



# SAPC Payment Reform

## Fiscal Year 2026-27 Value-Based Incentives

### Electronic Submission Form Guide

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



## Overview and Purpose

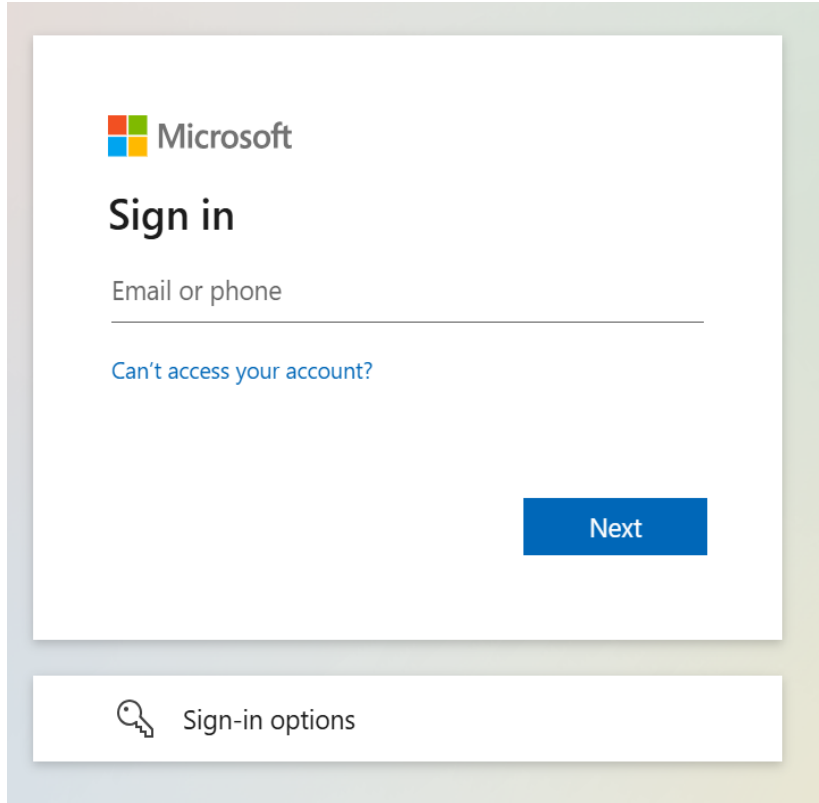
- This guide will walk you through how to use the electronic submission form, which is designed to streamline and automate the submission process for Value-Based Incentives (VBI) deliverables and invoices.
- The FY 2026-27 form has been updated to reflect the current VBIs and streamline the submission process for quarterly VBIs.

## C-Number Log-In to Access Form

Prior to accessing the [VBI Electronic Submission Form](#), individuals must have a C-number (C#) assigned to them.

- For individuals who do not have a C#:
  - Please visit [this website](#) to access the request form. Complete and submit as instructed.
- When logging in, use your C# email address:
  - The email is formatted as [Cxxxxxx@ph.lacounty.gov](#)
  - Replace the Xs with your C#.
- If you did not receive a password or need assistance resetting your password:
  - Please call the DPH Service Desk at 213-462-1411

## 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 blue link that says "Can't access your account?". At the bottom right of the sign-in area is a blue button labeled "Next". Below the sign-in area is a section for "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.cloud.microsoft/g/wCD8S9Twr4>
- You will be prompted to sign in. Use your **C# email log-in**. For example: [Cxxxxxx@ph.lacounty.gov](mailto:Cxxxxxx@ph.lacounty.gov)
- You will then enter your password. If you did not receive a password or need assistance resetting your password, please call the DPH Service Desk: 213-462-1411
- If you experience issues accessing the form, try the following troubleshooting steps:
  - **Copy and paste** the link directly into your internet browser.
  - **Open the link in a different browser** (e.g., Chrome, Edge, Firefox).
  - **Clear your browser's cache and cookies** and try accessing the form again.
  - **Try an incognito or private browsing session**, which can help bypass cached errors or login issues.
    - In most browsers, click the three dots in the top-right corner. Select "New Incognito Window" or "New Private Window."

## Form Instructions

### **Fiscal Year 2026-27 Value-Based Incentives (VBI) Electronic Submission Form**

**Instructions:** Please complete one form for the Value-Based Incentive (VBI) you are submitting.

**New for FY 2026-27:** Quarterly submissions that require the Data Quality Report (DQR) will now be submitted via one electronic submission form. For question 5, select *Quarterly VBI Submissions* from the dropdown. A separate invoice will be uploaded for each focus area: Finance and Business Operations, Workforce Development, and Access to Care. Additional instructions are provided in this section.

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

- Once logged in, the form will display as shown.
- Each VBI submission requires a separate form and invoice.
- The form is tailored to each VBI activity.
- Before submitting, email any questions to [DPH-SAPC VBI@ph.lacounty.gov](mailto:DPH-SAPC-VBI@ph.lacounty.gov).
- Additional information, including all required forms, are available on the [SAPC VBI website](#).

Required fields are marked with an asterisk and must be completed before the form can be submitted.

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

## Provider Agency Information

- Complete all required fields in this section, as indicated by the red asterisks.
- Enter your email address along with the email 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 automatically based on the activity you select in Question 5.
- The process for submitting **Quarterly VBI Submissions** is new this year and serves as an example throughout this guide.
- Click **Next** at the bottom of the page to proceed to the activity-specific section.

### 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. \*

Quarterly VBI Submissions ▾

Next

## Quarterly VBI Submissions

### Quarterly VBI Submissions

**New for FY 2026-27:** For VBIs that are submitted on a quarterly basis and require submission of the applicable sections of the Data Quality Report (DQR), all required materials can now be submitted through a single electronic submission.

**A separate invoice is required for each focus area: Finance and Business Operations, Workforce Development, and Access to Care.** An upload field for each invoice is provided below.

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

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

## Quarterly VBI Submissions

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- Please label all uploaded files according to the following convention:
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Which quarter is this submission for? \*

- Submission 1: Q1 (July to September 2025) - Due 10/20/25
- Submission 2: Q2 (October to December 2025) - Due 1/20/27
- Submission 3: Q3 (January to March 2027) - Due 4/20/27

- The activity-specific section of the form will display as shown.
- Follow instructions for labeling uploaded files.
- A link to the relevant section of the VBI website is included.
- Select the quarter for the applicable submission.

## Quarterly VBI Submissions

- A **separate** invoice is required for each focus area: **Finance and Business Operations**, **Workforce Development**, and **Access to Care**. An upload field for each invoice is provided in the form.
- Selecting **Yes** will populate the corresponding invoice upload field.
- Selecting **No** will populate the next focus-area section.

**7**

Are you submitting an invoice for **Quarterly Submission: Finance and Business Operations?**

This includes the following incentives:

- Timely submission of CalOMS Admission and Discharge Records (1-A)
- Timely Claims Submission (1-B)

Yes

No. My agency did not meet any of the VBIs listed above and is not submitting an invoice for the Finance and Business Operations Quarterly VBIs.

**8**

Please upload a signed VBI Invoice form for the **Quarterly Finance and Business Operations** VBIs.

**In the Invoice Form:**

- **VBI Name:** select **Quarterly Submission: Finance and Business Operations**.
- **Submission Number:** Select the submission number that corresponds with the quarter: Submission 1 - Q1, Submission 2 - Q2, Submission 3 - Q3
- The applicable VBIs will autopopulate. Select whether the incentive was met.
- **Total Funding Requested** will autocalculate based on the selections.

**Please label the file according to the following convention:** [Provider Agency Name] [VBI alpha-numeric] [Document Name] [Quarter]  
**Example:** AgencyXYZ 1-D VBI Invoice Form Q1  
 (Non-anonymous questionO) \*

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

**7**

Are you submitting an invoice for **Quarterly Submission: Finance and Business Operations?**

This includes the following incentives:

- Timely submission of CalOMS Admission and Discharge Records (1-A)
- Timely Claims Submission (1-B)

Yes

No. My agency did not meet any of the VBIs listed above and is not submitting an invoice for the Finance and Business Operations Quarterly VBIs.

**8**

Are you submitting an invoice for **Quarterly Submission: Workforce Development?**

This includes the following incentives:

- SUD Counselor-to-Client Ratio (2-A)
- Percent of Clients with Co-Occurring Mental Health Condition Seen by LPHA (2-B)

Yes

No. My agency did not meet any of the VBIs listed above and is not submitting an invoice for the Workforce Development Quarterly VBIs.

## VBI Invoice Form

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<sup>i</sup>) \*

↑ 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 available on the [VBI website](#) within each activity description, as well as on the [Guidance Documents, Invoice, and Forms](#) page.



Fiscal Year 2026-2027  
**VBI Year 4 Invoice Form**

**Substance Abuse Prevention and Control  
Value-Based Incentives (VBI) Invoice Form  
Fiscal Year 2026-2027**

<b>VBI Name</b>	Quarterly Submission: Finance and Business Operations
<b>Submission Number</b>	Submission 1
<b>Total Funding Requested</b>	\$20,000.00 <small>Total Funding Requested will autocalculate based on the selections below.</small>

**Quarterly Submission: Finance and Business Operations**

Timely Submission of CalOMS Admission and Discharge Records (1-A) Met - \$20,000

Timely Claims Submission (1-B) Not met

[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.

<b>Provider Agency Name</b>	Demo, Inc	<b>Contract Number</b>	PH-12345
<b>Name</b>	Aliya Buttar	<b>Signature</b>	Aliya Buttar <small>Lightly signed by Aliya Buttar Date: 2026.06.11 14:19:44 07:00</small>
<b>Title</b>	Program Director	<b>Date</b>	6/11/2025

## VBI Invoice Form

- Complete the top section of the VBI Invoice Form.
- Select the applicable focus area from Quarterly Submission drop-down menu.
- The corresponding VBIs will populate. For each VBI, select **Met - \$20,000** or **Not met**.
- The **Total Funding Requested** amount will auto-calculate based on the selections.
- Complete all agency information fields.
- Ensure that the form is **signed**. Both wet and electronic signatures are acceptable.

## VBI Invoice Form

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 naming convention provided 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.

## 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 a required field is incomplete, 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

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

[Submit another response](#)



## Links and Resources

- [FY 2026-27 VBI Electronic Submission Form](#)
- [VBI Invoice Form](#)
- [Payment Reform - VBI Website](#)
- For questions, please contact: [DPH-SAPC-VBI@ph.lacounty.gov](mailto:DPH-SAPC-VBI@ph.lacounty.gov)