

# INVOICE 3: INCENTIVE METRICS COMPLETION VERIFICATION

Fiscal Year (FY) 2023-2024 Incentive Metrics Package



Payment reform in July 2023 serves as the first step away from a volume-based and towards a value-based reimbursement structure for specialty substance use disorder (SUD) systems. This will require defining performance metrics that are designed to validate whether provider agencies deliver, and patients receive, outcome-focused services that translate to value-based care. Therefore, the Los Angeles County Department of Public Health’s Division of Substance Abuse Prevention and Control (DPH-SAPC) designed an incentive metrics package to begin to move the SUD system towards this new model. While these metrics are still under development, the 5 categories below are the key categories of focus under DPH-SAPC's incentive structure:

1. Workforce Development: Recruitment, Retention, and Training(s)
2. Access to Care: Reaching the 95%
3. Medications for Addiction Treatment (MAT)
4. Optimizing Care Coordination
5. Enhancing Data Reporting

### Instructions

This REVISED invoice is used when agencies have met one or more incentive metrics for Fiscal Year (FY) 2023-2024. Since most incentive metrics are deemed complete when looking at data for the entire FY for the entire agency, the invoice will generally be submitted after the close of the FY (on or after July 1, 2024).

### INCENTIVES TABLES

In order to receive funding(s) for any of SAPC’s Incentive activities, providers must submit the following information:

1. **Amount Eligible:** Enter the reimbursement amount based on your assigned Rate Tier. Contact SAPC’s Finance Services Branch at the email below for questions.
2. **E-Signature:** Sign each applicable section indicating you have confirmed that your agency’s data, in consideration of data from all contracted sites and within the designated period(s), achieves the metric(s) in accordance with the *SAPC FY 23-24 Incentive Metrics Package* document and any other supplemental guidance from SAPC.
3. **Documentation:** Provide a brief description of how the incentive metric(s) were met and attach relevant documentation for review and verification of adherence.

Incentive Metrics payments will be distributed through your DMC-ODS Contract and are subject to all federal, state, and County’s 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](mailto:sapc-CBI@ph.lacounty.gov).

<b>Agency Name:</b>		<b>Tier:</b>	
<b>Incentive Metrics Contact Person:</b>		<b>Email:</b>	



Incentive Category		Quality Incentive Metric	Measure	Amount Eligible	e-sign if Complete
1.	<b>Workforce Development</b>	<b>1a</b> The percent of certified SUD counselors is at least 40% among all SUD counselors employed within an agency by June 30 <sup>th</sup> of the fiscal year	Numerator is # of certified SUD counselors and denominator is # of all SUD counselors delivering direct services according to Sage/Network Adequacy Certification Tool (NACT)		
		<b>1b</b> The agency-wide ratio for Licensed Practitioner of the Healing Arts (LPHA)-to-SUD counselor ratio is at least 1:15 (i.e., one (1) LPHA for every fifteen (15) SUD counselors) by June 30 <sup>th</sup> of the fiscal year  <i>Example 1: 38 SUD Counselors and 2 LPHAs (38/15=2.53. Round up to 3). Incentive is not met since there are only 2 LPHAs.</i> <i>Example 2: 56 SUD Counselors and 4 LPHAs (56/15=3.73. Round up to 4). Incentive is met since there are 4 LPHAs.</i>	To determine the number of LPHA needed, divide the number of SUD counselors by fifteen (15). Round up the number to determine minimum number of LPHAs required. Agencies will only receive this incentive if they at least maintain a 1:15 LPHA-to-SUD counselor ratio.		
				<b>Total Requested</b>	<b>\$</b>
<b>Narrative, Supporting Material, Attachments</b>					



Incentive Category			Quality Incentive Metric	Measure	Amount Eligible	e-sign if Complete
2.	Access to Care	2a	Meet specified "R95 Champion" criteria by June 30th of the fiscal year	To qualify as a R95 Champion, implement at least components of 2C-1 and 2C-2, 2D-1 and 2D-2 and one (1) other R95 criteria specified in the capacity building document		

**Total Requested**    \$

**Narrative, Supporting Material, Attachments**



Incentive Category		Quality Incentive Metric	Measure	Amount Eligible	e-sign if Complete
3.	<b>Medications for Addiction Treatment (MAT)</b>	<b>3a</b> At least 50% of clients agency-wide with opioid (OUD) and/or alcohol (AUD) use disorder within the fiscal year either receive MAT education and/or Medication Services that include MAT*  *NOTE: OTP settings must ensure that at least 50% of clients with AUD either receive MAT for AUD education and/or Medication Services that include MAT for AUD in order to meet this incentive benchmark	Numerator is the applicable MAT / Medication Service Code <sup>1</sup> and/or H2010M (MAT Education). Denominator is clients with OUD (F11.*) and/or AUD (F10.*) diagnosis		
		<b>3b</b> At least 50% of clients served agency-wide within the fiscal year receive naloxone	Numerator is # of clients that received naloxone <sup>2</sup> (by prescription or via distribution documented in the record) at a given agency during a FY and denominator is total # of clients served		
				<b>Total Requested</b>	<b>\$</b>
<b>Narrative, Supporting Material, Attachments</b>					

<sup>1</sup> Applicable MAT / Medication Service Codes are, for non-Opioid Treatment Program (OTP) settings: 90792, 99202 through 99205, 99212 through 99215, 99441 through 99443, H0034, and H2010M. Applicable codes for OTP settings are S5001AB, S5001C, 90792, and H0034 specific to AUD medications.

<sup>2</sup> For non-OTP levels of care, when naloxone is provided to a patient, providers register that the patient received naloxone by submitting a claim that includes the H2010N service code associated with documentation that naloxone was prescribed and/or distributed on the date of service of that claim. Within OTPs, the service codes that count towards the numerator of this metric are S5000D and S5001D.



Incentive Category		Quality Incentive Metric	Measure	Amount Eligible	e-sign if Complete
4.	<b>Optimizing Care Coordination</b>	<b>4a</b>	At least 75% of clients served agency-wide within the fiscal year have a signed Release of Information (ROI) form to share information with internal (other SUD) or external entities (e.g., physical or mental health entities)	Numerator is # of clients with a signed ROI form and denominator is total # of clients served	
		<b>4b</b>	At least 30% of clients within a given agency during a fiscal year are referred and admitted to another level of SUD care within thirty (30) calendar days at discharge	Numerator is the # of clients referred to other level of care at discharge and denominator is # of clients discharged	
				<b>Total Requested</b>	<b>\$</b>
<b>Narrative, Supporting Material, Attachments</b>					



Incentive Category			Quality Incentive Metric	Measure	Amount Eligible	e-sign if Complete
5.	<b>Enhancing Data Reporting</b>	<b>5a</b>	At least 30% of CalOMS admission and discharge records agency-wide within the fiscal year are submitted timely and are 100% complete	<p>Numerator is the # of CalOMS admission and discharge records completed 100% and submitted timely per SAPC's Health Outcomes and Data Analytics (HODA) Branch's Data Quality Report</p> <p>Denominator is the # of all CalOMS admission and discharge records submitted</p>		
					<b>Total Requested</b>	<b>\$</b>
<b>Narrative, Supporting Material, Attachments</b>						



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**SIGNATURE AND ATTESTATION**

<b>Summary Incentive Metrics Costs Based on Totals Above</b>	
Workforce Development	\$
Access to Care – Reaching the 95%	\$
Medications for Addiction Treatment (MAT)	\$
Optimizing Care Coordination	\$
Enhancing Data Reporting	\$
<b>TOTAL</b>	<b>\$</b>

I attest that the above is true and factual and that our organization met the metrics as described above. 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.

<b>Name</b>		<b>Signature</b>	
<b>Title</b>		<b>Date</b>	

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<b>SAPC Use Only</b>		
<b>Reviewed By</b>	<b>Approved/Denied</b>	<b>Date</b>

