



# ADAMH Value-based Contracting and Outcomes Data Collections

Contract Year 2023 Changes

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# Value-based Contracting: Outcomes Reporting Incentive Payments

Changes for 2023



# Goals and Guiding Principles for 2023

- Maintain consistency with 2022 data expectations and standards
- Updates to outcomes data collections where necessary and to improve clarity and introduce efficiencies
- Address accessibility to incentive payments and ability of providers to leverage incentives and turn these into ongoing improvements

# Foundational Payment for Infrastructure and Operations

- \$10,000 block grant available to offset technology or other costs associated with collecting/submitting outcome data and ensuring quality care and positive client outcomes
- Planned usage is reviewed during ASP/budget process
- Requires year-end block grant expense report

# What's Not Changing?

- “Pay-for-reporting” methodology based on outcomes received
- Two 6-month incentive periods for providers to earn incentive payments
  - January-June
  - July-December

# What's Changing?

- Payment model for incentivizing outcomes the ADAMH Board receives

# Incentive Payments

## Current (2022)

Percentage of Expected Outcomes Submitted	Semi -Annual Incentive Payments		
	1-499 Expected Outcomes	500-2,499 Expected Outcomes	2,500 Or More Expected Outcomes
0-49.99%	\$0	\$0	\$0
50-59.99%	\$6,000	\$18,000	\$45,000
60-69.99%	\$7,000	\$21,000	\$52,500
70-70.99%	\$8,000	\$24,000	\$60,000
80-100%	\$10,000	\$30,000	\$75,000

## New (2023)

- Semi-annual payments will be based on the volume of outcomes submissions
- Each qualifying outcome received has a value associated with it
  - Earnings start with first qualifying submission and do not require meeting a threshold before being eligible
  - Total earnings amount is capped for each 6-month incentive period



# Outcomes Data Collection

Changes for 2023





# What's Changing?

- Aggregate Client Count – scope, frequency, and content
- Risk & Resilience Questionnaire expectations
- Treatment outcomes expectations
- How treatment and recovery supports outcomes are counted and incentivized

# Aggregate Client Count: Scope

## **Current (2022)**

- Select prevention services that do not have individually-enrolled clients
  - Aligned to RRQ expectations

## **New (2023)**

- Any prevention or family supports services that do not have individually-enrolled clients

# Aggregate Client Count: Frequency

## **Current (2022)**

- Once per quarter, per site
- All deadlines are the month after quarter-end

## **New (2023)**

- Once per year, per program
- Each program will be assigned one of three deadlines that best fits program operations:
  - calendar year
  - academic year
  - summer

# Aggregate Client Count: Content

## **Current (2022)**

- Total served by site, broken down by:
  - Age group
  - Race/ethnicity
  - Gender
  - Sexual orientation

## **New (2023)**

- Total served by program, broken down by:
  - Age group
  - Race/ethnicity
  - Gender
  - Sexual orientation
  - Service location (site)

# Risk & Resilience Questionnaire



## **Current (2022)**

- Ages 5-17
- Post only
- Select prevention services
  - Based on procedure code

## **New (2023)**

- Ages 5-17
- Post only
- Select prevention programs
  - Based on ASP

# Treatment Expectations

## Current (2022)

- Qualifying service is an exclusion list (all EXCEPT...)

## New (2023)

- Qualifying service is an inclusion list
  - Scope is ~95% the same

# Treatment and Recovery Outcomes

## Current (2022)

- Outcome must be for ADAMH-paid client in qualifying service
- Administer every six months
- Outcome administration in a prior period **may** count toward incentive calculation

## New (2023)

- Outcome must be for ADAMH-paid client in qualifying service
- Administer every six months
- Outcome administration must occur in current period for incentive purposes

# Outcomes Expectations Memo

- Sent along with executed contract materials
- Detail description of outcomes expectations based on ASP and budget
  - You may hear from us if we need clarification upon review of ASP documents



# What's Next?

- Follow up email
  - Answers to chat questions as applicable
  - How to access meeting recording
  - Information about updated outcomes compendium (ADAMH's set of outcomes guidance, forms, tools, etc.)
- Direct your questions to:  
[PlanningAndEvaluation@adamhfranklin.org](mailto:PlanningAndEvaluation@adamhfranklin.org)
- Thank You!

# Value-Based Contracting and Outcomes: Q & A

## Who should we contact with fiscal questions related to the \$10,000 foundation payment?

Please contact Sujatha Aroor, Fiscal Systems Manager ([saroor@adamhfranklin.org](mailto:saroor@adamhfranklin.org)), with fiscal questions regarding the foundation payment (e.g., availability of funds, draw-down process, expense reporting).

## Where can I find the dollar values for the incentive units and earnings cap?

Dollar amounts associated with the pay-for-reporting portion of the initiative can be found in Attachment 11 of the provider services contract.

## How did ADAMH decide what changes to make?

As outlined in the presentation, ADAMH sought to maintain consistency of standards while remaining flexible to make changes that would a) improve the clarity and efficiency of the data collection and reporting process and b) increase providers' access to incentives. Through technical assistance meetings, calls, and email communication with various providers in 2022, we heard the pain points where expectations were complicated and confusing. We believe the changes are responsive to this feedback without sacrificing our access to quality, useful data. We also saw that some providers made great strides in the right direction yet were unable to earn under the 2022 payment plan. We felt that this ultimately contradicted the intent of the VBC initiative and that lowering the earnings barrier will enable providers to build momentum and leverage incentive funds toward ongoing performance improvement.

Technical assistance will continue in 2023, and we are open to ongoing feedback on the VBC initiative and outcomes data submission process. Our team can best be reached by email at [PlanningAndEvaluation@adamhfranklin.org](mailto:PlanningAndEvaluation@adamhfranklin.org).

## How do these changes affect prevention programs?

Prevention programs will continue to report client counts in aggregate. Given the broader scope for this data collection, client counts may be expected in 2023 for programs that did not report client counts in 2022.

Aggregate Client Count reports will be due once per year, per program instead of once per site, per quarter. The Outcomes Expectations Memo will specify the deadline for each program.

For improved clarity, expectations for the Aggregate Client Count and the Risk & Resilience Questionnaires will be outlined at the program level rather than the service level.