

INVOICE: Incentive Metrics Completion Verification

Fiscal Year (FY) 2024-2025 Incentive Metrics Package



Payment reform was implemented by the Los Angeles County Department of Public Health’s Bureau of Substance Abuse Prevention and Control (DPH-SAPC) in July 2023 and was the first step away from a volume-based and towards a value-based reimbursement (VBR) structure for specialty substance use disorder (SUD) systems. VBR will require defining performance metrics designed to validate whether provider agencies deliver, and patients receive, outcome-focused services that translate to value-based care.

DPH-SAPC is building on its Payment Reform Year 1 incentive metrics package and continues to move the SUD system towards this new model. While these metrics are still under development, the five categories remain key categories of focus under DPH-SAPC's FY 2024-25 incentive structure:

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

Instructions

This invoice is to be used when agencies have met one or more incentive metrics for Fiscal Year (FY) 2024-2025. It should be submitted by the end of Quarter 3 of the current FY (March 31, 2025).

INCENTIVES TABLES

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. If you have questions, contact SAPC’s Finance Services Branch at the email below.
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 24-25 [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 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 Division at sapc-CBI@ph.lacounty.gov.

Agency Name:		Tier:	Select SAPC Assigned Rates Tier
Incentive Metrics Contact Person:		Email:	



Incentive Category		Quality Incentive Metric	Measure	Amount Eligible	e-sign if Complete	
1.	Workforce Development	1a	The percent of certified SUD counselors is at least 50% among all SUD counselors employed within an agency by 3/31/25.	Numerator is # of certified SUD counselors and denominator is # of all SUD counselors delivering direct services according to Sage/Network Adequacy Certification Tool (NACT)	Select Tier/Amount	
		1b	The agency-wide ratio for LPHA-to-SUD counselor ratio is at least 1:12 (i.e., 1 LPHA for every 12 SUD counselors) by 3/31/25. <i>Example 1: 38 SUD Counselors and 2 LPHAs (38/12=3.16. Round up to 4). Incentive is not met since there are only 2 LPHAs.</i> <i>Example 2: 56 SUD Counselors and 5 LPHAs (56/12=4.66. Round up to 5). Incentive is met since there are 5 LPHAs.</i>	To determine the number of LPHA needed, divide the number of SUD counselors by twelve (12). Round up the number to determine the minimum number of LPHAs required. Agencies will only receive this incentive if they at least maintain a 1:12 LPHA-to-SUD counselor ratio.	Select Tier/Amount	
		1c	Registered SUD Counselors are paid a minimum of \$23/hr. by 3/31/25.	The agency must demonstrate that it offers a minimum wage of \$23 per hour for all employed Registered SUD Counselors through payroll documents and organizational human resources or other policies reflecting the wage level.	\$5,000 per Registered Counselor	
				Total Requested	\$	
Narrative, Supporting Material, Attachments						

Incentive Category			Quality Incentive Metric	Measure	Amount Eligible	e-sign if Complete
2.	Access to Care	2a	Meet specified “R95 Champion” criteria by 3/31/25.	To qualify as a R95 Champion, implement at least R95 Admission Policy (2-A) + R95 Discharge Policy (2-B) + one other full R95 criteria specified in the capacity building document.	Select Tier/Amount	
					Total Requested	\$
Narrative, Supporting Material, Attachments						

Incentive Category			Quality Incentive Metric	Measure	Amount Eligible	e-sign if Complete
3.	Medications for Addiction Treatment (MAT)	3a	At least 25% of patients with opioid use disorder (OUD) served in an agency’s non-OTP setting either receive MAT education and/or Medication Services that include MAT by 3/31/25. <i>Agencies with only OTP levels of care are ineligible to participate in this incentive.</i>	Numerator is the applicable MAT / Medication Service Code and/or H2010M (MAT Education). Denominator is patients with OUD (F11.*) diagnosis (per HODA Division’s analyses and reports available in the monthly Data Quality Report (DQR).	Select Tier/Amount	
		3b	At least 15% of patients agency-wide alcohol (AUD) use disorder either receive MAT education and/or Medication Services that include MAT by 3/31/25.* *NOTE: Claims from OTP settings must ensure that at least 15% of patients with AUD either receive MAT for AUD	Numerator is the applicable MAT / Medication Service Code ¹ and/or H2010M (MAT Education). Denominator is patients with AUD (F10.*) diagnosis (per HODA Division’s analyses and reports available in the monthly Data Quality Report (DQR)	Select Tier/Amount	

¹ Applicable MAT / Medication Service Codes are, for non-OTP settings: 90792, 99202 through 99205, 99212 through 99215, 99441 through 99443, H0034, H0033, and H2010M. Applicable codes for OTP settings are S5001AB, S5001C, 90792, and H0034 specific to AUD medications.



			education and/or Medication Services that include MAT for AUD in order to meet this incentive benchmark		
		3c	At least 50% of patients served agency-wide receive naloxone by 3/31/25.	Numerator is # of patients that received naloxone (by prescription or via distribution documented in the record) at a given agency and denominator is total # of patients served (per HODA Division's analyses and reports available in the monthly Data Quality Report (DQR))	Select Tier/Amount

Total Requested

\$

Narrative, Supporting Material, Attachments

Incentive Category		Quality Incentive Metric	Measure	Amount Eligible	e-sign if Complete
4.	Optimizing Care Coordination	4a	At least 75% of patients 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 patients with a signed ROI form and denominator is total # of clients served	Select Tier/Amount
		4b	At least 30% of patients within a given agency are referred and admitted to another level of SUD care within 30 days of discharge by 3/31/25.	Numerator is the # of patients referred and admitted to other level of care within 30 days of discharge and denominator is # of patients discharged (per HODA Division's analyses and reports available in the monthly Data Quality Report (DQR))	Select Tier/Amount

Total Requested

\$

Narrative, Supporting Material, Attachments



Incentive Category		Quality Incentive Metric	Measure	Amount Eligible	e-sign if Complete
5.	Enhancing Data Reporting	5a At least 45% of CalOMS admission and discharge records agency-wide are submitted timely and are 100% complete by 3/31/25.	Numerator is the # of CalOMS admission and discharge records completed 100% and submitted timely. Denominator is the # of all CalOMS admission and discharge records submitted (per HODA Division's analyses and reports available in the monthly DQR)	Select Tier/Amount	
		5b Agencies provide early interim fiscal reports on a quarterly basis, with final submission due by 3/31/25.	Agencies will use the Early Interim Fiscal Reporting Tool, as shared on the Payment Reform website.	Tier 1 - \$2,500 per report Tier 2 - \$5,000 per report Tier 3 - \$7,500 per report	
				Total Requested	\$
Narrative, Supporting Material, Attachments					



SIGNATURE AND ATTESTATION

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

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.

Name		Signature	
Title		Date	

SAPC Use Only		
Reviewed By	Approved/Denied	Date

