



# **SAPC Payment Reform Fiscal Year 2025-26 Value-Based Incentives Electronic Submission Form Guide**

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



## Overview and Purpose

- This guide will walk you through how to use the new electronic submission form, which is designed to streamline and automate the Value-Based Incentives (VBI) deliverables and invoice submission process.
- In previous years, provider agencies submitted these materials via email. With this new electronic system, submissions are tracked more efficiently, and built-in prompts help guide you through exactly what needs to be submitted, reducing confusion and ensuring completeness.

## C# Log-In to Access Form

Prior to accessing the [VBI Electronic Submission Form](#), individuals must have a C# assigned to them along with VPN access.

If individuals do not have this, follow the steps below:

1. Request a C#:

Visit [this website](#) to access the request form. Complete the form and submit it as instructed.

2. Register for VPN Access:

Download the [VPN registration form](#) and fill out the sections 1-9, 29-32. Please ensure to sign the form and email all pages to:

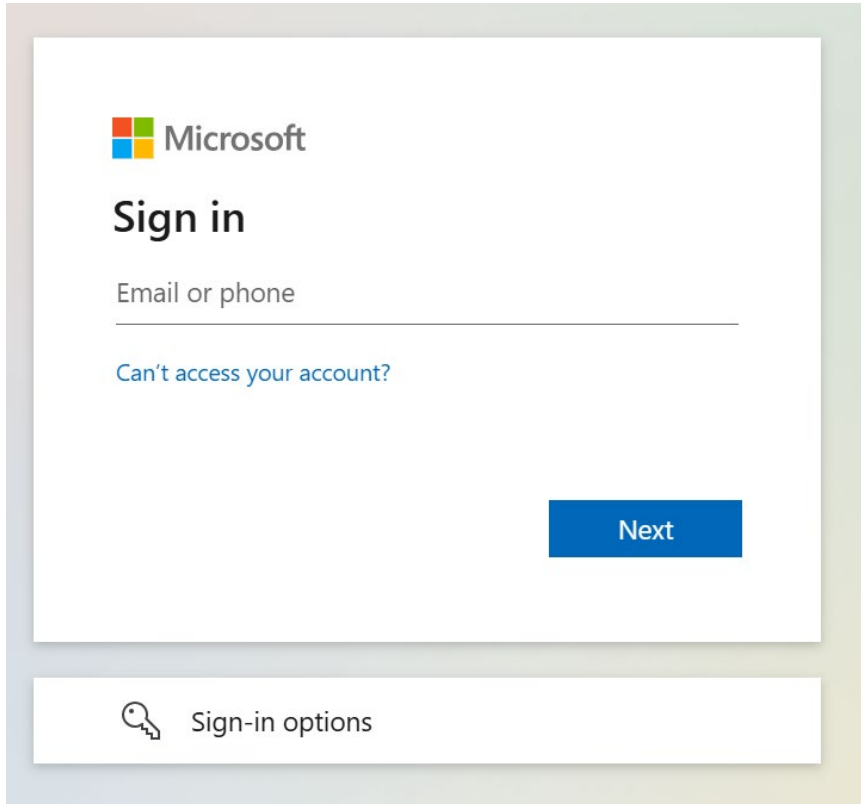
[SAPC\\_APP\\_SUPPORT@ph.lacounty.gov](mailto:SAPC_APP_SUPPORT@ph.lacounty.gov)

3. Complete the Application User Registration Form:

Download the [Application User Registration Form](#). Complete, sign, and email all pages to:

[SAPC\\_APP\\_SUPPORT@ph.lacounty.gov](mailto:SAPC_APP_SUPPORT@ph.lacounty.gov)

## Accessing the Form



The screenshot shows the Microsoft sign-in interface. At the top left is the Microsoft logo. Below it, the text "Sign in" is displayed. Underneath is a text input field labeled "Email or phone". To the left of the input field is a link that says "Can't access your account?". At the bottom right of the sign-in box is a blue button labeled "Next". Below the sign-in box is a section titled "Sign-in options" with a key icon.

- The VBI Electronic Submission Form is hosted on the Microsoft Forms platform and can be accessed via the following link:  
<https://forms.office.com/g/EA4mN7mVAt>
- You will be prompted to sign in. Use your C # email log-in information.
- If you experience issues accessing the form, try the following troubleshooting tips:
  - **Copy and paste** the link directly into your internet browser.
  - **Open the link in a different browser** (e.g., Chrome, Edge, Firefox).
  - **Try an incognito or private browsing session**, which can help bypass cached errors or login issues.
    - For most browsers, click the three dots in the top-right corner. Select “New Incognito Window” or “New Private Window.”

## Form Instructions

### Fiscal Year 2025-26 Value-Based Incentives (VBI) Electronic Submission Form

**Instructions:** Please complete one form for each Value-Based Incentive (VBI) you are submitting. The form is tailored to each VBI and includes fields to upload a signed invoice form as well as any required supporting documentation.

Before completing the form, please review the eligibility criteria and documentation requirements to ensure your submission is accurate and complete.

If you have any questions, please email [DPH-SAPC-VBI@ph.lacounty.gov](mailto:DPH-SAPC-VBI@ph.lacounty.gov) before submitting.

Additional information and all required forms are available on the SAPC VBI website:

<http://publichealth.lacounty.gov/sapc/providers/payment-reform-vbi/>

Hi, Aliya. When you submit this form, the owner will see your name and email address.

\* Required

The form has required fields which are noted by an asterisk and must be completed in order to submit.

Please note that the name of the person who signed in and is completing the form is automatically recorded in the submission.

- Once logged in, the form will display as shown.
- Each VBI submission requires a separate form.
- The form is tailored to each VBI activity
- Email any questions to [DPH-SAPC VBI@ph.lacounty.gov](mailto:DPH-SAPC-VBI@ph.lacounty.gov) before submitting.
- Additional information, including all required forms, are available on the [SAPC VBI website](http://publichealth.lacounty.gov/sapc/providers/payment-reform-vbi/)

## Provider Agency Information

Enter your information and select the Value-Based Incentive for which you are submitting documents.

1. Provider Agency Name \*

Demo, Inc.

2. Name of person completing form \*

Aliya Demo

3. Email address of person completing form \*

aliya@demoinc.org

4. Email addresses of staff to be included on communications regarding the VBI submission

suri@demoinc.org, binaka@demoinc.org

5. Select the VBI below. Please complete one form for each VBI submission. \*

Employee Benefits Package (2-A)

Next

## Provider Agency Information

- Complete all required fields in this section as noted by the red asterisk.
- Enter your email address along with the addresses of any other staff that should be included on communications regarding the submission.
- Select the VBI activity from the drop-down list. The remainder of the form will populate based on the activity you select in number 5.
- The **Employee Benefits Package (2-A)** activity will be selected for this guide as an example.
- Click **Next** at the bottom of the page to proceed to the activity-specific section.

## VBI Activity Section

### Employee Benefits Package (2-A)

Please complete the fields below and upload all required documents using the prompts provided

- Please label all uploaded files according to the following convention:
  - [Provider Agency Name] [Document Name]
  - Example: Agency XYZ VBI Invoice Form
- For more information on eligibility criteria and documentation requirements, and to access required forms, visit: <http://publichealth.lacounty.gov/sapc/providers/payment-reform-vbi/workforce-development.htm>

- The activity-specific section of the form will display as shown.
- Follow instructions on how to label files.
- A link to the relevant section of the VBI website is included.

## VBI Invoice From

6. Please upload a signed VBI Invoice form.

**Please label the file according to the following convention:** [Provider Agency Name] [VBI alpha-numeric] [Document Name]

**Example:** AgencyXYZ 2-A VBI Invoice Form

(Non-anonymous question ⓘ) \*

⬆ Upload file

File number limit: 1 Single file size limit: 1GB Allowed file types: Word, Excel, PPT, PDF, Image, Video, Audio

- A completed and signed invoice is required for each invoice submission.
- The [invoice form](#) is located on the [VBI website](#) within each activity description, as well as on the [Guidance Documents, Invoice, and Forms](#) page.



Fiscal Year 2025-2026

## VBI Year 3 Invoice Form

Substance Abuse Prevention and Control  
Value-Based Incentives (VBI) Invoice Form  
Fiscal Year 2025-2026

Activity Name	Employee Benefits Package (2-A)
Total Funding Requested	\$45,000

[Provider Agency Signature and Attestation](#)

I attest that the information submitted in this invoice and supporting documentation is true and factual, that our organization will use the funds as described in the Value-Based Incentives Package, and that our organization will submit the required deliverables on time to avoid recoupment. I acknowledge that we must adhere to and are subject to all the reporting, auditing, tracking, and recoupment requirements described in the Value-Based Incentives Package and the Drug Medi-Cal Organized Delivery System (DMC-ODS) Contract, as well as all applicable federal, state, and local rules and regulations, and verify that I have authorized decision-making authority to commit to the requested funds.

Agency Name	Demo, Inc	Contract Number	PH-12345
Name	Aliya Buttar	Signature	Aliya Buttar <small>Digitally signed by Aliya Buttar Date: 2025.08.01 08:22:55 -07'00'</small>
Title	Executive Director	Date	8/1/2025

## VBI Invoice From

- Complete the top section of the VBI Invoice Form.
- Select the activity from the drop-down menu.
- Enter the total funding being requested for the selected activity.
- Fill in all agency information fields.
- Ensure the form is signed. Both wet and electronic signatures are acceptable.



VBI Invoice From

6. Please upload a signed VBI Invoice form.

→ Please label the file according to the following convention: [Provider Agency Name] [VBI alpha-numeric] [Document Name]  
Example: AgencyXYZ 2-A VBI Invoice Form  
(Non-anonymous question ⓘ) \*

⬆ Upload file ←

File number limit: 1   Single file size limit: 1GB   Allowed file types: Word, Excel, PPT, PDF, Image, Video, Audio

- Save the file and ensure it is labeled according to the convention listed in the instructions.
- Click upload file to add the completed invoice form to the submission.

6. Please upload a signed VBI Invoice form.

Please label the file according to the following convention: [Provider Agency Name] [VBI alpha-numeric] [Document Name]  
Example: AgencyXYZ 2-A VBI Invoice Form  
(Non-anonymous question ⓘ) \*

Demo, Inc 2-A VBI Invoice Form.pdf ←

File number limit: 1   Single file size limit: 1GB   Allowed file types: Word, Excel, PPT, PDF, Image, Video, Audio

- Once uploaded, the file will display in the form as shown.

## Employee Benefits Package Provider Agency Checklist

- For more information on eligibility criteria and documentation requirements, and to access required forms, visit: <http://publichealth.lacounty.gov/sapc/providers/payment-reform-vbi/workforce-development.htm>

### Invoicing/Submission Guidelines

Implement activity and submit required documentation by 3/31/26:

- [Invoice Form](#)
- [Employee Benefits Package Provider Agency Checklist](#)
- Organizational policy, Human Resources (HR) documentation, and/or other documentation illustrating the benefits offered with the option of opting out of benefits.

- The next prompt asks for the completed agency checklist to be uploaded.
- Refer to the VBI website link included at the top of the page to download the checklist form.

7. Please upload a completed Employee Benefits Package Provider Agency Checklist.

**Please label the file according to the following convention:** [Provider Agency Name]  
[Document Name]

**Example:** AgencyXYZ Employee Benefits Package Checklist  
(Non-anonymous question<sup>i</sup>) \*



Demo, Inc Employee Benefits Package Checklist.pdf



File number limit: 1 Single file size limit: 1GB Allowed file types: Word, Excel, PPT, PDF, Image, Video, Audio



- Complete the form and save according to the convention.
- Click upload file to add the completed invoice form to the submission.
- Once uploaded, the file will display in the form as shown.

## Documentation Illustrating Benefits Offered

8. Please upload organizational policy, human resources (HR) documentation, and/or other documentation illustrating the benefits offered with the option of opting out of benefits.

- Up to 10 files can be uploaded to this attachment. If there are more than 10 files to upload, please combine in one PDF.
- If this is not feasible, please email additional files to [DPH-SAPC-VBI@ph.lacounty.gov](mailto:DPH-SAPC-VBI@ph.lacounty.gov)
- **Please label the file according to the following convention: [Provider Agency Name] [Document Name]**  
**Example: AgencyXYZ Employee Benefits Policy Documentation**

(Non-anonymous question ⓘ) \*

-  Demo, Inc. HR Policy.pdf
-  Demo, Inc. Employee Handbook.pdf
-  Demo, Inc. Hiring Packet.pdf

⤴ Upload file

File number limit: 10 Single file size limit: 1GB Allowed file types: Word, Excel, PPT, PDF, Image, Video, Audio

- The next prompt asks for organizational policy, human resources (HR) documentation, and/or other documentation illustrating the benefits offered with the option of opting out of benefits.
- Refer to the VBI website link included at the top of the page for guidance on documentation requirements.
- **Up to 10 files can be uploaded.** If there are more than 10 files to upload, please combine in one PDF. If this is not feasible, please email additional files to: [DPH-SAPC-VBI@ph.lacounty.gov](mailto:DPH-SAPC-VBI@ph.lacounty.gov)

## Additional Comments

9. Please add any additional comments.

Additional documents have been sent to the VBI email address.

- The final prompt asks for any additional comments and is optional.
- Include any relevant information about the submission. For example, “Additional documents have sent to the VBI email address.”

## Submit Form

9. Please add any additional comments.

Additional documents have been sent to the VBI email address.

Back

Submit



- Once all fields are completed, click **Submit** at the bottom of the page.

Back

Submit

⚠ 1 question(s) need to be completed before submitting: Question 6.

- If one of the required fields was not completed, the form will not advance. There will be a description of what needs to be completed at the bottom of the form.



**Thank you for your VBI invoice submission.** SAPC staff will be reviewing. Please contact [DPH-SAPC-VBI@ph.lacounty.gov](mailto:DPH-SAPC-VBI@ph.lacounty.gov) with any questions

[Submit another response](#)

- If successfully submitted, a thank you message will appear.
- Click **Submit another response** to submit additional invoices.

## Links and Resources

- VBI Electronic Submission Form: <https://forms.office.com/g/EA4mN7mVAt>
- VBI Invoice Form:  
<http://publichealth.lacounty.gov/sapc/docs/providers/payment-reform-vbi/VBI%20Invoice%20Form.pdf>
- VBI Website: <http://publichealth.lacounty.gov/sapc/providers/payment-reform-vbi/>
- For questions, please contact: [DPH-SAPC-VBI@ph.lacounty.gov](mailto:DPH-SAPC-VBI@ph.lacounty.gov)