Health Outcomes and Data Analytics Division

November 4, 2026

SAPC | Substance Abuse Prevention and Control

County of Los Angeles Public Health

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Updates on TPS & CalOMS

County of Los Angeles Public Health

2026 TPS Administration & Submission

	Administration Period	Submission Deadline
DHCS official survey administration	October 19 – 23, 2026	**October 30, 2026**
SAPC additional survey collection	October 24 – Nov.19, 2026	**November 26, 2026**

- Survey packets may be submitted by facility or by the whole agency via drop-off or mailed to SAPC:

Drop Off Box at Bldg. A-9 East 3rd Floor:
email: hoda_tps@ph.lacounty.gov
Phone: 626-997-4932

Mail (obtain a tracking number):
Tina Kim, Division Chief
Health Outcomes & Data Analytics Division
1000 S. Fremont Ave. Bldg. A-9 East 3rd Floor (Box#34)
Alhambra, CA, 91803

CalOMS Open Admission Non-Compliant Report

- **CalOMS Open Admissions Non-compliant agency reports** sent on the first day of each month.

Report prepared by: Health Outcomes and Data Analytics (HODA) Division at SAPC, as of September 30, 2026

Non-Compliant Open Admission Records for SAMPLE AGENCY

Facility	PATID	Form Serial Number	Level of Care Admitted	Admission Date	Last Annual Update Submitted	Last Date of Service in Claims	Agency Response
RECO XXX			Opioid Treatment Program	09/10/2022	09/01/2025	07/31/2026	

- Providers must submit Annual Updates or discharge open admissions in CalOMS within **10 days (10th of each month)***
- Provider must return with responses on action items on the monthly DQR within **10 days (25th of each month)***
- If you have any questions/issues of submissions (e.g., Sage, EHR), please email the CalOMS Unit **HODA_CALOMS@ph.lacounty.gov**

*Refer to each month's email for the exact due date

Trends and Q1 Status of VBI P4P Metrics: Dos & Don'ts

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VBI P4P Metrics HODA Tracks, FY2627

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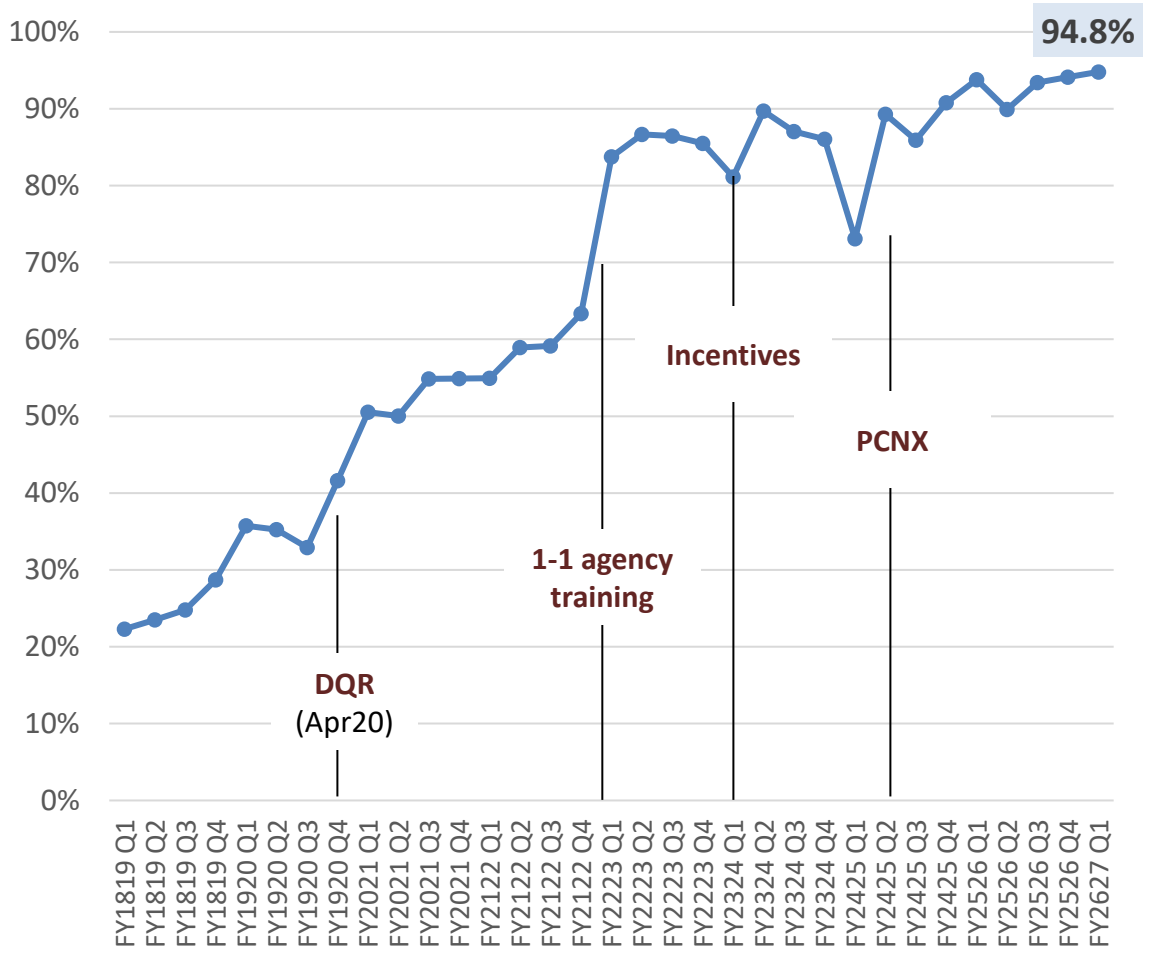
Category	P4P Metrics
Finance and Business Operations	Timely Submission of CalOMS Admission and Discharge Records (1-A)
	Timely Claim Submission (1-B)
Workforce Development	**SUD Practitioner-to-Client Ratio (2-A) *NEW***
	% of Clients with Co-Occurring MH Condition Seen by LPHA (2-B) *NEW*
Access to 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*

1-A: Timely Submission of CalOMS Records (Benchmark 80%)

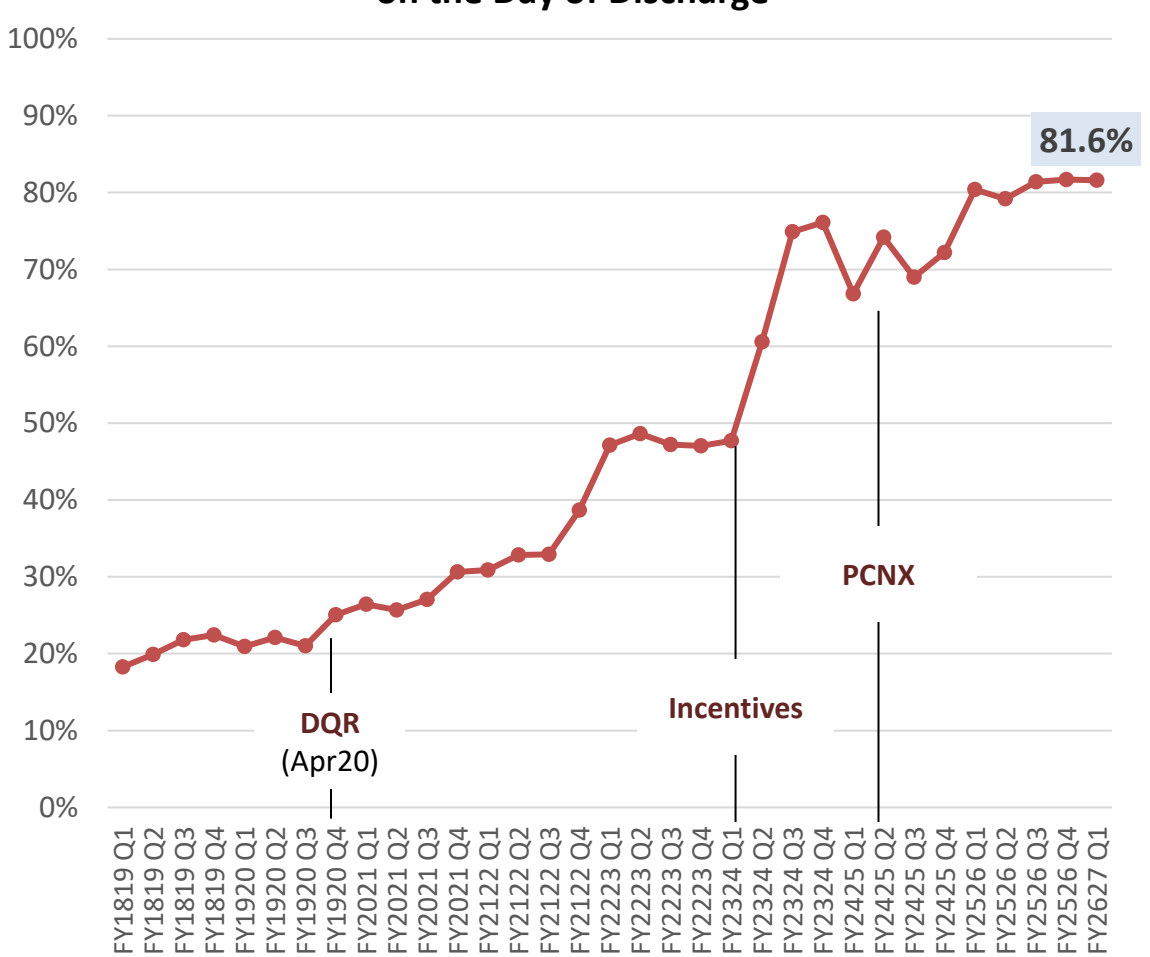
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% of CalOMS Admissions Submitted within 7 days of a Client's Admission



% of CalOMS Discharge Submitted on the Day of Discharge



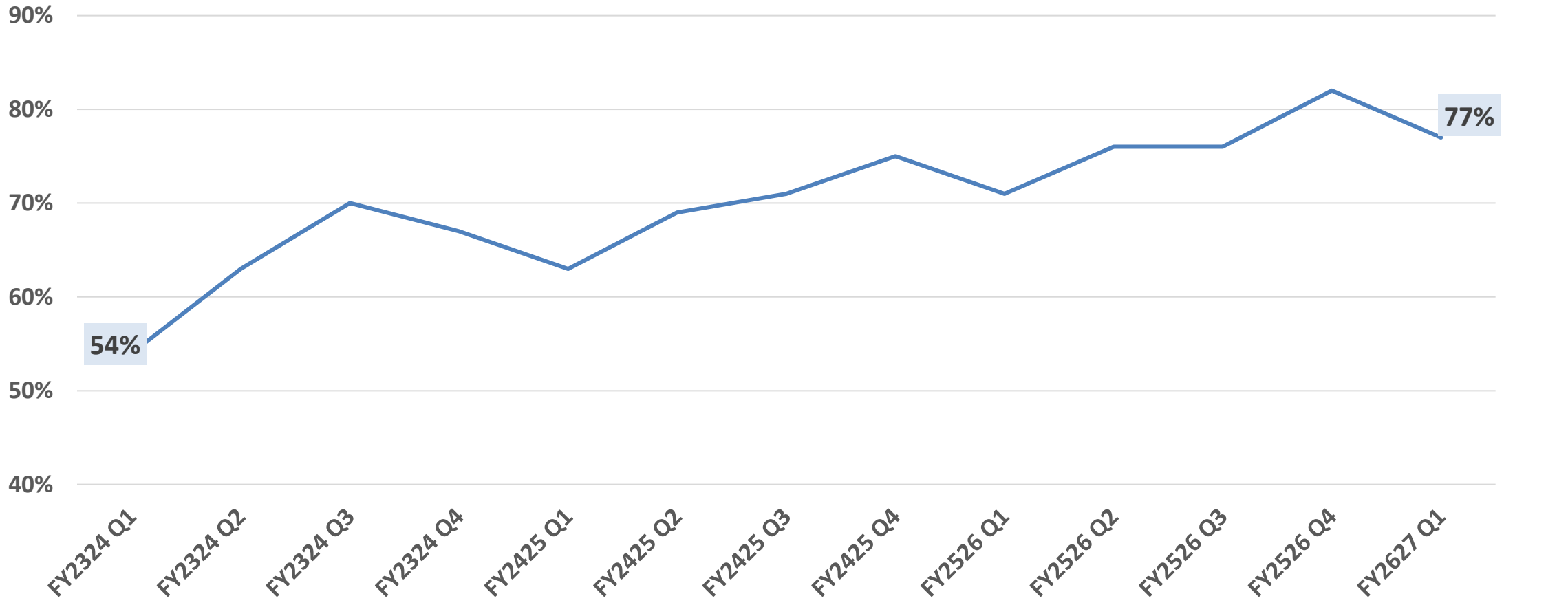
- 325% increase in the timely submission of admission data from 22.3% in FY1819 Q1 to 94.8% in FY2627 Q1
- 353% increase in the timely submission of discharge data from 18% in FY1819 Q1 to 81.6% in FY2627 Q1

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3-A: MAT Education/Services for OUD Clients served in non-OTP Settings (Benchmark 70%)

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54%	77%	+43 %
Baseline	Q1 Average	% Increase

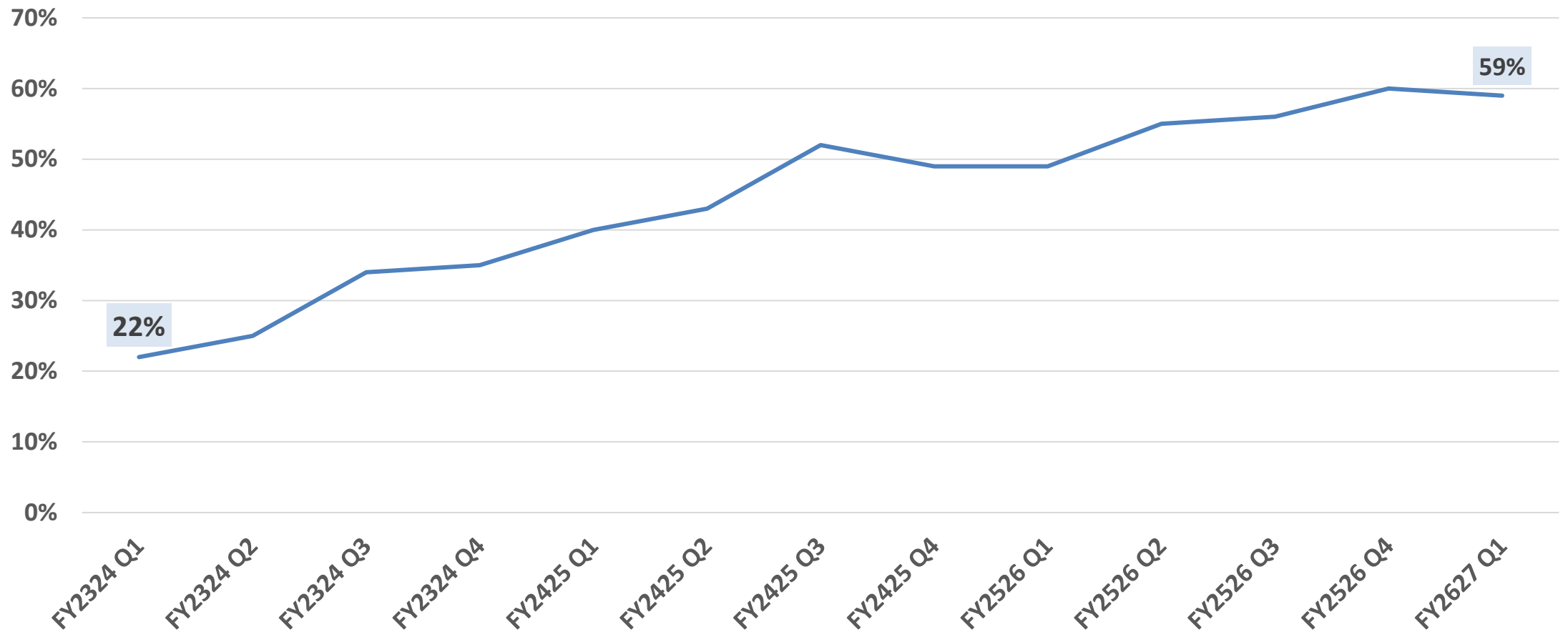


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3-B: MAT Education/Services for AUD Clients served (Benchmark 50%)

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22%	59%	+168 %
Baseline	Q1 Average	% Increase

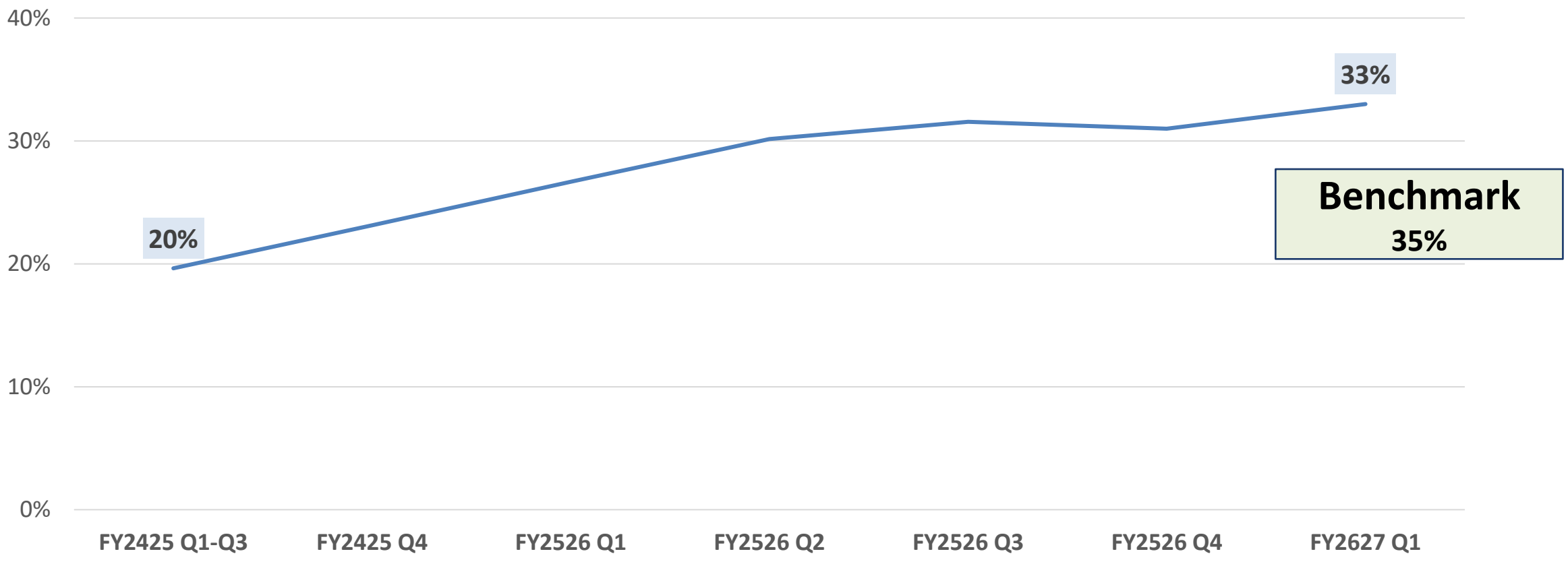


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3-C: Percent of Clients Referred and Admitted to another SUD LOC within 30 Days of Discharge

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20%	33%	+65%
Baseline	Q1 Average	% Increase

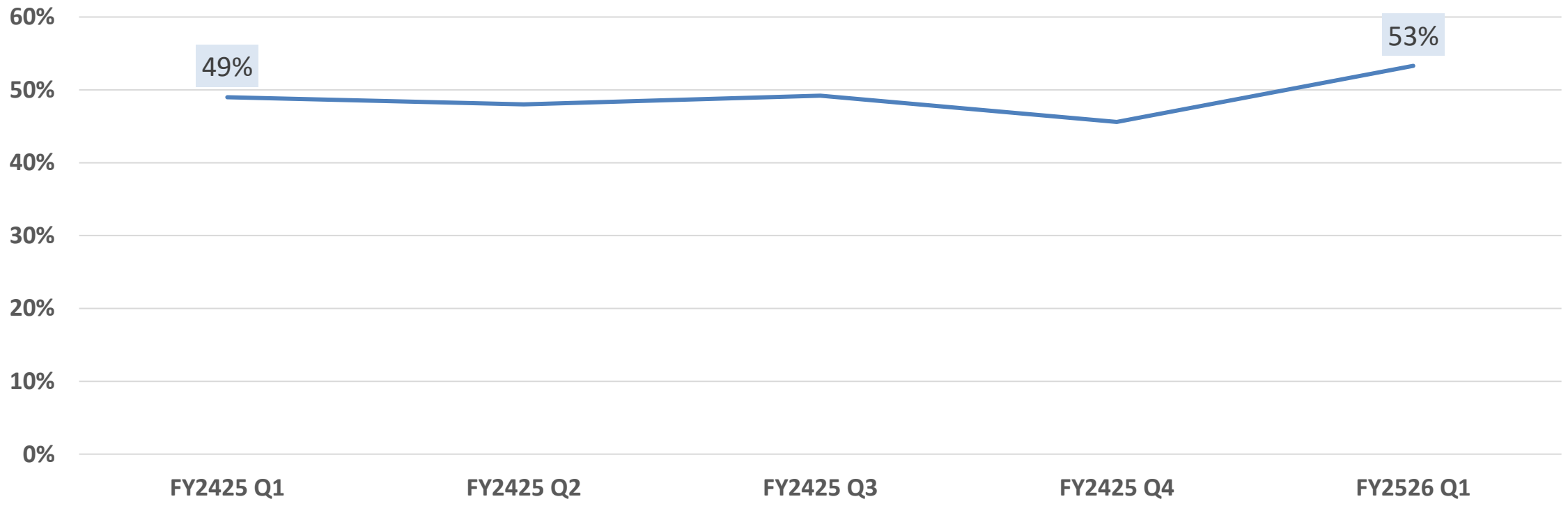


3-D: Mental and Physical Health Referrals/Care Coordination (Benchmark 30%)

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49%	53%	+8%
Baseline	Q1 Average	% Increase



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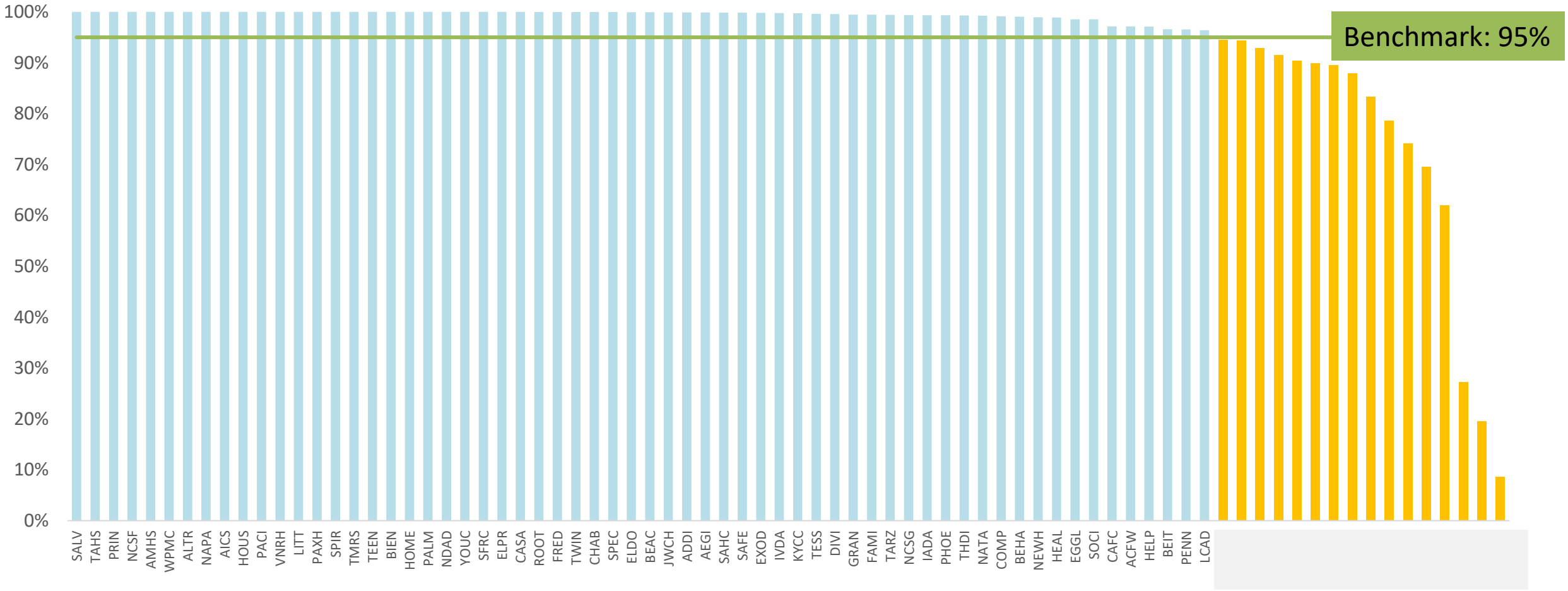
1-B: Timely Claim Submission (July/August)

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62 Agencies (79%)
Met Benchmark

97% Claims
Submitted Timely (22,567/884,077)

100%→95%
Benchmark change



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2-A: SUD Practitioner-to-Client Ratio

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61 agencies (92%) Met Benchmark

1:20 (Outpatient)
1:12 (Residential)
1:16 (Mixed LOC)
Benchmark

	Measure (Client Ratio per Practitioner)	Outpatient (33 of 34 Agencies Met)	Residential (5 of 8 Agencies Met)	RS/OP Mixed (23 of 24 Agencies)
July	**MINIMUM**	**I**	3.9	2.8
	MEDIAN	8.4	11	6
	MAXIMUM	16.7	**78**	**26.7**
	# (%) Agencies MET	**34 (100%)**	**5 (63%)**	**23 (96%)**
August	**MINIMUM**	3.3	4.1	2.7
	MEDIAN	7.9	11.4	6.2
	MAXIMUM	15.5	**78**	**26**
	# (%) Agencies MET	**33* (100%)**	**5 (63%)**	**23 (96%)**
September	**MINIMUM**	1	3.3	2.5
	MEDIAN	8.2	11.1	5.8
	MAXIMUM	16	**47**	**22.7**
	# (%) Agene ices MET	**33* (100%)**	**5 (63%)**	**23 (96%)**

*1 agency did not serve/submit claims for any clients this month.

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

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 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**

⚠️ Important Notes:

- **Assign a primary practitioner at admission**, if not already part of your current practice.
- Associate H0019 day-rate residential 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	8
Practitioner B	5
Practitioner C	6
Practitioner D	6

- Contracted practitioners who provide direct services are included in the ratio of service-rendering SUD practitioners.

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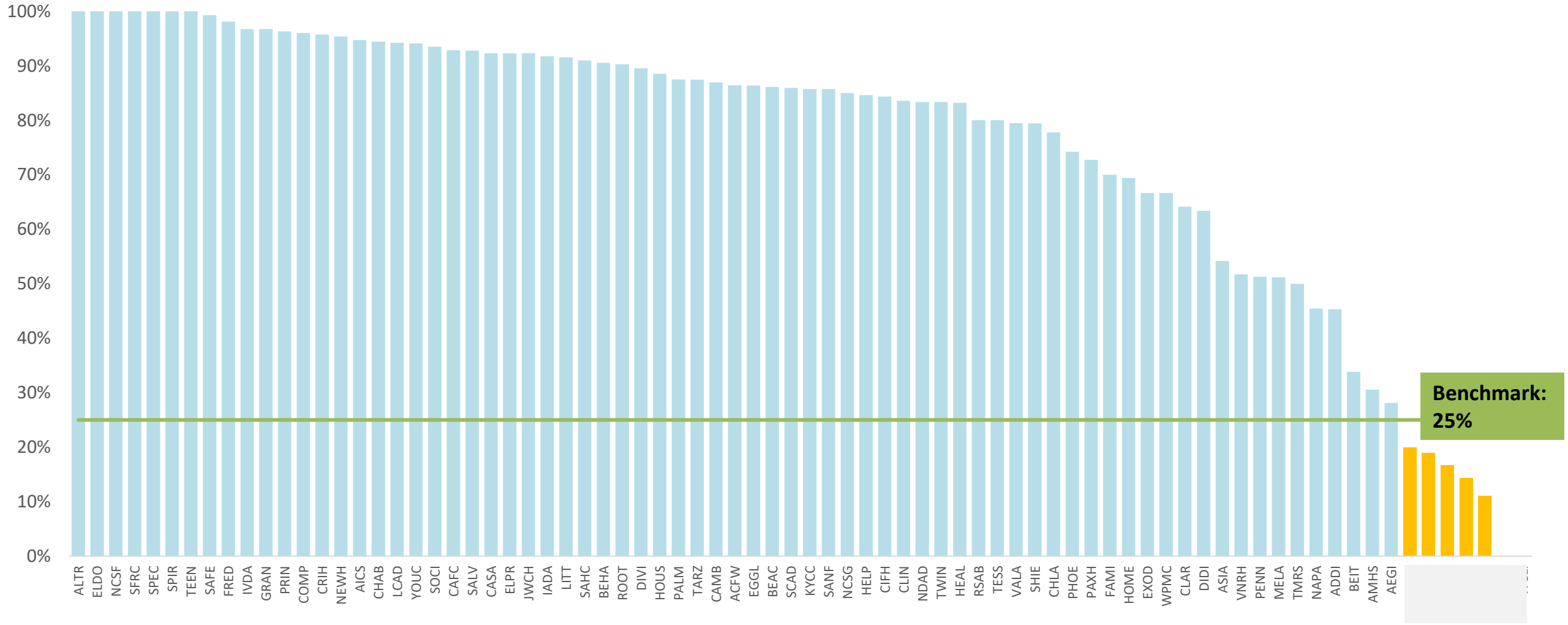
2-B: % of Clients with Co-Occurring MH Condition Seen by LPHA

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71 Agencies (91%)
Met Benchmark

85% COD Clients
Seen by LPHA (7039/8263)

7 Agencies Did not Meet
(1-no COD client, no services;
1 with no COD clients)



2-B (MH COD): Percent of Clients with Co-Occurring Mental Health Condition seen by LPHA (NEW)

⚠ Important Notes: LPHACOD ($0)

- Multiple $0 LPHACOD claims per client per day OR one $0 LPHACOD claim per client per day is the acceptable reporting requirement to indicate that the client received a qualifying direct service(s) from an LPHA on that day.
- An LPHA's signature or review of a medical-necessity justification, by itself, would not be sufficient to support LPHACOD unless the LPHA directly saw the client and provided and documented a qualifying clinical service.
- If the LPHA directly conducts an assessment and documents that assessment, the documentation may support the LPHACOD submission.
- The LPHA need to provide direct clinical service to the client. Examples include an LPHA directly seeing the client and providing an assessment, counseling, or therapy service etc.
- The LPHA should document the service in the clinical record, and that documentation serves as the basis for submission of the $0 LPHACOD claim.
- When a Nurse Practitioner bills H0033 or H0034, there is no need to also submit the LPHACOD $0 code.

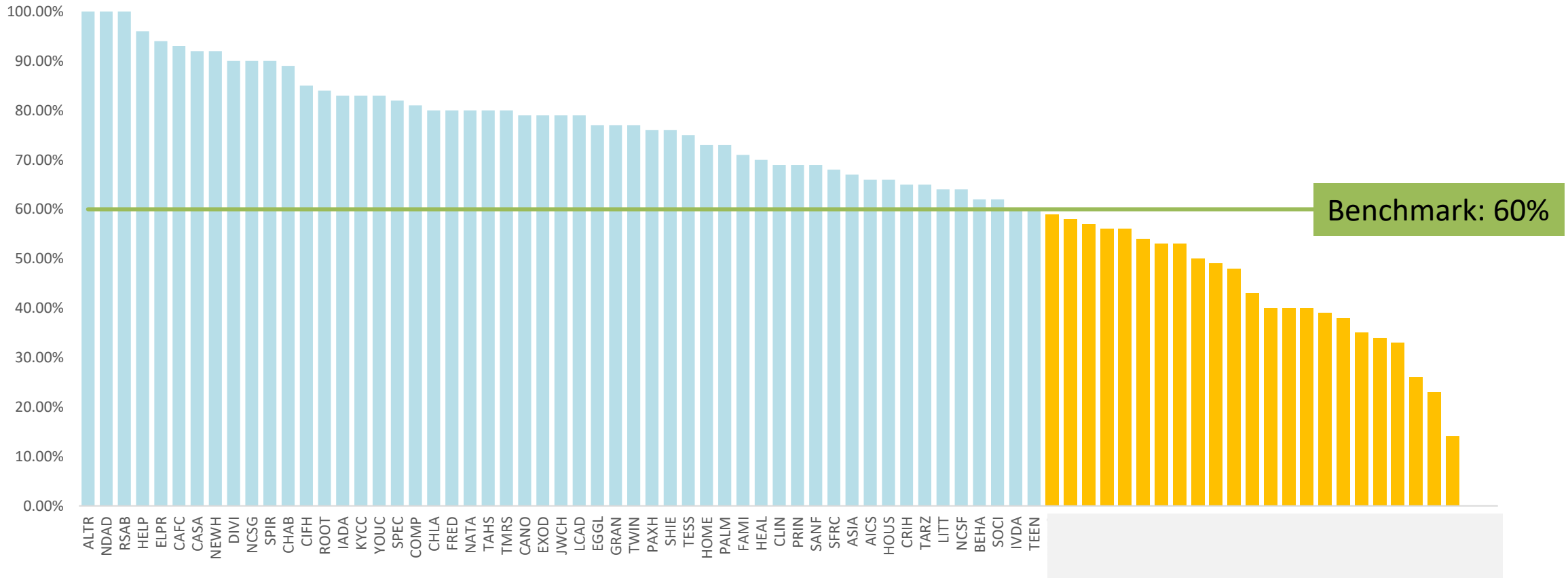
SAPC | Substance Abuse Prevention and Control 3-E: Clients Engaged in Treatment (=or > 30 days)

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53 agencies (68%)
Met Benchmark

65% new admissions
Engaged in Treatment
(4,739/7,329)

43% new admissions
Discharged in Q1
(3,150)



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

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

⚠️ Important Notes

- Each new admission is evaluated separately
- The admission date is counted as Day 1
- **Q2: New admissions from September 1 through November 30**
  - Each quarter cohort needs sufficient observation time (at least 30days) to determine whether the client remained engaged for ≥30 days.
- A high level of client turnover may also indicate challenges with treatment engagement and could negatively affect your performance on the 3-E engagement measure, which requires at least 60% of newly admitted clients to remain engaged in treatment for 30 days or longer.

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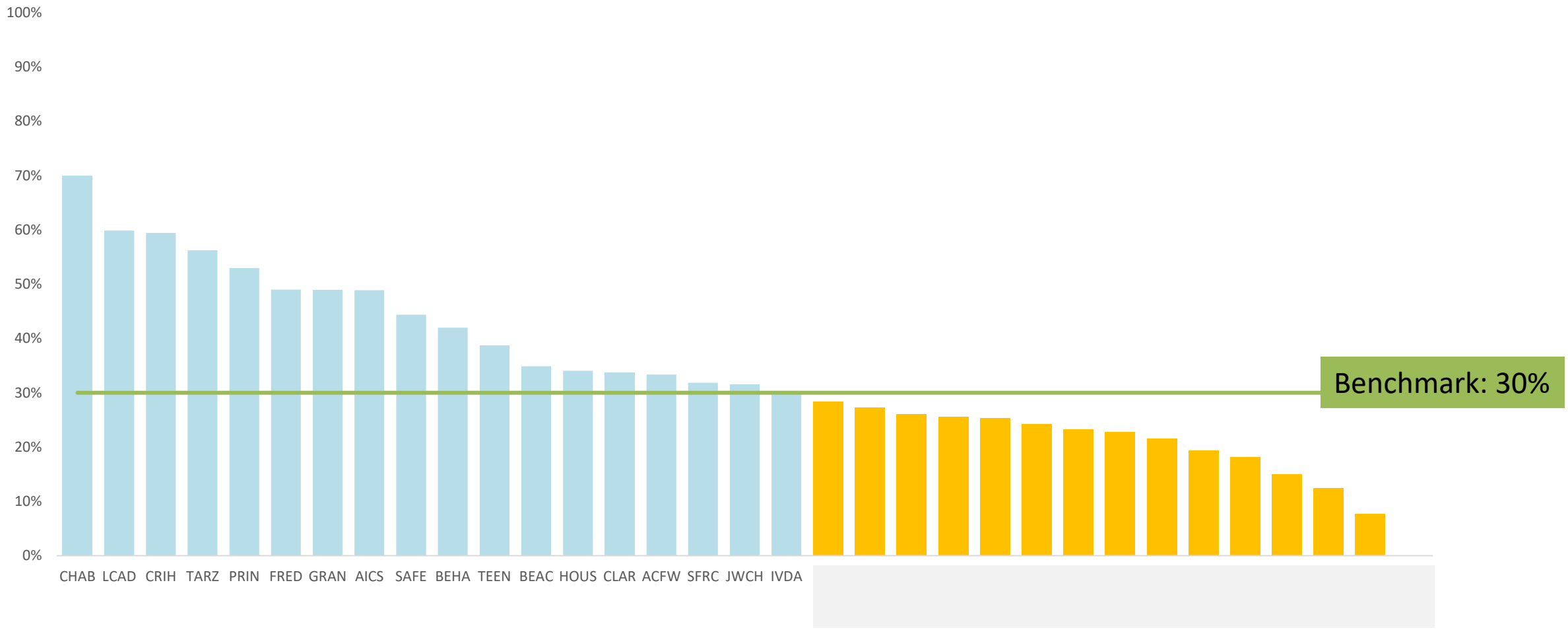
3-F: Seven-Day Follow-up after Residential/Residential-WM

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18 Agencies (55%)
Met Benchmark

43% Discharges
had a follow-up within seven days
(2411/5571)

33 Total RS/RS-WM
Agencies Eligible



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.

⚠️ Important Notes:

- The purpose of the measure is to promote continuity of care and successful transitions from residential treatment to ongoing non-residential services.
- Improve this outcome through care coordination, appointment scheduling, collaboration with receiving providers, and warm handoffs prior to discharge and submit discharge data timely.
- SAPC will track the measure centrally using claims and/or CalOMS data submitted by all SAPC providers. The qualifying follow-up service may be provided within your own agency or by another SAPC provider;
  - ✓ Agency A transitions a client to/receives services from Agency A's outpatient program within 7 days.
  - ✗ Residential-only agency B refers a client to Agency C's outpatient program; the client does not show up to/receive services within 7 days.
  - ✓ If a residential-only agency C transitions the client to its standalone Recovery Service program, submits the required CalOMS admission, and provides a Recovery Services within 7 days.

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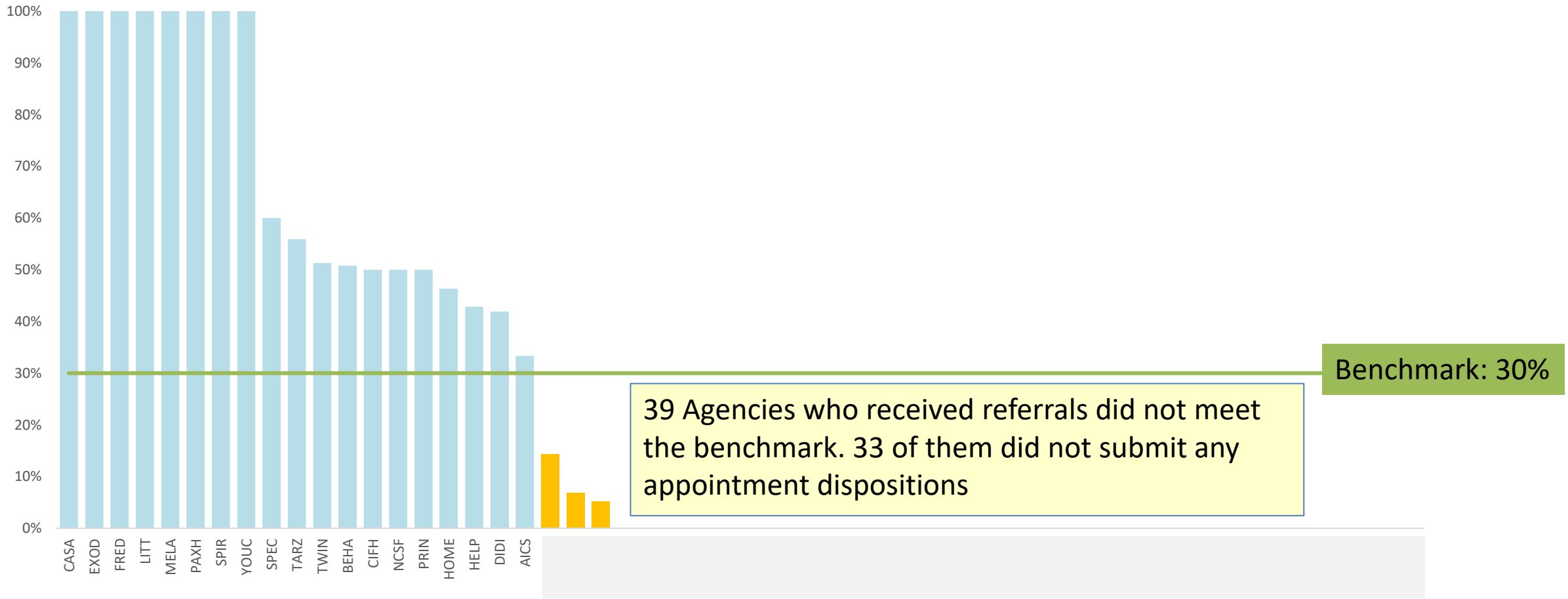
3-G: Percent of SASH/CENS Referrals Completed Appointment Dispositions within 3 days

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19 Agencies
(40%, 55 agencies with Referrals)
Met Benchmark

40% All Referrals
Completed Timely (363/911)

23 agencies
Did not receive any referrals



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.

⚠ Important Reminders:

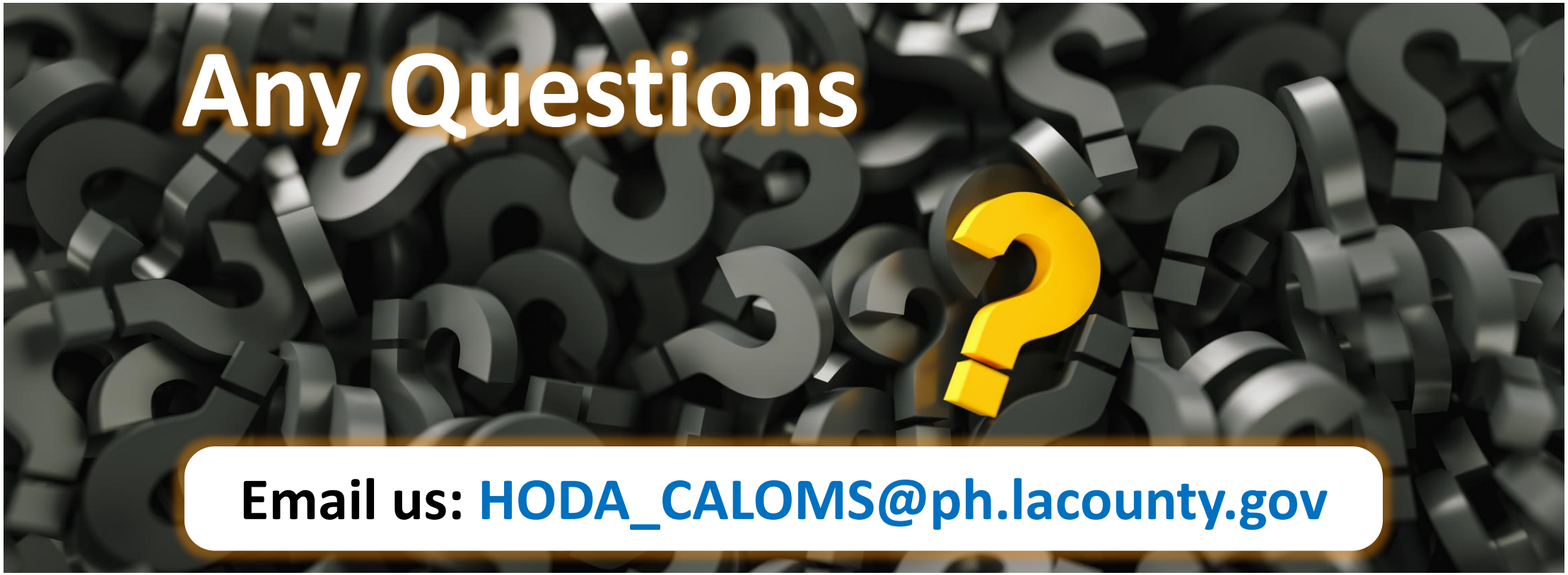
- Completion from the Appointment and Referral Disposition Widget is required within 3 business days of the scheduled appointment date.
- Intended to track the appointment disposition, not the outcome of subsequent outreach efforts
- "N/A" on the DQR means there was no referrals from SASH/CENS
  - Maintain 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.
  - 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.

Invoice Submission Reminders

- **Invoice Submission Reminders for HODA-tracked VBI P4P**
  - –Please ensure that you submit your invoices by the established deadline for all VBI measures for which your agency has met the benchmarks, even if you are still awaiting responses from the HODA team regarding questions on other measures.
  - –For example, if your DQR shows that your agency met the benchmarks for 6 of 11 VBI measures, but you are waiting clarification on one additional measure, please submit your invoice for the 6 qualifying measure on time rather than delaying the entire submission.

1-A	1-B	2-A	2-B
3-A	3-B	3-C	3-D
3-E	3-F	3-G	

  - –Invoices should be submitted to the VBI team, following the directions the website presents:
    - http://publichealth.lacounty.gov/sapc/providers/payment-reform-vbi/


Any Questions
Email us: HODA_CALOMS@ph.lacounty.gov