SFHP CalAIM Incentive Payment Program Application

San Francisco Health Plan℠

Date of Application

Applicant and Organization Information

1. Organization Name
2. Mailing Address
3. Website
4. Name of Executive Director/CEO
   Phone Number, and Email
5. Contact Person (if not Executive Director)
   Name, Title, Phone Number, and Email
6. Organization Type

   ☐ 501(c)(3) Non-Profit ☐ Government Entity ☐ For-Profit Corporation ☐ Other
7. TIN
8. Organization Mission Statement:

   _____

   _____

   _____
9. Briefly describe your organization's current programs and services.

   _____

   _____

   _____
10. Total organizational budget (for the current year)
11. Network Status – Is your organization currently contracted with SFHP to provide services?

    ECM ☐ Yes ☐ No

    CS ☐ Yes ☐ No

    Other ☐ Yes ☐ No _____

    If yes, please describe what services your organization is currently contracted to provide:

    _____

    _____

    _____

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12. Has your organization applied for or received funding through other CalAIM programs or related initiatives such as PATH, HCBS spending plan, etc.?

    ☐ Yes ☐ No

    If yes, briefly describe the funding request and how it is not duplicative of this request:

13. Has your organization applied for or received IPP funding from other health plans or participating entities?

    Anthem ☐ Yes ☐ No

    Other ☐ Yes ☐ No

    If yes, briefly describe the funding request and how it is not duplicative of this request:

Proposal Details

14. Project Title

15. Amount Requested

16. Estimated Total Project Costs

17. Proposed Start and End Dates

18. Project Overview: Please describe your funding request, including how the request will help your organization address gaps or expand its capacity to deliver Enhanced Care Management and/or Community Supports services. (200 words)

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19. Please indicate which priority areas your proposal will focus on. Check all that apply.

- ☐ Increasing administrative staffing
- ☐ Increasing direct service staffing
- ☐ Training staff
- ☐ Purchasing/enhancing IT infrastructure
- ☐ Other (please describe):
- ☐ Consulting/program planning support
- ☐ Billing/reporting assistance and development
- ☐ Expanding to new Populations of Focus
- ☐ Addressing health disparities around specific communities of focus

20. What are the overall goals for the project? (200 words)

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21. If this request will help your organization expand its capacity to provide Community Supports, please indicate which service(s).

- ☐ Housing Transition Navigation Services
- ☐ Housing Deposits
- ☐ Housing Tenancy and Sustaining Services
- ☐ Short-Term Post-Hospitalization Housing
- ☐ Recuperative Care (Medical Respite)
- ☐ Respite Services
- ☐ Day Habilitation Programs
- ☐ Nursing Facility Transition/Diversion to Assisted Living Facilities, such as Residential Care Facilities for the Elderly (RCFE) and Adult Residential Facilities (ARF)
- ☐ Community Transition Services/Nursing Facility Transition to a Home
- ☐ Personal Care and Homemaker Services
- ☐ Environmental Accessibility Adaptations (Home Modifications)
- ☐ Medically-Supportive Food/Meals/ Medically Tailored Meals
- ☐ Sobering Centers
- ☐ Asthma Remediation
- ☐ N/A – I don't provide Community Supports services or this request is not focused on expanding these services

22. If this request will help increase ECM enrollment or capacity, please indicate which CalAIM Populations of Focus you are currently serving or will be served by your organization as a result of this project. Check all that apply.

- ☐ Individuals experiencing or at risk of homelessness
- ☐ Individuals who are at risk for avoidable hospital or emergency department
- ☐ Individuals with serious mental health and/or substance use disorder needs
- ☐ Individuals living in the community and at risk for long-term care institutionalization
- ☐ Adult nursing facility residents transitioning to the community
- ☐ Children/youth with complex medical needs
- ☐ Adults and youth who are transitioning from incarceration
- ☐ Pregnant and postpartum individuals; birth equity population of focus

23. Does your organization serve any historically marginalized populations? If so, briefly describe how this population will benefit from this project. (200 words)

_____

_____

_____

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24. If you are a contracted ECM/CS provider, how many Medi-Cal members currently receive ECM/CS services from your organizations? How many additional members do you anticipate serving due to this project?
    - If you are an ECM provider, provide the current number of Medi-Cal members served and the estimated additional members to be served, broken down by ECM Population of Focus (see question #22 for list of POF):

ECM Population of Focus (POF)	Current # of Medi-Cal Members Served	Estimated # of Additional Members Served	Total # of Members to be Served (Current + Additional)
			0
			0
			0
			0
			0
			0

    - If you are a CS provider, please provide the current number of Medi-Cal members served and the estimated additional members to be served, broken down by Service Type (see question #21 for list of CS services):

Community Support Service	Current # of Medi-Cal Members Served	Estimated # of Additional Members Served	Total # of Members to be Served (Current + Additional)
			0
			0
			0
			0
			0
			0

25. If you are not a contracted ECM/CS provider, how many Medi-Cal members do you anticipate serving annually as a result of this project?

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26. **Project Objectives and Performance Measurement**

Use the tables below to describe the project objectives, activities, and how you will measure success. Please limit the number of objectives to no more than four. Please make sure all objectives are Specific, Measurable, Achievable, Relevant, and Time-Framed (SMART). Elements to include By (dates), (applicant) will (what, where, how and for whom) in order to (impact, by how much). Enter each objective in the space at the top of each table and list the major activities, measurable outcomes and targeted completion dates.

Objective #1

Major Activities	Measureable Outcome	Target Completion Date

Evaluation Methods: How will your outcomes be measured?

Objective #2

Major Activities	Measureable Outcome	Target Completion Date

Evaluation Methods: How will your outcomes be measured?

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Objective #3		
Major Activities	**Measureable Outcome**	**Target Completion Date**

Evaluation Methods: How will your outcomes be measured?

Objective #4		
Major Activities	**Measureable Outcome**	**Target Completion Date**

Evaluation Methods: How will your outcomes be measured?

27. Describe how the project will be sustained after the grant period ends.

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28. Please complete the budget template and justification below. For each line item, please identify which project objective it supports.

Line Item	Description	Objective	Total Funding Requested
Personnel (% FTE) *For each position, specify the percentage of time dedicated to the project (% FTE) and number of months covered by the requested funds*			
Capital expenses			
Operating expenses			
Other costs			
Total Requested Amount			**0.00**

Budget Justification (200 words)