SAPC FY 2026-27 Value-Based Incentives
Data Aggregation – Building Performance and Risk Metrics (1-C)
Cohort 1 & Cohort 2 (Second Year Participants)
Cohort 1 - Submission 3 | Cohort 2 - Submission 2: Full Implementation Criteria

Purpose: This document outlines the criteria and required documentation that provider agencies must submit to satisfy the requirements of full implementation under Cohort 1 and 2 of the Building Performance and Risk Metrics Value-Based Incentive (VBI) for FY 2026–27. This criteria list, along with supporting documentation provided, demonstrate proof of purchase, technical implementation, and/or ongoing use of a data aggregation platform. This submission is due **March 31, 2027**.

Instructions: Fill in the tables below with the requested information and include the outlined supporting documentation in your submission.

Provider Agency Information	
Provider Agency:	
CIBHS Coach Name (if applicable)	

Data Aggregation Project Team		
	Name(s)	**Email(s)**
Executive Sponsor *(list one person only)*		
Project Lead *(list one person only)*		
Submission Coordinator(s) *(one or more)*		
Team Member(s) *(one or more)*		

Proof of Full Implementation: Provider agencies must demonstrate that the components below have been implemented. **<u>All components</u>** must be completed to meet the full implementation criteria.			
Activity	**Required Documentation**	**Complete?**	**Supporting Documentation Title**
Data Aggregation Platform is live and fully operational with staff using it on a routine basis.	Documentation that demonstrates the platform is fully operational and is used routinely. **You must submit both of the following:** • Screenshot(s) of the workspace that displays reports, data model, and populated visuals **<u>AND</u>** • Workspace activity report(s) showing routine logins, data refreshes, or report interactions within the past 90 days (January 2027 – March 2027)	☐	
User access accounts have been established for all agency staff who need to access the platform.	Documentation that lists all individual user accounts. **You must submit at least one of the following:** • User account report • Usage or activity report that documents individual user activity within the past 90 days (January 2027 – March 2027) • Screenshot of the user management interface	☐	
All data sources have been identified and mapped to the data aggregation platform.	Documentation that demonstrates how all data sources are mapped to the platform. **You must submit at least one of the following:** • Data Flow Diagram that details the name of each data source and illustrates the process for mapping each data source to the data aggregation platform • Screenshot displaying the connected data sources • Screenshot of integration or connection settings showing data successfully linked. • Workflow or procedural document outlining the steps to import data into the platform	☐	

Documentation of Metrics Dashboard Development:

- Provide the **supporting documentation** listed below demonstrating that a dashboard with **all 10 required metrics** for this VBI has been fully developed. All 10 metrics must be complete to qualify for the incentive payment.
  - **Required:** A printout of all 10 metrics displayed together in one dashboard view.
    AND
  - **Required:** A zoomed-in screenshot or print out of each individual metric.
  - Documentation must display finished visuals, such as graphs and charts with clearly labeled titles, axes, units of measurement, and legends, as applicable.
- API connections are strongly encouraged but not required to meet the full implementation criteria. The API connection status questions are included for informational and planning purposes.

Metric	Development Status?	What is the status of creating an API connection?	For API connections that have not been completed, please provide a brief description for how these will be finalized.	Supporting Documentation Title
Dashboard view that displays all 10 metrics together.	Choose an item	n/a	n/a	
Operating Costs as Percent of Revenue	Choose an item	Choose an item		
Percent Increase in DMC Revenue	Choose an item	Choose an item		
Percent of Claim Approvals in the First Billing Cycle	Choose an item	Choose an item		
Cost-Per-Client	Choose an item	Choose an item		
Billable Time	Choose an item	Choose an item		
Client Retention Rate	Choose an item	Choose an item		
SUD Counselor-to-Client Ratio	Choose an item	Choose an item		
LPHA-to-Client Ratio	Choose an item	Choose an item		
Staff Retention by Role Type (1, 3, & 5 Years)	Choose an item	Choose an item		
No-Show Rates for Intake Appointments	Choose an item	Choose an item		

OPTIONAL - Cohort 1, Second Year (Advanced) ONLY: Documentation of implementation of additional metrics

Provider agencies in **Cohort 1** are eligible for an optional one-time $5,000 payment for the implementation of **two additional metrics** that fall within any of the four data categories of this VBI. If your agency elects to participate in this option, please complete the information below and submit the required supporting documentation.

Documentation of Two Additional Metrics:

- Provide **supporting documentation** demonstrating that **two additional metrics** have been fully developed and added to your agency's data aggregation platform.
  - **Required:** A printout of these 2 metrics displayed together with all 10 metrics above in one dashboard view.
    AND
  - **Required:** A zoomed-in screenshot or print out of each individual metric.
  - Documentation must display finished visuals, such as graphs and charts with clearly labeled titles, axes, units of measurement, and legends, as applicable.
- API connections are strongly encouraged but not required to meet optional submission criteria. The API connection status questions are included for informational and planning purposes.

Metric Name	Data Category	Numerator Definition	Denominator Definition	Development Status? (required to be complete)	What is the status of creating an API connection?	Describe the rationale for developing this metric and explain how it aligns with your agency's goals.	Supporting Documentation Title
	Choose an item			Choose an item	Choose an item		
	Choose an item			Choose an item	Choose an item		

Data Aggregation - Building Performance and Risk Metrics (1-C): List of Metrics
Please Note: This table is for reference purposes only. No information needs to be entered.

Data Category	Data Focus	Metric Name	Metric Description	Calculation	Rationale
Financial	**Revenue**	**Operating Costs as Percent of Revenue**	The percentage of total operating costs compared to total revenue.	Numerator = Total operating costs Denominator = Total revenue **Operating Costs / Revenue = Operating Costs %**	This metric supports strategic financial management and the efficient use of resources, critical for business growth and sustainability.
Financial	**Revenue**	**Percent Increase in DMC Revenue**	The percentage growth in Drug Medi-Cal (DMC) revenue compared to a previous timeframe.	Numerator = DMC revenue for year of focus Denominator = DMC revenue during baseline fiscal year **Current / Baseline Revenue = % Increase in DMC Revenue**	This metric assesses business development and growth efforts, supporting organizational investment decisions and sustainability.
Financial	**Revenue**	**Percent of Claim Approvals in the First Billing Cycle (Level 1 Adjudication)**	The percentage of submitted claims that receive approval during the first billing cycle (SAPC-level) without requiring additional review and resubmission.	Numerator = # of claims approved in the first billing cycle Denominator = Total # of submitted claims **Approvals / Submissions = % First Approval Rate**	This metric promotes revenue cycle management and process improvement, supporting operational efficiencies critical under future VBR models.
Financial	**Expenditures**	**Cost-Per-Client**	The average total cost per client, accounting for the level of care provided, the services provided, and staffing needed to deliver those services.	Numerator = Total operating costs Denominator = # of clients with at least one service in that month **Operating Costs / Clients Served = Cost-per-Client**	This metric supports a better understanding of fundamental financial information and cost management, which supports better budgeting and planning under future VBR models.
Financial	**Billable Time (Productivity)**	**Billable Time**	The percentage of available staff time that is spent on billable services. It is recommended to maintain at least 70% billable time to support sustainability.	Numerator = Total billed staff time per month Denominator = Total available staff time per month **Billed Time / Available Time = Billable Time %**	This metric supports a better understanding of fundamental financial information, which supports better budgeting and planning for future VBR models.

Data Aggregation - Building Performance and Risk Metrics (1-C): List of Metrics
Please Note: This table is for reference purposes only. No information needs to be entered.

Data Category	Data Focus	Metric Name	Metric Description	Calculation	Rationale
Clinical	**Quality/ Outcomes**	**Client Retention Rate**	The percentage of clients who remained engaged in services with the provider agency for a certain number of days after admission date. **(Residential = 30 days, OP/IOP 90 days, OTP 180 days)**	Numerator = Total clients retained in services for 30 /90 /180 days Denominator = Total clients served in the same time period **Patients Retained / Patients Served = Patient Retention Rate**	This metric supports care coordination and patient-centered care, foundational pillars in VBR models.
Workforce	**Recruitment**	**SUD Counselor-to-Client Ratio**	The number of SUD counselors compared to the number of clients served by the provider agency.	Numerator = Total # of SUD counselors Denominator = # of clients with at least one service in that month **SUD Counselors / Clients Served = Counselor-to-Client Ratio**	This metric supports staff recruitment, staff retention, and patient-centered and quality care.
Workforce	**Recruitment**	**LPHA-to-Client Ratio**	The number of Licensed Practitioners of the Healing Arts (LPHAs) compared to the number of clients served by the provider agency.	Numerator = Total # of LPHA staff Denominator = # of clients with at least one service in that month **LPHA Staff / Clients Served = LPHA-to-Client Ratio**	This metric supports staff recruitment, staff retention, and patient-centered and quality care.

Workforce	**Retention**	**Staff Retention by Role Type (1, 3, and 5 Years)**	The percentage of staff within each staffing category (Reg Counselors, Cert Counselors, LPHA, Prescribers) who have been employed at the provider agency for at least 1/3/5 years.	Numerator = # staff employed at the 1/3/5 year mark
				Denominator = total staff employed in the same time period
				Tenured Staff / Total Staff = Staff Retention Rate
					This metric supports patient-centered care, quality care, and reduced staff burnout.

Organizational	**Intake process**	**No-Show Rates for Intake Appointments**	The percentage of client no-shows compared to total scheduled intake appointments	Numerator = Total no shows for intake appointments Denominator = Total scheduled intake appointments **No Shows / Total Scheduled Intakes = No Show Rate**	This metric supports patient-centered care, outreach, and engagement.