

SAPC FY 2026-27 Value-Based Incentives
Data Aggregation – Building Performance and Risk Metrics (1-C)
Cohort 3: Year One (First-Time Participants)
Submission 3, Option 1: Purchase and Initial Implementation Criteria

Purpose: This document outlines the criteria and required documentation that provider agencies must submit to satisfy the requirements of Cohort 3, Submission 3, Option 1 of the Data Aggregation – Building Performance and Risk Metrics Value-Based Incentive (VBI) for FY 2026–27. This criteria list, along with supporting documentation provided, demonstrate proof of purchase, initial implementation, and/or ongoing use of a data aggregation platform. This submission is due **March 31, 2027**.

Instructions: Fill in the tables below with the requested information and include the outlined supporting documentation in your submission.

Proof of Purchase or Ongoing Use: Provider agencies must demonstrate the purchase or current use of a data aggregation platform that meets the incentive requirements. Check the boxes below to indicate which supporting documents will be provided, along with the title of the respective file(s).

Important: Documentation must clearly identify the data aggregation platform claimed.

Data Aggregation Platform purchased in FY 2026-27. The documentation below is required to meet the criteria under Cohort 3, Option 1.

Item	Provided?	Supporting Documentation Title
Proof of <u>recent</u> purchase and/or service agreement for the data aggregation platform	☐	

Data Aggregation Platform purchased before FY 2026-27. Provide one or more of the following forms of documentation to meet the criteria under Cohort 3, Option 1.

Item (Choose One)	Provided?	Supporting Documentation Title
Proof of purchase and/or service agreement for the data aggregation platform	☐	
OR Executed contract, service agreement, or scope of work	☐	
OR Proof of payment	☐	
OR Renewal or Subscription Notice	☐	
OR Other (please specify)	☐	

Proof of Initial Implementation: Provider agencies must demonstrate that, at a minimum, the initial technical implementation of the data aggregation platform is underway and active. All components below must be completed to meet Cohort 3, Submission 1 criteria.

Activity	Required Documentation (submit at least one)	Complete?	Supporting Documentation Title
Platform has been installed, built, or launched.	• Screenshot of the data aggregation platform main interface or homepage • Screenshot of an active workspace, board, or project environment • Screenshot showing successful user login	☐	
User access accounts have been established for the first round of key agency staff.	Documentation that lists individual user accounts, including: • User account report • Usage or activity report • Screenshot of the user management interface	☐	
At least one primary data source per each category has been identified and mapped to the data aggregation platform.	• Data Flow Diagram that details the name of each data source and illustrates the process for mapping each data source to the data aggregation platform • Screenshot displaying the connected data sources • Screenshot of integration or connection settings showing data successfully linked. • Workflow or procedural document outlining the steps to import data into the platform	☐	
Configuration and setup activities are in progress.	• Screenshot of workspace configuration settings • Screenshot of folders, workspaces, boards, or project structure established within the platform	☐	

Documentation of Metrics Dashboard Development:

- Provide the **supporting documentation** listed below demonstrating that a dashboard with at least **7 of the 10 required metrics** for this VBI are complete. **A minimum of 7 metrics is required to meet the initial implementation criteria for Option 1.**
 - **Required:** A printout of all metrics displayed together in one dashboard view.
AND
 - **Required:** A zoomed-in screenshot or print out of each individual metric.
 - Documentation must display finished visuals, such as graphs and charts with clearly labeled titles, axes, units of measurement, and legends, as applicable.
- API connections are strongly encouraged but not required to meet the Option 1 initial implementation criteria. The status question is included for informational and planning purposes.

Metric	Development Status? (required: at least 7 are complete)	What is the status of creating an API Connection?	Supporting Documentation Title	For metrics that have not yet been completed:	
				Plan for incorporating metric into the dashboard	Start Date and End Date
Dashboard view that displays all metrics together.	Choose an item	n/a		n/a	n/a
Operating Costs as Percent of Revenue	Choose an item	Choose an item			
Percent Increase in DMC Revenue	Choose an item	Choose an item			
Percent of Claim Approvals in the First Billing Cycle	Choose an item	Choose an item			
Cost-Per-Client	Choose an item	Choose an item			
Billable Time	Choose and item	Choose an item			
Client Retention Rate	Choose an item	Choose an item			
SUD Counselor-to-Client Ratio	Choose an item	Choose an item			
LPHA-to-Client Ratio	Choose an item	Choose an item			
Staff Retention by Role Type (1, 3, and 5 Years)	Choose an item	Choose an item			
No-Show Rates for Intake Appointments	Choose an item	Choose an item			

Data Aggregation - Building Performance and Risk Metrics (1-C): List of Metrics

Please Note: This table is for reference purposes only. No information needs to be entered.

Data Category	Data Focus	Metric Name	Metric Description	Calculation	Rationale
Financial	Revenue	Operating Costs as Percent of Revenue	The percentage of total operating costs compared to total revenue.	Numerator = Total operating costs	This metric supports strategic financial management and the efficient use of resources, critical for business growth and sustainability.
				Denominator = Total revenue	
				Operating Costs / Revenue = Operating Costs %	
Financial	Revenue	Percent Increase in DMC Revenue	The percentage growth in Drug Medi-Cal (DMC) revenue compared to a previous timeframe.	Numerator = DMC revenue for year of focus	This metric assesses business development and growth efforts, supporting organizational investment decisions and sustainability.
				Denominator = DMC revenue during baseline fiscal year	
				Current / Baseline Revenue = % Increase in DMC Revenue	
Financial	Revenue	Percent of Claim Approvals in the First Billing Cycle (Level 1 Adjudication)	The percentage of submitted claims that receive approval during the first billing cycle (SAPC-level) without requiring additional review and resubmission.	Numerator = # of claims approved in the first billing cycle	This metric promotes revenue cycle management and process improvement, supporting operational efficiencies critical under future VBR models.
				Denominator = Total # of submitted claims	
				Approvals / Submissions = % First Approval Rate	
Financial	Expenditures	Cost-Per-Client	The average total cost per client, accounting for the level of care provided, the services provided, and staffing needed to deliver those services.	Numerator = Total operating costs	This metric supports a better understanding of fundamental financial information and cost management, which supports better budgeting and planning under future VBR models.
				Denominator = # of clients with at least one service in that month	
				Operating Costs / Clients Served = Cost-per-Client	
Financial	Billable Time (Productivity)	Billable Time	The percentage of available staff time that is spent on billable services. It is recommended to maintain at least 70% billable time to support sustainability.	Numerator = Total billed staff time per month	This metric supports a better understanding of fundamental financial information, which supports better budgeting and planning for future VBR models.
				Denominator = Total available staff time per month	
				Billed Time / Available Time = Billable Time %	
Clinical	Quality/ Outcomes	Client Retention Rate	The percentage of clients who remained engaged in services with the provider	Numerator = Total clients retained in services for 30 /90 /180 days	This metric supports care coordination and patient-centered care, foundational

Data Aggregation - Building Performance and Risk Metrics (1-C): List of Metrics

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Data Category	Data Focus	Metric Name	Metric Description	Calculation	Rationale
			agency for a certain number of days after admission date. (Residential = 30 days, OP/IOP 90 days, OTP 180 days)	Denominator = Total clients served in the same time period Patients Retained / Patients Served = Patient Retention Rate	pillars in VBR models.
Workforce	Recruitment	SUD Counselor-to-Client Ratio	The number of SUD counselors compared to the number of clients served by the provider agency.	Numerator = Total # of SUD counselors Denominator = # of clients with at least one service in that month SUD Counselors / Clients Served = Counselor-to-Client Ratio	This metric supports staff recruitment, staff retention, and patient-centered and quality care.
Workforce	Recruitment	LPHA-to-Client Ratio	The number of Licensed Practitioners of the Healing Arts (LPHAs) compared to the number of clients served by the provider agency.	Numerator = Total # of LPHA staff Denominator = # of clients with at least one service in that month LPHA Staff / Clients Served = LPHA-to-Client Ratio	This metric supports staff recruitment, staff retention, and patient-centered and quality care.
Workforce	Retention	Staff Retention by Role Type (1, 3, and 5 Years)	The percentage of staff within each staffing category (Reg Counselors, Cert Counselors, LPHA, Prescribers) who have been employed at the provider agency for at least 1/3/5 years.	Numerator = # staff employed at the 1/3/5 year mark Denominator = total staff employed in the same time period Tenured Staff / Total Staff = Staff Retention Rate	This metric supports patient-centered care, quality care, and reduced staff burnout.
Organizational	Intake process	No-Show Rates for Intake Appointments	The percentage of client no-shows compared to total scheduled intake appointments	Numerator = Total no shows for intake appointments Denominator = Total scheduled intake appointments No Shows / Total Scheduled Intakes = No Show Rate	This metric supports patient-centered care, outreach, and engagement.