subm workbook mutiple times. include data from previous submissions.
3. Rows 19-25 are for SAPC internal use. Leave blank.

### Submit Invoice Package for Counselor Expedited Training (1-E) and Certification (1-F)

1. Please convert the *InvoiceSignaturePage* tab to PDF and digitally sign.
2. Send the signed PDF of the *InvoiceSignaturePage* tab, completed Expenditure and Certification excel document, and all supporting documentation via email to:
**SAPC-CBI@ph.lacounty.gov**

*Please Note:* More than one invoice can be submitted during the course of the year. Invoice(s) can be submitted at any time by the June 30th, 2025 deadline. Ensure that an updat signature is included with each submission as totals will be adjusted.

| Instructions | Start Up Participants | Deliverable Based Participants | Not Approved | InvoiceSignaturePage |

Workbook Completion

# Start-Up Funds Submissions

# Navigate to the Start Up Participants tab
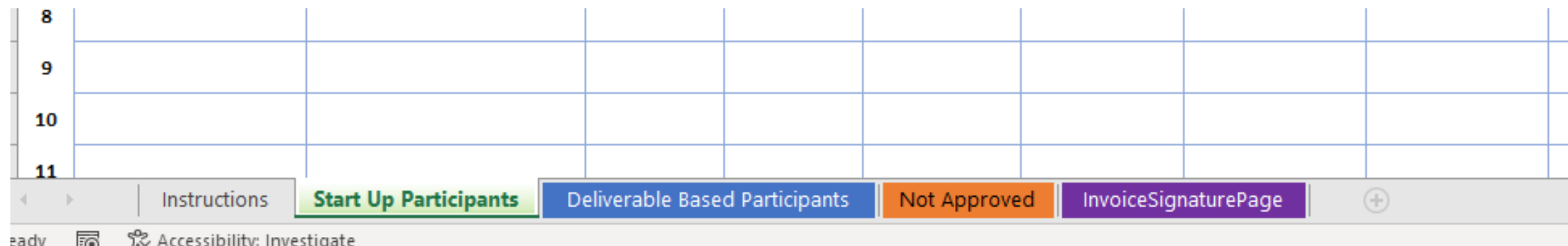
# Navigate to the Start Up Participants tab

**Payment Reform - Capacity Building, Workforce: Counselor Expedited Training and Certification**
**Invoice Detail**

| Agency Name | | Name | |
|---|---|---|---|
| Amount of start up funds provided | | Email | |
| Amount of staff approved for start up funds | 0 | Date | |

Enter information in table below
For Deliverables for 1-E and Certification 1-F, $2500 per deliverable, $2500 per certification

Due by 6/30/2025. Please Complete the following information for all staff who received start up funds for Tuition/Paid Time Off (1-E) and those who obtained certification (1-F). SAPC has pre-filled the Employee information if their name was submitted and approved for start up funds. Complete the remaining columns. Ensure the Expenditure Package is submitted as an attachment for each staff member. If staff's name does not appear on this list and you would like to submit their name for deliverable based funds and they are eligible, please use the "Deliverable Based Participants" tab. Please note that if a staff's name appears on the not approved tab, then they are not eligible for 1-E or 1-F.

| Staff Information | | | | 1-E | | | | 1-F Indicate if staff obtained certification in column "J". If certification was not obtained, then the agency will not receive 1F funds. | | | | | 1-E and/ or 1-F | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Employee Name | Registered by | Currently Employed? | If not currently employed, provide date of last day at agency | Start Up Participation in FY 23-24 or FY 24-25? | Claiming Expenditures for 1-E? | Expenditures Total for 1-E (Max $2,500) | Recoupment Amount (cell auto populates based on column H). SAPC will include recoupments for rows with staff information entered. | Certification Obtained? If No, leave K-N blank. | Certificate enclosed in attachments? | Certification Amount (cell auto populates based on column K) | Certification # (if applicable) | Certifying Organization | Date Expenditure Package Submitted | Expenditure Package Submitted |

## Start Up Participants Scenarios

| | Staff Information | | A | B | C | D | E | F |
|---|---|---|---|---|---|---|---|---|
| Employee Name | Registered by | Currently Employed? | If not currently employed, provide date of last day at agency | Start Up Participation in FY 23-24 or FY 24-25? | Claiming Expenditures for 1-E? | Expenditures Total for 1-E (Max $2,500) | Recoupment Amount (cell auto populates based on column **H**). SAPC will include recoupments for rows with staff information entered. |
| 1 | Minnie Mouse | CCAPP | Yes | | FY 23-24 | Yes | $ 2,500.00 | $ - |
| 2 | Jack Skellington | CADTP | No | 3/28/2025 | FY 23-24 | Yes | $ 200.00 | $ 2,300.00 |
| 3 | Jane Doe | CCAPP | No | 11/20/2023 | FY 23-24 | No | $ - | $ 2,500.00 |

(Header spanning columns C–E: 1-E)

SAPC Prefilled

Agency Fills Out

Auto populates recoupment amount

Workbook Completion
# Deliverable-Based Submissions

# Navigate to the Deliverable Based Participants tab

# Deliverable Based Participants tab

**Payment Reform - Capacity Building, Workforce: Counselor Expedited Training and Certification**
**Invoice Detail**

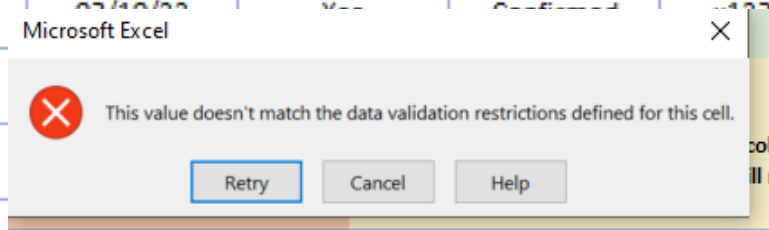| Agency Name | |
|---|---|
| Date Completed | |

Enter information in table below
For Deliverables 1-E and Certification 1-F, $2500 per deliverable, $2500 per certification

Due by 6/30/2025 Please complete the following information for all staff who are submitting for reimbursements of funds as deliverable-based. These participants did not receive start up funds for Tuition/Paid Time Off (1-E). Please indicate if staff obtained certification (1-F). Ensure that the Expenditure Package is submitted for per staff member. Eligibility for participation: SAPC-credentialed direct service registered counselor employed as of April 1, 2023 who are not participating in TIP and who did not receive funding under this category in FY 2023-24 or FY 2024-25. If columns C-H are blank then those staff members will automatically be not accepted.

| Eligibility | | | | | | | 1-E | | 1-F — Indicate if staff obtained certification in column "I". If certification was not obtained, then the agency will not receive 1F funds. | | | | | 1-E and 1-F | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Employee Name | Currently Employed (Yes/No) | If not currently employed, provide date of last day at agency | Hire Date (must be prior to 4/1/23 providing direct services as a registered counselor) | Sage Onboarding Completed | Confirmed that staff is NOT a TIP Participant | Registration # | Registered By | Claiming Expenditures for 1-E? | Expenditures Total $ (1-E) (Max $2,500) | Certification Obtained? If No, leave M-P blank. | Certificate enclosed in attachments? | Certification Amount (cell auto populates based on column M) | Certification # (if applicable) | Certifying Organization | Date Expenditure Package Submitted | Expenditure Package Submitted |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |

# Deliverable Based Participants - Scenarios

| Employee Name | Currently Employed (Yes/No) | If not currently employed, provide date of last day at agency | Hire Date (must be prior to 4/1/23 providing direct services as a registered counselor) | Sage Onboarding Completed | Confirmed that staff is NOT a TIP Participant | Registration # | Registered By | Claiming Expenditures for 1-E? | Expenditures Total $ (1-E) (Max $2,500) |
|---|---|---|---|---|---|---|---|---|---|
| | | A | B | C | D | E | F | G | H |
| John Doe | Yes | | 07/10/23 | Yes | Confirmed | #123456 | CCAPP | Yes | $ 500.00 |
| Jerry Mouse | Yes | | | | | | | | |
| Bugs Bunny | No | 4/1/2025 | | | | | | | |

*Column group: Eligibility (A–F), 1-E (G–H)*

**Microsoft Excel**

❌ This value doesn't match the data validation restrictions defined for this cell.

[ Retry ]  [ Cancel ]  [ Help ]

Eligibility for 1-E Reimbursement

1-E Expenditure Claims

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# Deliverable Based Participants tab



Enter "Yes" and the dollar amount of expenditures claimed for reimbursement

Workbook Completion

# 1-F Certification

# Start Up Participants 1-F Example

| Staff Information | | | | 1-E | | | | 1-F  Indicate if staff obtained certification in column "J". If certification was not obtained, then the agency will not receive 1F funds. | | | | | 1-E and/or 1-F | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Employee Name | Registered by | Currently Employed? | If not currently employed, provide date of last day at agency | Start Up Participation in FY 23-24 or FY 24-25? | Claiming Expenditures for 1-E? | Expenditures Total for 1-E (Max $2,500) | Recoupment Amount (cell auto populates based on column H), SAPC will include recoupments for rows with staff information entered. | Certification Obtained? If No, leave K–N blank. | Certificate enclosed in attachments? | Certification Amount (cell auto populates based on column K) | Certification # (if applicable) | Certifying Organization | Date Expenditure Package Submitted | Expenditure Package Submitted |
| Minnie Mouse | CCAPP | Yes | | FY 23-24 | Yes | $ 2,500.00 | $ - | Yes | Yes | $ 2,500.00 | c123456 | CCAPP | 4/7/2025 | Yes |
| Jack Skellington | CADTP | No | 3/28/2025 | FY 23-24 | Yes | $ 200.00 | $ 2,300.00 | No | | | | | | |
| Jane Doe | CCAPP | No | 11/20/2023 | FY 23-24 | No | $ - | $ 2,500.00 | | | | | | | |

# Deliverable Based Participants 1-F Example

| Eligibility | | | | | | | 1-E | | 1-F  Indicate if staff obtained certification in column "I". If certification was not obtained, then the agency will not receive 1F funds. | | | | | 1-E and 1-F | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Employee Name | Currently Employed (Yes/No) | If not currently employed, provide date of last day at agency | Hire Date (must be prior to 4/1/23 providing direct services as a registered counselor) | Sage Onboarding Completed | Confirmed that staff is NOT a TIP Participant | Registration # | Registered By | Claiming Expenditures for 1-E? | Expenditures Total $ (1-E) (Max $2,500) | Certification Obtained? If No, leave M-P blank. | Certificate enclosed in attachments? | Certification Amount (cell auto populates based on column M) | Certification # (if applicable) | Certifying Organization | Date Expenditure Package Submitted | Expenditure Package Submitted |
| John Doe | Yes | | 03/10/22 | Yes | Confirmed | x123456 | CCAPP | Yes | $ 500.00 | Yes | Yes | $ 2,500.00 | c55555 | CCAPP | 4/7/2025 | Yes |
| Jerry Mouse | Yes | | | | | | | | | | | | | | | |

# 1-F Certification Example

| J | K | L | M | N | O | P |
|---|---|---|---|---|---|---|
| **1-F** Indicate if staff obtained certification in column "J". If certification was not obtained, then the agency will not receive 1F funds. | | | | | **1-E and/ or 1-F** | |
| Certification Obtained? If No, leave K-N blank. | Certificate enclosed in attachments? | Certification Amount (cell auto populates based on column K) | Certification # (if applicable) | Certifying Organization | Date Expenditure Package Submitted | Expenditure Package Submitted |
| Yes | Yes | $ 2,500.00 | A123456 | CCAPP | 4/7/2025 | Yes |
| No | | | | | 5/7/2025 | Yes |

Exp. Package would still be required regardless of obtaining certification (1-F)

Workbook Completion
## Not Approved Tab

# Navigating to the Not Approved Tab



| Instructions | Start Up Participants | Deliverable Based Participants | Not Approved | InvoiceSignaturePage |

Ready    Accessibility: Investigate
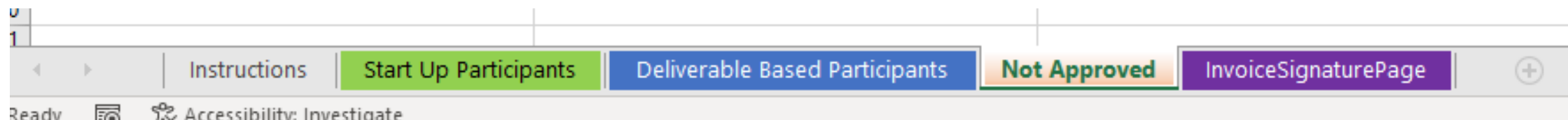
| These participants are not approved to submit for expenditures for tuition/paid-time off (1-E) or certification (1-F) because they did not meet the eligibility requirements. If a name is listed on this tab, please do not add to the Deliverable-Based Participants tab as they will not be approved. | | |
|---|---|---|
| **Employee Name** | **FY Year Submitted** | **Non-eligibility reason** |
| Richard Green | 24-25 | Submitted after the 9/15/24 deadline |
| Lisa Simpson | 23-24 | Did not complete Sage onboarding |
| | | |

# Expenditure Cover Sheet Completion Steps for 1-E and 1-F

Counselor Training (1-E) and Certification (1-F) Expenditure Cover Sheet

Proof of Expenditures + Certification

**One pdf per staff including:**
- **Cover Sheet**
- **Labeled attachments**
- **Proof of Certification (if applicable)**

# Examples – PDF Cover Sheet Required per staff with expenditures

## Counselor Training and Certification – Expenditure Cover Sheet

Agency: SAPC Example Agency          Counselor Name: Minnie Mouse

This cover sheet should be used in conjunction with the Counselor Training and Certification – Expenditure Workbook provided by SAPC.

## Tuition/Paid Time Off (1-E) Start Up Funds or Deliverables

Please complete one expenditure cover sheet per staff and attach proof of expenditures as enclosures, labeled and listed according to the table below. Check either Option A or Option B based on whether the staff received Start Up Funds (Option A) **or** is submitting for reimbursement as a deliverable and the staff did not receive Start Up Funds (Option B).

| ☑ **Option A: Start Up Funds** *(See Start Up Tab in Workbook)* | ☐ **Option B: Deliverable Based** *(Provider submitting new eligible counselor names for up to $2,500 reimbursement on Deliverable tab in Workbook)* |
| --- | --- |
| Proof of Expenditures Required to Avoid Recoupment | All Eligibility Criteria must be met: 1) SAPC credentialed direct service registered counselor 2) employed as of April 1, 2023 3) Has not participated in Tuition Incentive Program (TIP) 4) Did not receive start up funding under this category in FY's 23-24 or 24-25. |

# Examples – PDF Cover Sheet Required per staff with expenditures

Directions: Please indicate the category, item, and corresponding dollar amount in the table below. Include these items in the submission of the package that show proof of expenditures. Use the provided item label to name the corresponding item enclosed in the attachments. See example:

| Item Label | Category | Item | Amount ($) |
|---|---|---|---|
| Example | Copy of Canceled Checks | Tuition | $500.00 |
| A | Select | Select | |
| B | Select | Select | |
| C | Copy of Canceled Checks | Select | |
| D | Check Request Form | Application Fee | |
| E | Document from Certifying Organizations | Books/Materials | |
| F | Time sheets | Tuition | |
| | Other | Test Preparation Fees | |
| G | Select | Testing Fees | |
| H | Select | Timesheet with Paystub denoting reimbursement | |
| I | Select | Other | |
| J | Select | Select | |
| K | Select | Select | |
| L | Select | Select | |

**Total Amount Spent** (Sum of above expenditures, max $2,500): $ 0.00

*If Option A (Start Up Fund expenditure) was selected above, the total reflects how much of the start up funds were spent (max $2,500). DPH-SAPC will recoup the remaining amount ($2,500 – the total spent).

**If Option B (Deliverables) was selected above and no Start Up Funds were provided, the total spent amount reflects how much DPH-SAPC will provide as reimbursement (max $2,500).

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# Examples – PDF Cover Sheet Required per staff with expenditures

| Item Label | Category | | Item | | Amount ($) |
|---|---|---|---|---|---|
| Example | Copy of Canceled Checks | | Tuition | | $500.00 |
| A | Check Request Form | ▼ | Testing Fees | ▼ | $ 150.00 |
| B | Docume | | | ▼ | $ 2,250.00 |
| C | Time | | | ▼ | $ 100.00 |
| D | Selec | | | ▼ | |

**A**

**Total Amoun** 500): $ 2,500.00

*If Option A (Start Up F
funds were spent (max

**SAMPLE**

**Check Request Form**

Agency Name: Example SAPC Agency

Date of request: 8/20/24

Person Requesting: Supervisor 1

Make Check Payable to: Minnie Mouse

Description: Certification Testing Fees with CCAPP

Amount: **$150**

Payee: Minnie Mouse          Staff Name signature: _Minnie Mouse_____

☒ Mailed check to Payee

w much of the start up
.500 – the total spent).

**If Option B (Delivera
amount reflects how m

ided, the total spent
).

# Examples – PDF Cover Sheet Required per staff with expenditures

| Item Label | Category | Item | Amount ($) |
|---|---|---|---|
| *Example* | *Copy of Canceled Checks* | *Tuition* | *$500.00* |
| A | Check Request Form | Testing Fees | $ 150.00 |
| B | Document from Certifying Organizations | Tuition | $ 2,250.00 |
| C | Time sheets | Timesheet with Paystub denoting reimbursement | $ 100.00 |
| D | | | |

**B**

This letter is to confirm your enrollment into our educational program required to obtain certification as a registered SUD Counselor.

Minnie Mouse has provided payment for tuition in our program in the amount of $2,250

# Examples – PDF Cover Sheet

**Counselor Attestation:**

I, Minnie Mouse , attest that the above amounts were reimbursed to me for education costs or time spent towards education.

X Minnie Mouse Date 4/7/25

Please indicate why signature not obtained:_____

_____

# Examples – PDF Cover Sheet

## Certification Obtained (1-F)

Was certification obtained? Proof of certification is required for reimbursement. **Yes** ▾

☑ Certificate enclosed

**Amount (1-F): $2,500**

Total for 1-F $: **$ 2,500.00**

## Submission
Please submit a zipped folder including the following: 1) Expenditure Workbook (must be excel format), 2) a PDF per staff including the Cover Sheet and labeled expenditures, and 3) Invoice - Workforce Development to sapc-cbi@ph.lacounty.gov by **6/30/2025**. Multiple submissions are accepted as all staff do not need to be submitted at the same time. The same Expenditure Workbook will be utilized for all submissions.

Name/email of agency staff submitting: yourname@youragency.org    Date: 4/7/24

# Zipped File Instructions

- Step 1) Select the files (CTRL + Click)



- Step 2) Right click -> Send to -> Compressed Zipped Folder
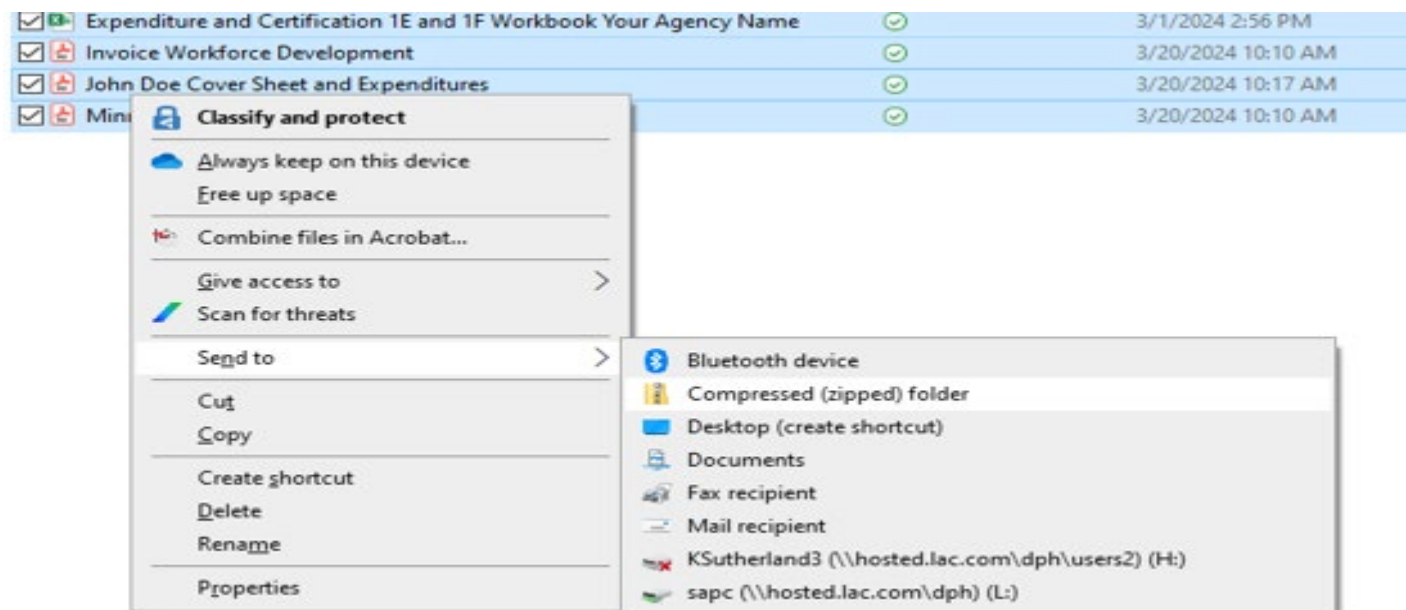
# Zipped File Instructions

- Step 3) Zipped file will appear and rename to include "workbook and expenditure package"

| Name | Status | Date modified | Type | Size |
|------|--------|---------------|------|------|
| Counselor Training and Certification Workbook and Expenditures Packages | ⊘ | 4/10/2025 8:50 AM | Compressed (zipped) Folder | 998 KB |

- Step 4) Attach to email and sent to sapc-cbi@ph.lacounty.gov

| | From ∨ | KSutherland3@ph.lacounty.gov |
|---|--------|------------------------------|
| Send | To | ○ DPH-SAPC-CBI; |
| | Cc | |
| | Subject | YOUR AGENCY Counselor Training 1-E and Certification 1-F Workbook and Expenditure Packages |

Counselor Training and Certification Workbook and Expenditures Packages.zip
997 KB

# What does your submission look like?

- 1) Completed Workbook in excel format
- 2) Cover Sheet Package with Expenditure Confirmation and Certification (one for each staff submitted)
  - 2a) Labeled Proof of Expenditures included with cover sheet
  - 2b) Certification (if obtained)
- 3) Invoice Workforce Development
- 4) Please submit a zipped folder including the following: 1) Expenditure Workbook (must be excel format), 2) a PDF per staff including the Cover Sheet and labeled expenditures, and 3) Invoice - Workforce Development to sapc-cbi@ph.lacounty.gov by **6/30/2025**. Multiple submissions are accepted as all staff do not need to be submitted at the same time. The same Expenditure Workbook will be utilized for all submissions.

# Questions and Answers