# **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

## Revisions are highlighted

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<sup>st</sup>, 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.
- 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 <u>Incentive Metrics Package</u> 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 <a href="mailto:sapc-CBI@ph.lacounty.gov">sapc-CBI@ph.lacounty.gov</a>. Updates highlighted

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



| l   | Incentive Category       |       | Quality Incentive Metric   | Measure   | Amount<br>Eligible   | e-sign if Complete |
|-----|--------------------------|-------|--|---|--|--------------------|
|     |                          | 1a    | The percent of certified SUD counselors is<br>at least 50% among all SUD counselors<br>employed within an agency. Submit the<br>applicable section of the April DQR from<br>HODA with an invoice by <b>4/20/25.</b>  | Numerator is # of certified SUD<br>counselors and denominator is # of all<br>SUD counselors delivering direct services<br>according to Sage/Network Adequacy<br>Certification Tool (NACT)   | Select<br>Tier/Amount  |                    |
| 1.  | Workforce<br>Development | 1b    | The agency-wide ratio for LPHA-to-SUD<br>counselor ratio is at least 1:12 (i.e., 1<br>LPHA for every 12 SUD counselors). Submit<br>the applicable section of the April DQR from<br>HODA with an invoice by <b>4/20/25</b> .<br>Example 1: 38 SUD Counselors and 2 LPHAs<br>(38/12=3.16. Round up to 4). Incentive is not met<br>since there are only 2 LPHAs.<br>Example 2: 56 SUD Counselors and 5 LPHAs<br>(56/12=4.66. Round up to 5). Incentive is met since<br>there are 5 LPHAs. | To determine the number of LPHA<br>needed, divide the number of SUD<br>counselors by twelve (12). Round up the<br>number to determine the minimum<br>number of LPHAs required. Agencies will<br>only receive this incentive if they at least<br>maintain a 1:12 LPHA-to-SUD counselor<br>ratio.       | Select<br>Tier/Amount  |                    |
|     |                          | 1c    | All Registered SUD Counselors employed<br>by agency are paid a minimum of \$23/hr.<br>by 3/31/25.  | The agency must demonstrate that it<br>pays a minimum wage of \$23 per hour<br>for all Registered SUD Counselors<br>employed by agency across all programs<br>and funding streams, through payroll<br>documents and organizational human<br>resources or other policies reflecting the<br>wage level. | \$5,000 per<br>Registered<br>Counselor<br>employed<br>under a DMC-<br>ODS contract |                    |
|     |                          |       |  |   | Total Requested  | \$                 |
| Nar | rative, Supportin        | ng Ma | terial, Attachments  |   |  |                    |
|     |                          |       |  |   |  |                    |



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

|    | Incentive Categor   | ry  | Quality Incentive Metric  | Measure   | Amount<br>Eligible    | e-sign if Complete |
|----|---|---|---|---|-----------------------|--------------------|
| 3. | Medications<br>for Addiction  | За  | At least 25% of patients with opioid use<br>disorder (OUD) served in an agency's non-<br>OTP setting either receive MAT education<br>and/or Medication Services that include<br>MAT. Submit the applicable section of the<br>April DQR from HODA with an invoice by<br>4/20/25. Agencies with only OTP levels of care<br>are ineligible to participate in this incentive. | Numerator is the applicable MAT /<br>Medication Service Code and/or H2010M<br>(MAT Education). Denominator is<br>patients with OUD (F11.*) diagnosis (per<br>HODA Division's analyses available in the<br>April Data Quality Report (DQR)). | Select<br>Tier/Amount |                    |
| 3. | Treatment<br>(MAT)At least 15% of patients agency-wide<br>alcohol (AUD) use disorder either receive<br>MAT education and/or Medication Services<br>that include MAT. Submit the applicable<br>section of the April DQR from HODA with<br>an invoice by 4/20/25 *NOTE: Claims fromNumerator is the applicable MAT<br>Medication Service Code1 and/or<br>H2010M (MAT Education). Denor<br>is patients with AUD (F10.*) diagr<br>(per HODA Division's analyse available<br>section of the April DQR from HODA with<br>an invoice by 4/20/25 *NOTE: Claims from | Numerator is the applicable MAT /<br>Medication Service Code <sup>1</sup> and/or<br>H2010M (MAT Education). Denominator<br>is patients with AUD (F10.*) diagnosis<br>(per HODA Division's analyse available<br>in the April Data Quality Report (DQR)). | Select<br>Tier/Amount   |   |                       |                    |

<sup>&</sup>lt;sup>1</sup> 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.



| 3с | applicable section of the April DQR<br>from HODA with an invoice by 4/20/25.  | distribution documented in the record) at<br>a given agency and denominator is total<br># of patients served (included in the April<br>DQR provided by HODA). | Select<br>Tier/Amount<br>Total Requested | <u>۸</u> |
|----|---|---|--|----------|
|    | education and/or Medication Services<br>that include MAT for AUD in order to<br>meet this incentive benchmark<br>At least 50% of patients served agency-<br>wide receive naloxone. Submit the | Numerator is # of patients that received naloxone (by prescription or via   |  |          |

| Incentive Catego           | ory    | Quality Incentive Metric  | Measure   | Amount<br>Eligible    | e-sign if Complete |
|----------------------------|--------|---|---|-----------------------|--------------------|
| Optimizing                 | 4a     | At least 75% of patients served agency-<br>wide within the fiscal year have a signed<br>Release of Information (ROI) form to<br>share information with internal (other<br>SUD) or external entities (e.g., physical or<br>mental health entities) | Numerator is # of patients with a signed<br>ROI form and denominator is total # of<br>clients served  | Select<br>Tier/Amount |                    |
| Care<br>Coordination<br>4b | 4b     | At least 30% of patients within a given<br>agency are referred and admitted to<br>another level of SUD care within 30 days<br>of discharge. Submit the applicable<br>section of the April DQR from HODA with<br>an invoice by 4/20/25.            | Numerator is the # of patients referred<br>and admitted to other level of care within<br>30 days of discharge and denominator is<br># of patients discharged (per HODA's<br>April DQR). | Select<br>Tier/Amount |                    |
|                            |        |   | Г   | otal Requested        | \$                 |
| arrative. Supporti         | ng Mat | terial, Attachments   |   |                       |                    |



| I   | ncentive Catego                | ſy | Quality Incentive Metric  | Measure   | Amount<br>Eligible   | e-sign if Complete |
|---|--------------------------------|----|---|---|--|--------------------|
| 5.  | Enhancing<br>Data<br>Reporting | 5a | At least 45% of CalOMS admission and discharge records agency-wide are submitted timely and are 100% complete. Submit the applicable section of the April DQR from HODA with an invoice by 4/20/25. | Numerator is the # of CalOMS admission<br>and discharge records completed 100%<br>and submitted timely.<br>Denominator is the # of all CalOMS<br>admission and discharge records<br>submitted (per HODA Division's April<br>DQR). | Select<br>Tier/Amount  |                    |
|   |                                | 5b | Agencies provide early interim fiscal reports<br>on a quarterly basis, with final submission<br>due by 7/15/25.   | Agencies will use the Early Interim Fiscal<br>Reporting Tool, as shared on the<br>Payment Reform website.   | Tier 1 - \$2,500<br>per report<br>Tier 2 - \$5,000<br>per report<br>Tier 3 - \$7,500<br>per report |                    |
|   |                                |    |   |   | Total Requested  | \$                 |
| Narrative, Supporting Material, Attachments |                                |    |   |   |  |                    |
|   |                                |    |   |   |  |                    |
|   |                                |    |   |   |  |                    |
|   |                                |    |   |   |  |                    |



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## SIGNATURE AND ATTESTATION

| Summary Incentive Metrics Costs Based on Totals Above |    |  |  |  |  |  |
|---|----|--|--|--|--|--|
| Workforce Development                                 | \$ |  |  |  |  |  |
| Access to Care – Reaching the 95%                     | \$ |  |  |  |  |  |
| Medications for Addiction Treatment<br>(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      |  |

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| SAPC Use Only |                 |      |  |  |  |  |  |  |
|---------------|-----------------|------|--|--|--|--|--|--|
| Reviewed By   | Approved/Denied | Date |  |  |  |  |  |  |
|               |                 |      |  |  |  |  |  |  |
|               |                 |      |  |  |  |  |  |  |

