

Instructions: Providers receiving CalAIM Incentive Payment Program (IPP) grants are responsible for reporting to SFHP on completion of the objectives/milestones outlined in their IPP Agreement. Please complete the form below to report on the objectives/milestones and submit the report by email to **IPP@sfhp.org.** Please note that organizations with overdue reports are ineligible for future funding until the overdue report is submitted.

1.	Organization Name
2.	Contact Name and Title
3.	Contact Email
4.	Contact Phone Number
5.	Project Name
6.	Grant Amount
7.	Grant Period
8.	Date of Report
9.	Dates covered by this report
10.	Project Description Changes, if any. Please describe any major changes to the project objectives or timeline from what your organization proposed in its initial application.



11. Objective Reporting

Use the tables below to report on each objective outlined in you IPP Agreement.

Objective/Milestone 1: (List objective here)	
Did you complete this objective/milestone — Yes/No. If No, please explain.	
Please list major activities completed.	
If completed, did you achieve the desired outcome?	
Objective/Milestone 2: (List objective here)	
(List objective here) Did you complete this objective/milestone — Yes/No.	



Objective/Milestone 3: (List objective here)	
Did you complete this objective/milestone — Yes/No. If No, please explain.	
Please list major activities completed.	
If completed, did you achieve the desired outcome?	
Objective/Milestone 4: (List objective here)	
(List objective here) Did you complete this objective/milestone — Yes/No.	



12. What was the total number of Medi-Cal members served as a direct result of this project's activities, and how does this compare to your initial target?

Please break down the number served by populations of focus and/or CS service type depending on the project objectives.

ECM Population of Focus (POF)	Total # of Members Served as a Result of the Project	Original Target
TOTAL		
Community Support Service	Total # of Members Served as a Result of the Project	Original Estimate for # of Members Served
TOTAL		
13. Please share any lessons learned o	r challenges/barriers you experienced in i	mplementing this project



14.	General Comments:		

Provide any general comments or feedback you would like to include about the CalAIM Incentive Payment Program or your experience implementing ECM/CS to date.