

# SFHP CalAIM Incentive Payment Program Application



## CalAIM Incentive Payment Program (IPP)

San Francisco Health Plan (SFHP) is participating in this incentive payment program through the California Department of Health Care Services (DHCS) to help build infrastructure and capacity for the Enhanced Care Management (ECM) benefit and optional Community Supports (CS) for Medi-Cal managed care members in our community.

SFHP is making funding available for current and newly contracted Enhanced Care Management and Community Supports providers who are delivering services or who have been certified by SFHP to deliver services.

The CalAIM Incentive Payment Program is intended to support the implementation and expansion of ECM and Community Supports by incentivizing managed care plans (MCPs) to:

- Drive MCP delivery system investment in provider capacity and delivery system infrastructure;
- Bridge current silos across physical and behavioral health care service delivery;
- Reduce health disparities and promote health equity;
- Achieve improvements in quality performance; and
- Encourage take-up of Community Supports

## How do I apply for funding?

To apply, please fill out the information below and submit this form to [CalAIMECMILOS@sfdph.org](mailto:CalAIMECMILOS@sfdph.org) by June 15, 2022.

## Organization Contact Information

Point of contact authorized to request incentive funding and coordinate with SFHP on this application submission.

Organization Name	San Francisco Health Network ECM and CS
Organization Address	1001 Potrero Ave, Building 5, 25, 80, 90 and Bldg 5 Ward 1B, San Francisco, CA 94110-0510 <span style="float: right;">+</span>
Point of Contact Name and Title (authorized to request incentive funding)	Kathleen Reed, CalAIM Community Supports Program Manager, San Francisco Department of Public Health <span style="float: right;">+</span>
Phone Number	628-227-4104
Email address	kathleen.reed@sfdph.org
NPI	CS Practice Location NPI: 1497094858
TIN	94-6000417

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Are you currently contracted with SFHP to provide services?

ECM  Yes  No

CS  Yes  No

Other services  Yes  No

If yes, please describe:

Yes, we are currently contracted with SFHP to provide ECM and CS services.

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Are you planning to request funding through other CalAIM programs or other related DHCS initiatives such as PATH, HCBS spending plan, etc.?

Yes  No

If yes, please describe:

PATH funding for:

1. Sobering Center - \$462 FFS, 400 units, 6 months

2. Housing Transition Navigation Service - \$449 PMPM, 3370 units, 12 months

~~3. Housing Transition and Sustaining Service - \$650 PMPM, 4000 units, 12 months~~

Are you planning to request CalAIM funding from other health plans or participating entities?

Anthem  Yes  No

Other  Yes  No

If yes, please describe:

Requesting IPP funding from Anthem for similar projects.

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Priority Areas your Proposal will Focus on – check all that apply.

Increasing administrative staffing

Purchase/improve/enhance IT infrastructure

Increasing direct service staffing

Billing/reporting assistance and development

Expand services to new Populations of Focus

Health equity and health disparities around specific communities of focus

Provide staff training

Consulting/Program planning costs

Other: (please describe) \_\_\_\_\_

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## Proposal Details

1. Briefly describe your organization's experience and/or skills relevant to providing Enhanced Care Management or Community Supports services.

Behavioral Health Services (BHS) and San Francisco Health Network (SHFN) have longstanding expertise and skills relevant to providing ECM and CS. BHS and SFHN are leveraging their significant experience providing case management in San Francisco serving the ECM populations of focus. Each of our ECM teams have been working 

2. Does your proposal address improving cultural competency of services areas of health inequity? If so, please describe.

Equity is one of the founding pillars of the True North goals for the San Francisco Health Network. Our proposal is aimed to improve the communication and coordination of care across San Francisco for individuals seeking care within the San Francisco Health Network. HSH's new Chief Equity Office, and system-wide equity consultant, are 

3. Please indicate which of these population(s) your proposal is intended to impact or focus on (Please check all boxes that apply. Choosing "Other" is not a disqualifier.)

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Black/African American*            | <input checked="" type="checkbox"/> Patients with chronic illness (if a provider)                 |
| <input checked="" type="checkbox"/> Youth 12 years to 25 years*        | <input checked="" type="checkbox"/> Chinese-speaking  |
| <input checked="" type="checkbox"/> Bayview (ZIP 94124/"District 10")* | <input checked="" type="checkbox"/> Spanish-speaking  |
| <input checked="" type="checkbox"/> Tenderloin (ZIP 94102)*            | <input checked="" type="checkbox"/> Latinx/Hispanic   |
| <input checked="" type="checkbox"/> American Indian/Alaska Native*     | <input checked="" type="checkbox"/> Asian/Pacific Islander (please specify the population): _____ |
| <input checked="" type="checkbox"/> Homebound*                         | <input type="checkbox"/> Other: _____   |

(Note/label that these are CalAIM Populations of Focus.)

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Individuals experiencing or at risk of homelessness                     | <input checked="" type="checkbox"/> Individuals at risk of institutionalization (long-term care)              |
| <input checked="" type="checkbox"/> High utilizers  | <input checked="" type="checkbox"/> Individuals transitioning from Long Term Care facilities to the community |
| <input checked="" type="checkbox"/> Adults with Severe Mental Illness (SMI) or Substance Use Disorder (SUD) | <input checked="" type="checkbox"/> Child/youth with complex medical needs                                    |
| <input checked="" type="checkbox"/> Individuals transitioning from incarceration (Youth and adults)         | <input type="checkbox"/> Other: (please specify) _____  |

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(Note/label that these are Community Supports.)

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Housing Transition Navigation Services  | <input type="checkbox"/> Community Transition Services/Nursing Facility Transition to a Home |
| <input checked="" type="checkbox"/> Housing Deposits  | <input type="checkbox"/> Personal Care and Homemaker Services                                |
| <input checked="" type="checkbox"/> Housing Tenancy and Sustaining Services   | <input type="checkbox"/> Environmental Accessibility Adaptations (Home Modifications)        |
| <input type="checkbox"/> Short-Term Post-Hospitalization Housing  | <input type="checkbox"/> Medically-Supportive Food/Meals/Medically Tailored Meals            |
| <input checked="" type="checkbox"/> Recuperative Care (Medical Respite)   | <input type="checkbox"/> Sobering Centers  |
| <input type="checkbox"/> Respite Services   | <input type="checkbox"/> Asthma Remediation  |
| <input type="checkbox"/> Day Habilitation Programs  |  |
| <input type="checkbox"/> Nursing Facility Transition/Diversion to Assisted Living Facilities, such as Residential Care Facilities for the Elderly (RCFE) and Adult Residential Facilities (ARF) |  |

4. Please describe your proposal for funding including how it will advance infrastructure, capacity or quality in the Enhanced Care Management and/or Community Supports programs? (200 words)

1) SFDPH IT Staff to Support Approvals Process, Technical Infrastructure Build, and Implementation of CareLink:  
SFDPH CareLink is an IT platform that will provide access to client background and overviews, CS service history, visit histories at SFDPH and other city healthcare sites, information on shelter stays and transition into permanent

5. What are the project's goals and objectives and how your agency will evaluate success? (200 words)

1) SFDPH IT Staff to Support Approvals Process, Technical Infrastructure Build, and Implementation of CareLink:  
Goals:  
Goal is to hire SFDPH IT staff to support the approvals process, technical build, and implementation of CareLink

6. Describe the strategic approach for implementing key activities and how you will measure target goals and milestones? (200 words)

1) SFDPH IT Staff to Support Approvals Process, Technical Infrastructure Build, and Implementation of CareLink:  
i. Providing a CBO entity with access to PHI through the CareLink platform requires an intensive contracting process (i.e. Business Associate Agreement). The CBO must then be represented virtually (i.e. address, contact

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7. Please list activities and applicable key dates.

1) SFDPH IT Staff to Support Approvals Process, Technical Infrastructure Build, and Implementation of CareLink:

i. Activities:

1. Business sponsor to identify CBO trading partners

8. Please list objectives and intended outcomes to be reported to SFHP quarterly.

Objective/Milestone	Metric/Measure	Evaluation Process	Target Completion Date

9. How much total funding will your organization require to successfully complete this project?  
Please complete the budget template and justification for each priority area.

Line Item	Description	Priority Area	Total Funding Requested
Personnel (%FTE)			
Capital expenses			
Operating expenses			
Other costs			
<b>Total Requested Amount</b>			

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## Budget Justification (200 words)

\$360,000 is the cost for 2 FTE for November 2022 through April 2023.

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## SFHP IPP Scoring Criteria

#	Criteria
1	<p>Organization's current performance or results of onboard testing, implementation activities.</p> <ul style="list-style-type: none"> <li>Meeting all contract expectations for active CS and ECM providers</li> <li>Passed onboard processes and meets preliminary go-live testing requirements for new providers</li> </ul>
2	<p>Clear goals, objectives, and outcomes outlined in proposal that correspond to SFHP member needs.</p> <ul style="list-style-type: none"> <li>Grant will build capacity of ECM or CS services in areas that represent need for the membership</li> <li>Funding will sufficiently address gaps identified by provider</li> </ul>
3	<p>Ability to meet SFHP and DHCS reporting requirements.</p> <ul style="list-style-type: none"> <li>Clear and concise reporting capabilities</li> <li>Proposed reporting is meaningful to manage progress and track results</li> </ul>
4	<p>Focus and alignment with SFHP network tactics/strategies.</p> <ul style="list-style-type: none"> <li>CS expansion/capacity well outlined in proposal</li> <li>Prime contractor for multiple CS items</li> <li>Ability to meet multiple ECM target populations</li> </ul>
5	<p>Emphasis on populations of focus, cultural competency, or health equity that addresses SFHP needs.</p> <ul style="list-style-type: none"> <li>Increase capacity by language, etc.</li> <li>Identify areas of health equity that can be bridged with funding</li> <li>Serving and accommodating member needs</li> </ul>

## SFHP's CalAIM Incentive Payment Program application timeline

Delivery/Activity	Timeline
Application submission period	May 25 – June 15, 2022
Application review period	June 16 – June 28, 2022
Grantee decisions	June 30, 2022

Note: Organizations submitting IPP applications must be in good standing with SFHP and DHCS to be eligible for funding. SFHP reserves the right to discontinue and/or recover any incentive payments to grantees for failure to remain in good standing during the effective program period.