VBI-HODA Tracked Pay for Performance Metrics: Methodologies and Calculations

SAPC | Substance Abuse Prevention and Control

County of Los Angeles Public Health

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

FY 2026-27 Incentives Tracked and Reported by HODA in the DQR (11 P4P-Incentives)

Category	P4P Metrics
Finance and Business Operations	Timely Submission of CalOMS Admission and Discharge Records (1-A)
	Timely Claim Submission (1-B)
Workforce Development	**SUD Practitioner-to-Client Ratio (2-A) *NEW***
	% of Clients with Co-Occurring MH Condition Seen by LPHA (2-B) *NEW*
Access to Care	MAT Education/Services for OUD in Non-OTP Settings (3-A)
	MAT Education/Services for AUD (3-B)
	Clients Referred/Admitted to Another SUD Level of Care (3-C)
	Mental and Physical Health Referrals/Care Coordination (3-D)
	Clients Engaged in Treatment (=or > 30 days) (3-E) *NEW*
	Seven-Day Follow-up after Residential Services/Residential-WM (3-F) *NEW*
	Percent of Referrals with Appointment Dispositions Completed (3-G) *NEW*

Five New P4P Metrics

SAPC | Substance Abuse Prevention and Control

2-A: SUD Practitioner-to-Client Ratio (NEW) Measure Overview

County of Los Angeles Public Health

Performance Standard: The agency-wide ratio of service-rendering SUD practitioners (including counselors and LPHAs who directly render services to clients) to active clients on a monthly/quarterly basis meets the minimum required thresholds for the levels of care outlined below (i.e., one SUD counselor for every specified number of clients):

- **Outpatient (OP)/Intensive Outpatient (IOP): 1:20**
- **Residential: 1:12**
- **Mixed LOCs (OP/IOP & Residential): 1:16**

✅ Metric Overview:

- **Numerator**: Number of active clients served by the agency during the **reporting month**/quarter (**Claims)**
- **Denominator**: Number of service-rendering SUD practitioners at the agency during the same reporting period (**identified via the practitioners associated with billable claims)**
  - LPHAs will be included if when they are identified via billable claims
- **Calculations:** Active clients ÷ service rendering SUD practitioners

2-A: SUD Practitioner-to-Client Ratio (NEW) Monthly Tracking by LOC

- **Outpatient (OP)/Intensive Outpatient (IOP)**
  - **Numerator**: Total number of active clients with any OP/IOP service claim during the month
  - **Denominator**: Total number of SUD practitioners who rendered and billed an OP/IOP service during the same month
  - **Threshold**: ≤20 clients per practitioner
  - **Practitioner-to-Client Ratio** = Active OP/IOP Clients ÷ Service-rendering OP/IOP Practitioner

- **For example:** an agency had the following claims activity in July:

LOC	Active Clients (claims)	Service-rendering SUD practitioners
OP/IOP	80	4

- **Calculations**: 80 active clients ÷ 4 service-rendering SUD practitioners = 20 **clients per practitioner (1:20)**
- **Monthly result:** VBI Met

2-A: SUD Practitioner-to-Client Ratio (NEW) Monthly Tracking by LOC

- **<u>Residential (levels 3.1, 3.3, and 3.5)</u>**
  - **Numerator**: Total number of active residential clients with H0019 day-rate claims during the month
  - **Denominator**: Total number of residential practitioners associated with H0019 day-rate claims during the month
  - **Threshold**: ≤12 clients per practitioner
  - **Practitioner-to-Client Ratio =** Active Residential Clients ÷ Residential Practitioners associated with H0019 day-rate claims

2-A: SUD Practitioner-to-Client Ratio (NEW) Monthly Tracking by LOC

- **Why is SAPC introducing the Residential Caseload Standard?**
  - Residential treatment may be delivered by multiple practitioners. However, primary practitioner assignments and H0019 day-rate claims are not consistently aligned with practitioner clinical responsibility across programs.
  - This variability in residential practitioner assignments, workforce capacity, and practitioner caseloads can lead to meaningful differences in the quality of care delivery across the SAPC network.
  - **This residential caseload standard is intended to:**
    - Establish a primary practitioner for each residential client.
    - Promote appropriate practitioner-to-client caseload assignments and support an adequate residential workforce.
    - Strengthen clinical accountability, client engagement, quality of care, and care coordination.
    - Enable SAPC to accurately monitor residential workforce capacity and practitioner caseloads using H0019 day-rate claims.

2-A: SUD Practitioner-to-Client Ratio (NEW) Monthly Tracking by LOC

- **Implementation Guidance**
  - Assign a primary practitioner at admission, if not already part of your current practice.
  - Associate H0019 day-rate claims with the assigned primary practitioner.
  - Other practitioners may continue to provide services as part of the client's treatment team.
  - For example, an agency had 25 active clients with 4 service-rendering practitioners in July:

Primary Practitioner	Assigned Clients (H0019 Claims)
Practitioner A	7
Practitioner B	6
Practitioner C	6
Practitioner D	6

  - Each client's H0019 day-rate claims are associated with the client's assigned primary practitioner. Other practitioners may continue to provide services as part of the client's treatment team.

2-A: SUD Practitioner-to-Client Ratio (NEW) Monthly Tracking by LOC

- **Mixed LOCs**
  - Applies to agencies providing both OP/IOP and Residential services.
  - Active clients and service-rendering SUD practitioner are identified using the applicable service methodology above and combined at the agency level
  - **Threshold: ≤16 clients per practitioner**
  - For example, an agency had the following claims activity in July:

LOC	Active Clients (claims)	Service-rendering SUD Practitioner (claims)
OP/IOP	80	4
Residential	24	2
Mixed LOC Total	**104**	**6**

  - **Calculations**: 104 active clients ÷ 6 active SUD practitioners = **17.3 clients per practitioner (1:17.3)**
  - **Monthly result:** VBI not met

***Note:** If the same practitioner renders services across OP/IOP and Residential, the practitioner will be counted only once. Similarly, if a client transitions between OP/IOP and Residential during the reporting month, the client will be counted only once.

2-A: SUD Practitioner-to-Client Ratio (NEW) Quarterly VBI Eligibility Determination

SAPC | Substance Abuse Prevention and Control

County of Los Angeles Public Health

- **Quarterly VBI eligibility determination** for payment is based on the agency's **monthly ratio results.**
  - **Why? Monthly tracking minimizes the impact of client and practitioner turnover.**
  - **Practitioner turnover example**: an agency serves 26 active clients in residential program with 2 practitioners each month (per claims). If one practitioner leaves and is replaced during the quarter.

Month	Active clients	H0019 rendering counselors	Monthly ratio
July	26	Counselor A, B	26 ÷ 2 = **1:13**
August	26	Counselor A, B	26 ÷ 2 = **1:13**
September	26	Counselor A, C	26 ÷ 2 = **1:13**
Q1	26	Counselor A,B,C	26 ÷ 3 = **1:8.7**

→

Month	Active clients	H0019 rendering counselors	Monthly ratio
July	26	Counselor A, B	26 ÷ 2 = **1:13**
August	26	Counselor A, B	26 ÷ 2 = **1:13**
September	26	Counselor A, C	26 ÷ 2 = **1:13**
Q1	Not Met (per monthly ratio)		

  - **Client turnover example**: an agency serves 18 active clients with 2 practitioners each month. Due to client admissions and discharges, 40 unique clients were served during the quarter, even though only 18 clients were active each month.

Month	Active clients	H0019 rendering counselors	Monthly ratio
July	18	Counselor A, B	18 ÷ 2 = **1:9**
August	18	Counselor A, B	18 ÷ 2 = **1:9**
September	18	Counselor A, B	18 ÷ 2 = **1:9**
Q1	40	Counselor A, B	40 ÷ 2 = **1:20**

→

Month	Active clients	H0019 rendering counselors	Monthly ratio
July	18	Counselor A, B	18 ÷ 2 = **1:9**
August	18	Counselor A, B	18 ÷ 2 = **1:9**
September	18	Counselor A, B	18 ÷ 2 = **1:9**
Q1	Met (per monthly ratio)		

  - **Monthly ratios will be used to determine quarterly VBI eligibility because practitioner turnover can make a quarterly ratio appear artificially better, while client turnover can make it appear artificially worse.**

2-A: SUD Practitioner-to-Client Ratio (NEW) Quarterly VBI Eligibility Determination

- **Quarterly VBI eligibility determination for payment is based on the agency's monthly ratio results.**
  - **Met: The agency meets** the applicable practitioner-to-client ratio threshold **in all three months** of the reporting quarter.
  - **Not Met: The agency does not meet** the applicable practitioner-to-client ratio threshold **in one or more months** of the reporting quarter.
  - For example, an agency had the following monthly residential ratio in Q1:

Month	Ratio	Benchmark	Monthly Result
July	1:10	≤1:12	Met
August	1:11	≤1:12	Met
September	1:13	≤1:12	Not Met
Quarter 1 Result			**NOT MET**

SAPC | Substance Abuse Prevention and Control

3-E: Clients Engaged in Treatment (= or > 30 days) (NEW)

County of Los Angeles Public Health

Performance Standard: At least 60% of clients remain engaged in treatment for 30 days or longer following admission in non-WM (Withdrawal Management) settings.

✅ Metric Overview:

- **Numerator:** Number of non-WM admissions engaged in treatment for ≥30 days following admission
- **Denominator**: Total number of new non-WM admissions
  - **Q1: New admissions from July 1 through August 31**
  - Q2: New admissions from September 1 through November 30
  - Q3: New admissions from December 1 through **February 28/29**
- **Engagement Rate** = Admissions engaged ≥30 days ÷ Total non-WM admissions × 100

⚠️ Important Notes

- Each admission is evaluated separately
- The admission date is counted as Day 1
- Each quarter cohort needs sufficient observation time (at least 30days) to determine whether the client remained engaged for ≥30 days.

3-E: How is 30 Day Engagement Determined?

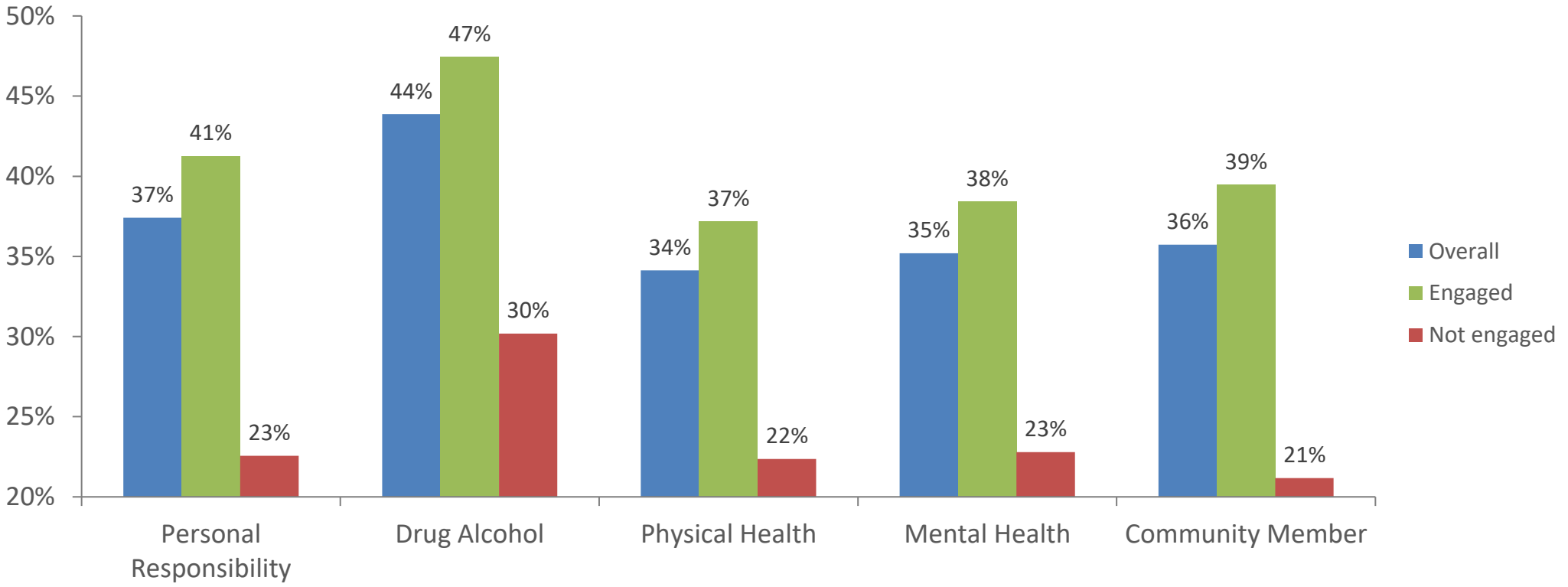
- **Engagement duration** is calculated based on the client's treatment status and documented treatment participation during the reporting month/quarter (CalOMS, claims):
  - **Discharged**: Discharge date - admission date+1
  - **Still in Treatment**: Last service/claim date - admission date+1
  - Q1 example:
    - **Q1 Admission Cohort: July 1–August 31**
    - **Observation Period: Through September 30**
    - **Data Submission Deadline: October 10**

Client	Admission	Status	Date Used	Duration	Meets ≥30 Days?
A	7/15	Discharged	8/20 discharge	37 days	Yes
B	8/10	Discharged	8/28 discharge	19 days	No
C	8/1	Active	8/27 last claim	27 days	No
D	8/30	Active	9/28 last claim	30 days	Yes

⚠️ Important Notes

- For clients still in treatment or with open admissions, engagement duration is calculated through the last documented service/claim date within the observation period.
- For Q1, services provided after 9/30 are not included in the calculation.
- All qualifying services provided through 9/30 must be submitted by 10/10 deadline.
- **Residential day rate claim (H0019)** will be used to determine the last day service.

TEA: Percent of Clients Reporting Improvement by Engagement Status, FY2526 Q1-Q3



Treatment Effectiveness Assessment (TEA) is a patient-oriented assessment tool that elicits patient responses between admission and discharge to quickly gauge any improvement in life and health outcomes during treatment. Patients provide numerical responses on their substance use, health, personal responsibility, and community membership on a scale of 1-10.

On a scale of 1 (not good at all) to 10 (very good):

- **Personal Responsibility**: How good are you at taking care of personal responsibilities? (e.g., paying bills, following through on personal or professional commitments)
- **Drug Alcohol**: How good/competent are you in handling drug and alcohol use? (e.g., the frequency and amount of use, money spent on drugs, amount of drug craving, being sick, etc.)
- **Physical Health**: How good is your physical health? (e.g., are you eating and sleeping properly, exercising, taking care of health or dental problems?)
- **Mental Health**: How good is your mental health? (e.g., are you feeling good about yourself?)
- **Community Membership**: How good of a community member are you? (e.g., obeying laws, meeting your responsibilities to society, positive impact on others)

3-F: Seven-Day Follow-up after Residential Services / Residential – Withdrawal Management Discharges (NEW)

Performance Standard: At least 30% of new discharges from residential care (including residential withdrawal management) receive any follow-up service in another LOC within seven (7) days after discharge.

✅ Metric Overview:

- **Numerator:** Number of new residential discharges with any follow-up service in another/non-residential LOC within 7 days after discharge
- **Denominator:** Total number of new residential discharges
- **Follow-Up Rate** = New residential discharges with a follow-up service within 7 days ÷ Total new residential discharges × 100

  –Data sources: CalOMS, claims
- Residential discharges include residential and residential withdrawal management services: Levels 3.1, 3.3, 3.5, WM 3.2 WM 3.7, WM 4.0

3-F: How Is 7-Day Follow-Up Determined?

- A residential discharge meets the measure when the client receives at least one qualifying service claim in a non-residential LOC within 7 days after discharge from residential treatment or residential withdrawal management (WM).
- Examples:
  - **Internal Transition**: If Agency A discharges a client from residential treatment and the client transitions to and receives services from Agency A's outpatient program within 7 days, the measure is met.
  - **External Transition**: If a residential-only agency refers a client to another outpatient provider but the client does not connect to and receive services within 7 days, the measure is not met, even if the residential provider made appropriate referral and outreach efforts. Conversely, if the client connects to and receives services from the other outpatient provider within 7 days, the measure is met.
  - **Transition to Recovery Services**: If a residential-only agency transitions the client to its standalone Recovery Services program, submits the required CalOMS admission, and provides a Recovery Services service within 7 days after residential discharge, the measure is met.

⚠️ **Important Notes:**

–**Any follow-up service in a non-residential LOC counts.**

–Ensure timely submission of residential discharge data.

–Services provided in another residential program do not count as follow-up.

3-G: Percent of Referrals with Appointment Disposition Completed (NEW)

Performance Standard: At least 30% of referrals made by SASH/CENS in the Appointment Disposition Log are completed within three (3) business days of the appointment date.

✅ Metric Overview:

- **Numerator:** Number of completed appointment disposition log within 3 business days of the appointment date
- **Denominator**: Total number of SASH/CENS referrals to each provider agency (per **Appointment and Referral Disposition Widget**-SASH/CENS referred appointments)

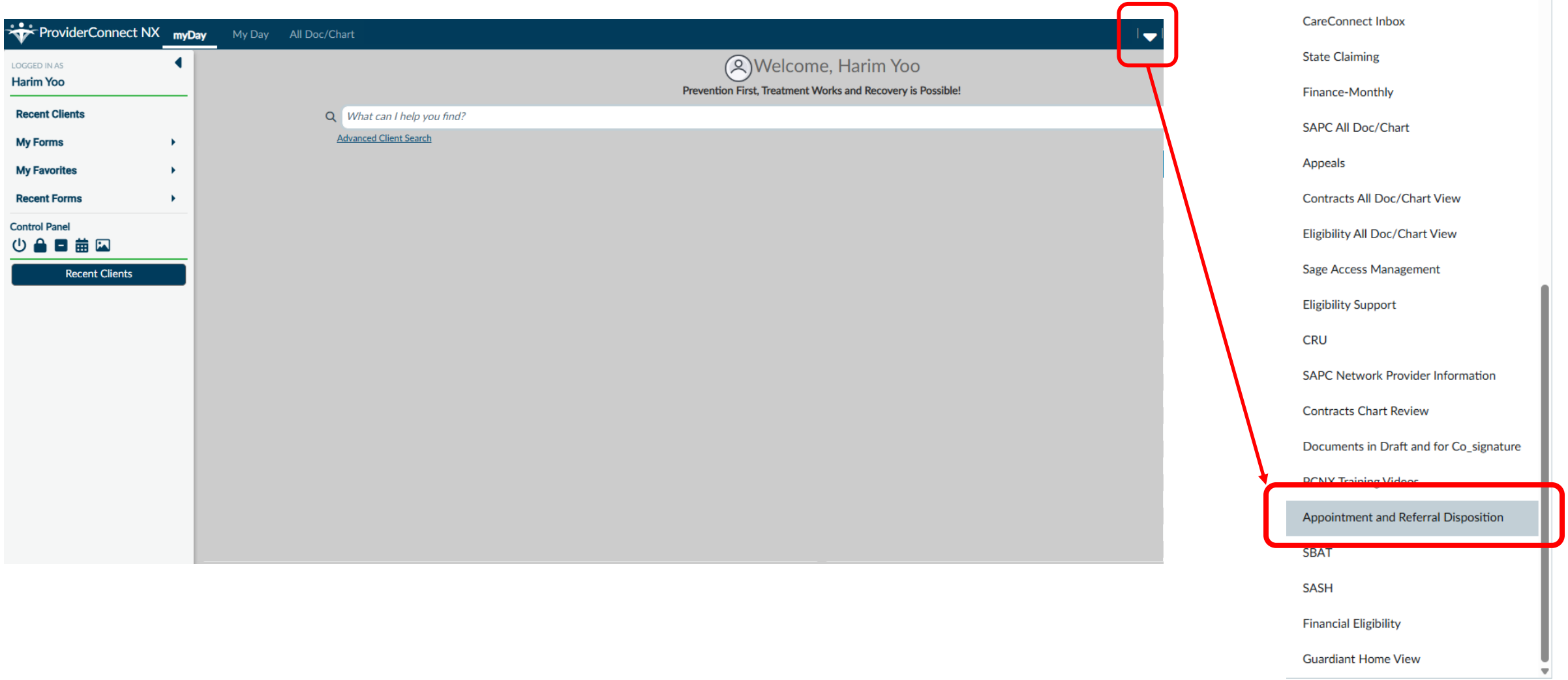
- Example: A provider has **20 referrals** on the **Appointment and referral Disposition Widget.**
  - 8 appointment dispositions were completed within 3 business days of the appointment date.
  - **Timely Completion Rate = 8 ÷ 20 × 100 = 40%**
  - **Result: Performance standard met (≥30%).**

3-G: Percent of Referrals with Appointment Disposition Completed (NEW)

SAPC | Substance Abuse Prevention and Control

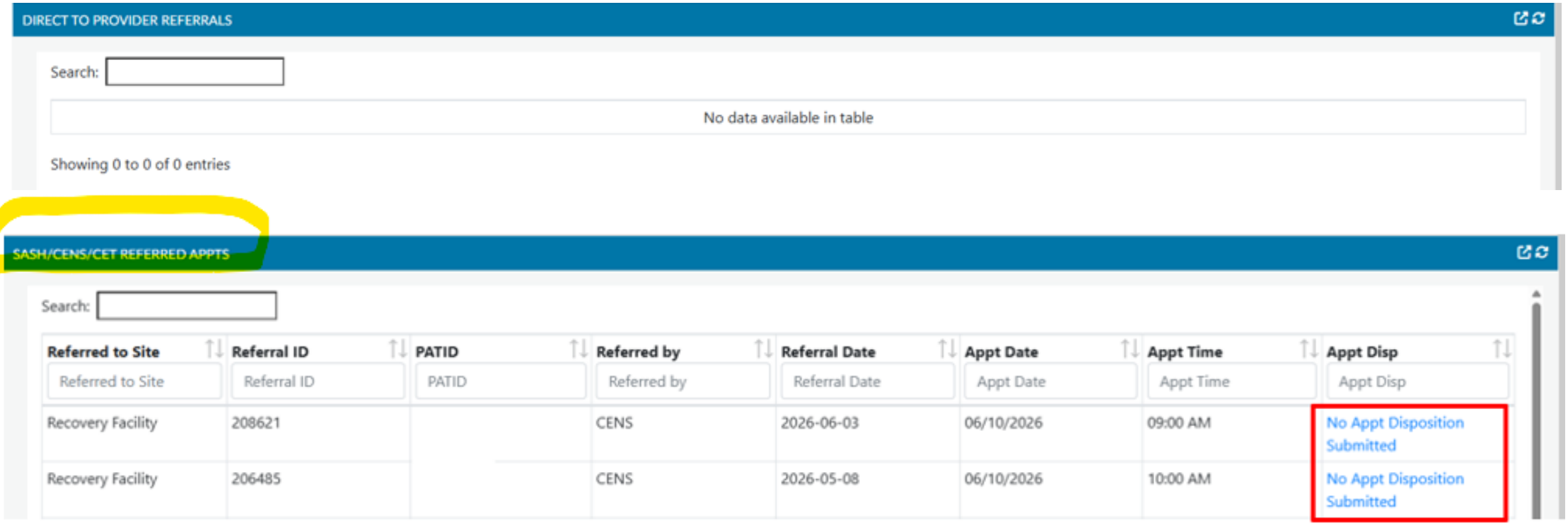
County of Los Angeles Public Health

Appointment and Referral Disposition Widget



3-G: Percent of Referrals with Appointment Disposition Completed (NEW)

Appointment and Referral Disposition Widget



DIRECT TO PROVIDER REFERRALS

Search:

No data available in table

Showing 0 to 0 of 0 entries

SASH/CENS/CET REFERRED APPTS

Search:

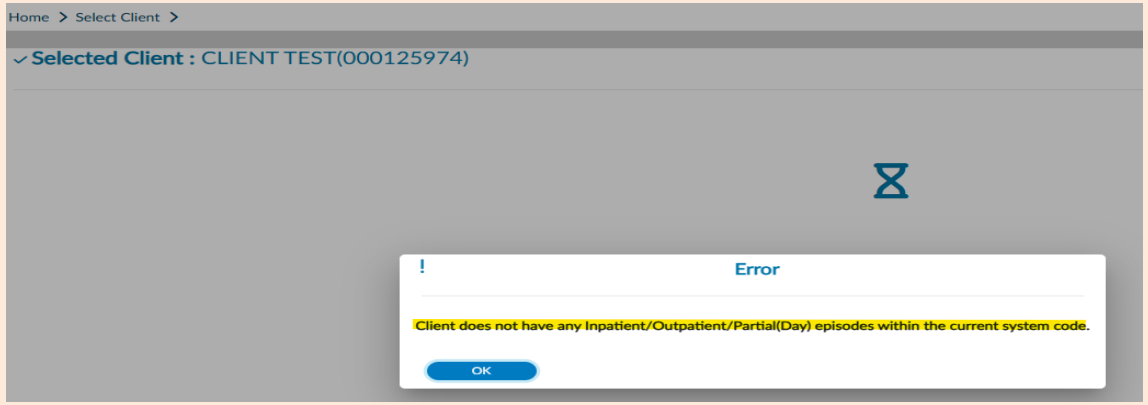
Referred to Site	Referral ID	PATID	Referred by	Referral Date	Appt Date	Appt Time	Appt Disp
Recovery Facility	208621		CENS	2026-06-03	06/10/2026	09:00 AM	No Appt Disposition Submitted
Recovery Facility	206485		CENS	2026-05-08	06/10/2026	10:00 AM	No Appt Disposition Submitted

3-G: Percent of Referrals with Appointment Disposition Completed (NEW)

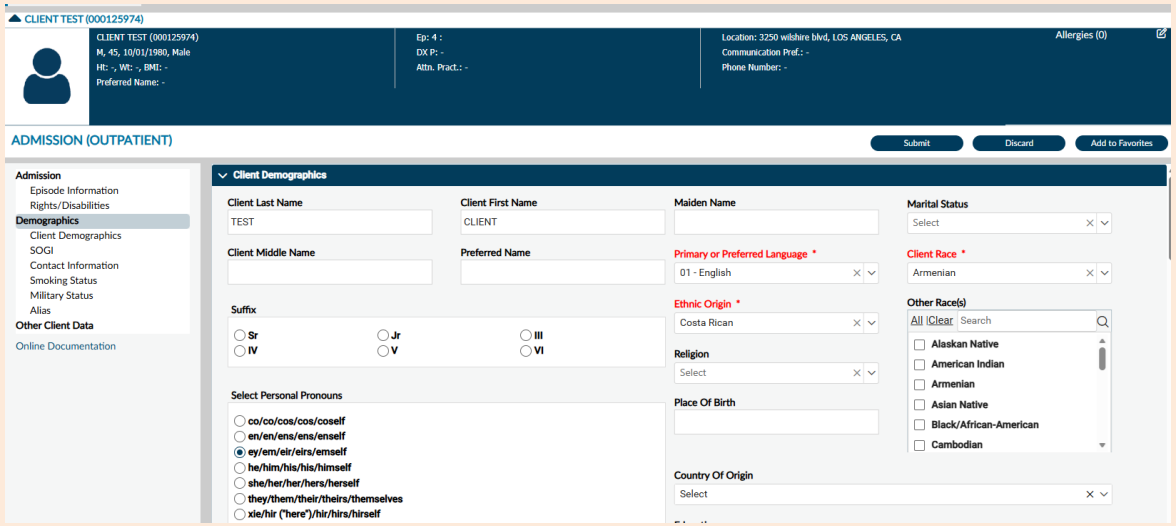
SAPC | Substance Abuse Prevention and Control

County of Los Angeles Public Health

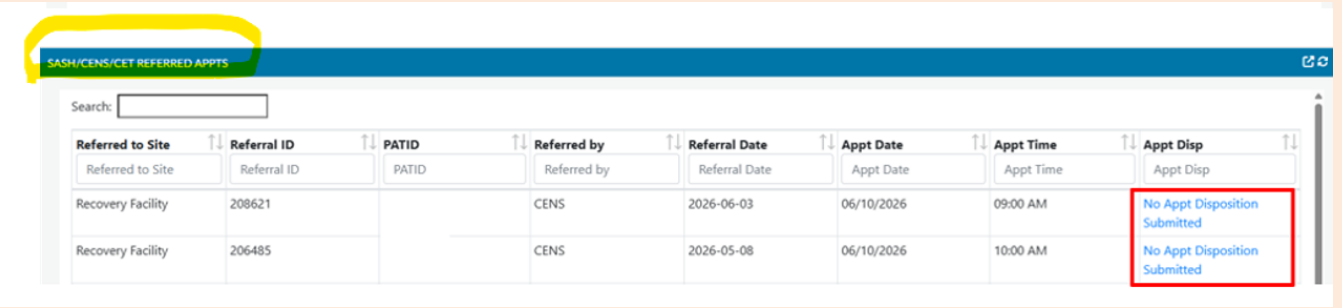
1. An error message will appear; Click OK



2. Open and compete the "Admission (outpatient)" Form first

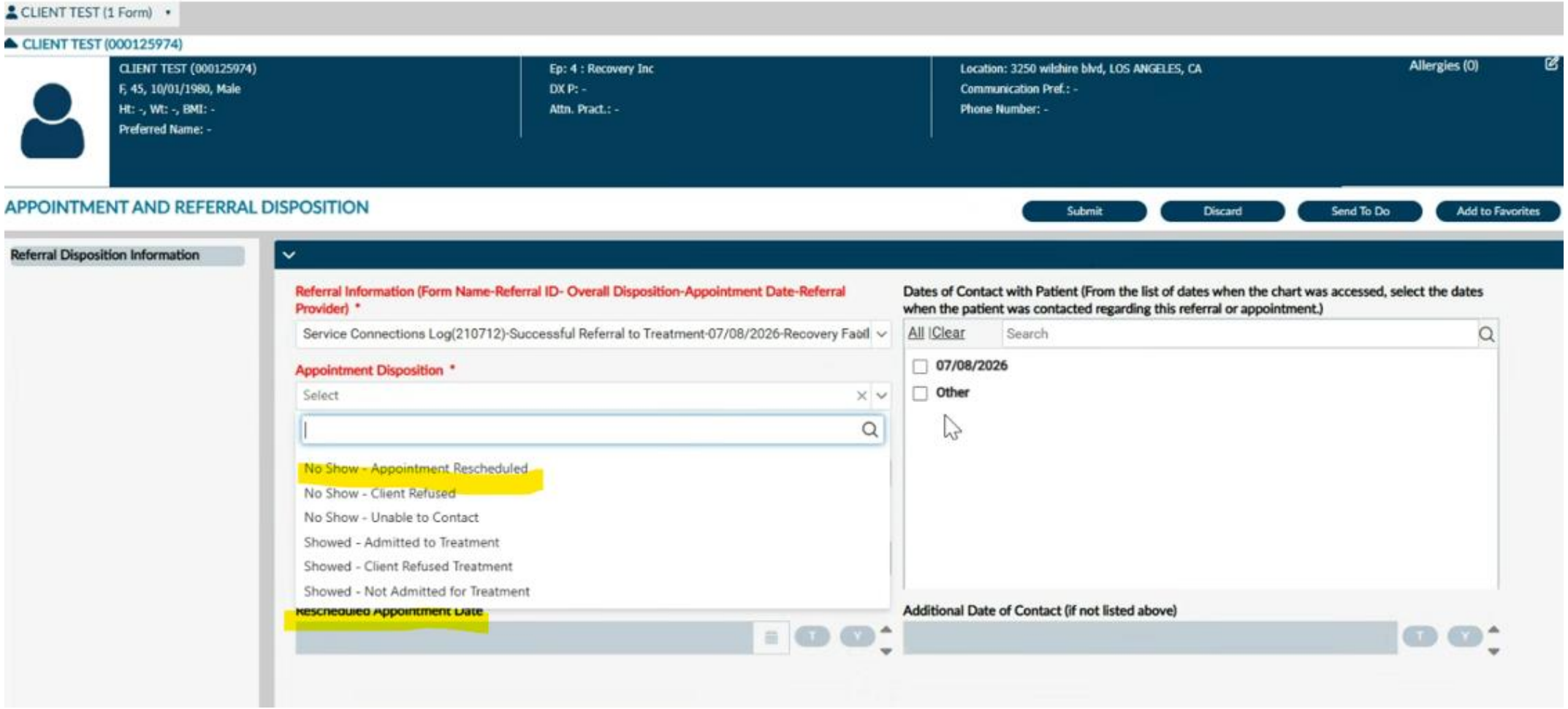


3. Go back to the widget and click 'No Appt Disposition Submitted' again



3-G: Percent of Referrals with Appointment Disposition Completed (NEW)

4. Complete the appointment disposition form



3-G: Percent of Referrals with Appointment Disposition Completed (NEW)

5. You can check the status update on the Widget

SASH/CENS/CET REFERRED APPTS

Search:

Referred to Site	Referral ID	PATID	Referred by	Referral Date	Appt Date	Appt Time	Appt Disp
Recovery Facility	208621	212160	CENS	2026-06-03	06/10/2026	09:00 AM	No Appt Disposition Submitted
Recovery Facility	206485	319543	CENS	2026-05-08	06/10/2026	10:00 AM	No Appt Disposition Submitted
Recovery Facility	208874	193981	CENS	2026-06-09	06/12/2026	09:00 AM	No Appt Disposition Submitted
Recovery Facility	207516	320584	CENS	2026-05-28	06/17/2026	10:00 AM	No Appt Disposition Submitted
Recovery Facility	207516	320584	CENS	2026-05-28	06/22/2026	10:00 AM	No Appt Disposition Submitted
Recovery Facility	209556	182497	CENS	2026-06-23	06/24/2026	02:40 PM	No Appt Disposition Submitted
Recovery Facility	210712	125974	SASH	2026-07-05	07/08/2026	10:04 AM	No Show - Appointment Rescheduled--07-15-2026

3-G: Percent of Referrals with Appointment Disposition Completed (NEW)

⚠️ Important Notes:

- Maintain current and accurate intake availability in SBAT so SASH/CENS can identify available appointments and make referrals.
- Respond promptly to referral and appointment coordination calls from SASH/CENS.
- Complete the appointment disposition within 3 business days of the scheduled appointment date.
- Providers that do not maintain available intake slots in SBAT or respond to referral calls may not receive referrals and, therefore, may not be eligible for the incentive.

3-G: Percent of Referrals with Appointment Disposition Completed (NEW)

⚠ **Question:**

Should the Appointment and Referral Disposition Log be completed within three (3) business days of the appointment date regardless of whether the outreach attempts have been completed?

⚠ **Answer:**

Yes. The Appointment and Referral Disposition Log is intended to track the **appointment disposition**, not the outcome of subsequent outreach efforts because we have to report appointment disposition (show, no show etc). The expectation is to complete the Appointment and Referral Disposition Log within **three (3) business days of the scheduled appointment date**, even if outreach attempts are still ongoing.

For example, if the client did not attend the scheduled appointment, the disposition should be documented as **No Show** within the required timeframe.

You should continue the outreach and engagement efforts after documenting the appointment disposition, as appropriate. Subsequent outreach activities do not delay or replace the requirement to complete the Appointment and Referral Disposition Log within three (3) business days.

SAPC | Substance Abuse Prevention and Control

General HODA-tracked VBI Reminders

County of Los Angeles Public Health

- **Take a SNIP/SCREENSHOT/PDF** of the **"Incentive" sheet** of the Data Quality Report (DQR) when you submit the invoice for each quarter
  - –Snipping tool  , Save as Adobe PDF, etc.
  - –**<u>Do not submit the full report</u>**
- **Invoice deadlines are firm**
  - –Q1: 10/20/2026
  - –Q2: 1/20/2027
  - –Q3: 4/20/2027
- Questions/Inquiries MUST be submitted **to the HODA team BEFORE the deadlines:**

  HODA_CALOMS.ph.lacounty.gov

Monthly DQR-Sample-Incentive Page

RECOVERY INC				
Category	Attribute	Sept. 2025	Quarter 1	Agency YTD
Timely Submission of CalOMS Records (1C)				
Target: 65%	Total # of Qualifying Records	100	1000	1000
	Total # of Admissions and Discharges	200	2000	2000
	% of Qualifying for 1C Incentive	**50%**	**50%**	**50%**
Timely Claims Submissions (1D)				
Target: 100%	Total # of Late Claims submitted after the 10th of the following month	55	55	55
	% of Qualifying for 1D Incentive	**No**	**No**	**No**
MAT for Clients with OUD in non-OTP settings (3A)				
Target: 60%	Total # of MAT among Clients with OUD	25	100	100
	Total # of Clients with OUD served	50	200	200
	% Qualifying for 3A Incentive	**50%**	**50%**	**50%**
MAT for Clients with AUD (3B)				
Target: 50%	Total # of MAT among Clients with AUD	4	50	50
	Total # of Clients with AUD served	10	100	100
	% Qualifying for 3B Incentive	**40%**	**50%**	**50%**
Naloxone Services (3C)				
Target: 50%	Total # of Clients Received Naloxone Services	25	150	150
	Total # of Clients Served	50	300	300
	% Qualifying for 3C Incentive	**50%**	**50%**	**50%**
Referred and Admitted to a Different LOC (3D)				
Target: 30%	# of Referrals Admitted to a different LOC	40	350	350
	# of Total Discharges	100	1000	1000
	% of Qualifying for 3D Incentive	**40%**	**35%**	**35%**
(3E)				
Target: 25%	Total # of Qualifying Clients	2	25	25
	Total # of Clients with Mental or Physical Health Condition	10	100	100
	% of Qualifying for 3E Incentive	**20%**	**25%**	**25%**

Definition | Overview | CalOMS Quality FY2425 June | Incentives

Training & Support Available

✓ 1:1 Agency Training available — reach out to schedule @ HODA_CALOMS@ph.lacounty.gov

- **Email us:**
  HODA_CALOMS@ph.lacounty.gov