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Applicant(s)	Kirsty Bates (batesk@mendocinocounty.gov) Navin Bhandari (bhandarin@mendocinocounty.gov) Mai Pane (panem@mendocinocounty.gov) Nate England (englandn@mendocinocounty.gov) Jenine Miller (millerje@mendocinocounty.gov) Joy Beeler (beelerj@mendocinocounty.gov)
Program and cycle	CITED Application Round 3 CITED Application Round 3
Tags	No tags
Forms	CITED Application Round 3

Introduction



Introduction

Thank you for your interest in the Capacity and Infrastructure Transition, Expansion and Development (CITED) Initiative. Prior to beginning this application, please be sure to review the eligibility criteria, allowable uses for funds, impermissible uses for funds, and other important guidance documentation available on the [PATH CITED website](https://ca-path.com/cited). It is strongly recommended that all applicants review available documentation and/or attend an informational session or virtual office hours prior to beginning this application to ensure that the submitted funding request meets the minimum eligibility requirements.

The CITED Round 3 application period will be open for 30 days after the release of the application in mid-January.

To request CITED funding, eligible entities must complete this application in its entirety, submit all required attachments, and provide the necessary signatures by February 15, 2024. Applications will be accepted online only at <https://ca-path.com/cited>.

Please Note: the CITED Application must be electronically signed by each applicant organization's authorized signatory to be considered complete.

For technical assistance with this application, please contact:

By Email: cited@ca-path.com (With the subject line including "CITED Round 3")

By Phone: (866) 529-7550

What information is needed and required to complete the application?

The application will collect the following information from Applicants, at a minimum:

- Organizational information including organization size, demographics, populations served, and relevant experience providing or supporting the delivery of Enhanced Care Management (ECM) and/or Community Supports (or equivalent services prior to the start of CalAIM);
- Clear and detailed funding request that describes the intended uses of CITED funds;
- Detailed justification for why funds are needed to support transition, expansion, development, and delivery of and/or bolster capacity to support ECM and/or Community Supports services;
- Description of approach to sustaining items/activities/staff funded via CITED after CITED funding ends;
- Description of how the Applicant intends to coordinate with MCPs and others to ensure alignment and avoid duplication of funding, including whether the applicant previously sought IPP, CITED, DxF, TA Marketplace, or other CalAIM related funds;
- Description of how funding request will align with:
- CalAIM goals;

- Local MCP Incentive Payment Program Needs Assessments and Gap Filling Plans;
- Gaps in infrastructure identified by DHCS;
- Needs identified through the Collaborative Planning & Implementation (CPI) Initiative;
- Other goals as determined by DHCS; and,
- Copy(ies) of all executed contract(s) in the State of California for the provision of ECM and/or Community Supports, or a copy (copies) of a signed attestation letter from an MCP or an MCP's authorized subcontractor or other entity authorized to contract with, stating the strong intent to contract with the Applicant in a timely manner for the provision of ECM/Community Supports.
- Applicants are required to provide a contract or intent to contract document for all ECM populations of focus/Community Supports services they would be providing if approved for CITED Round 3 funding, clearly indicating which counties the document applies to.
- Round 3 Applicants will be required to provide documentation proving a contract or intent to contract with Managed Care Plans entering the market in 2024 where applicable.
- Applicants will be required to include executed contracts with MCPs within interim project milestones in quarterly progress reports when attestation letters are provided as proof of eligibility in this application.
- Signed contracts and / or letters should include at a minimum:
 - identification of ECM and populations of focus served and / or Community Supports provided that would be supported with CITED funds;
 - identification of the counties where the service(s) will be offered
 - completed signature page (must be signed by both parties);
 - a date demonstrating the contract is current.
- Contracts, attestations, and/or addendums are considered current if they have an effective start date of no earlier than January 2022.

Applicant Information

Applicant Information

The purpose of this section is to collect general information about the Applicant organization. Please complete all the information requested below.

Organization Name : *

Please enter the organization's full legal name

County Of Mendocino, Department of Public Health

Organization Type *

Please select all that apply.

County, City, or Local Government Agency

Does the organization meet the definition of a clinic? *

Qualified clinics include all Federally Qualified Health Centers (FQHCs) (including Tribal FQHCs and FQHC look-alikes), community clinics and free clinics licensed under Section 1204(a) of the Health and Safety Code, Indian health clinics, intermittent clinics, and rural health clinics (RHCs) located in California. Also included are health center or primary care clinic led consortia and associations, including: regional associations, health center-controlled networks, tribal and urban Indian consortia, and statewide associations.

No

Enter Employer Identification Number (EIN) *

94-6000520

Organization Website *

<https://www.mendocinocounty.org/departments/public-health>

Please select your entity type: *

Government

If you are not selected for CITED funding in this round, are you interested in receiving Intragovernmental transfer (IGT) application review to potentially receive funds from this source? *

By selecting that you are interested in exploring the opportunity to receive IGT funds you are not obligated to participate if selected.

Yes

Street Address: *

1120 S. Dora St.

City *

Ukiah

State *

California

Zip code *

95482

Primary Contact

First Name *

Jenine

Last name *

Miller

Title: *

Interim Public Health Director

Phone number *

(707) 472-2341

Is the Primary Contact's address the same as the Organization's address? *

Yes

Is the primary contact a third party entity completing the application on behalf of the organization? *

No

About This Organization

How long has this organization been in operation in California? *

11 or more years

What is this organization's average annual operating budget? *

Note: the information provided in this question will not impact an applicant's overall score and is for informational purposes only.

\$5 million to \$9.99 million

CITED Eligibility

Applicants must upload signed contract(s), or signed attestation letter(s) from Managed Care Plan(s) (MCP) or an MCP's authorized subcontractor(s) or network provider(s) demonstrating the applicant's intent to become an ECM / Community Supports provider for every ECM POF or Community Support that would be supported by the requested CITED funding. Documentation must clearly indicate the counties where the service will be offered. A memorandum of understanding (MOU) may be accepted if the applicant is a Tribe, Indian Health Organization or Urban Indian Organization. Signed contracts and / or letters should include at a minimum:

- identification of ECM and Populations of Focus served and / or Community Supports provided that would be supported with CITED funds;
- identification of the counties where the service(s) will be offered;
- completed signature page (must be signed by both parties);
- the effective date of the contract to demonstrate the contract is current.

Documentation of contract status is required for all MCPs you are contracted or intending to contract with to provide the services included in your CITED request.

[Please click here to view the managed care plans by county as of 2023 and 2024.](#)

How many MCPs does your organization currently contract or have an MOU with (or have an MOU if applicant is a Tribe, Indian Health Organization, or Urban Indian Organization) for ECM and/or one or more Community Supports? *

0

If your organization is not currently contracted and does not have an active MOU but is intending to contract or establish an MOU with one or more MCPs, please describe the status. *

100 words or less

Mendocino County Department of Public Health acquired a Managed Care Plan (MCP) Attestation on February 15, 2024, from Partnership Health Plan with the intent to contract as the Department of Public Health's MCP to implement Enhanced Care Management (ECM) across four populations of focus, CCS, HCPCFC, CHVP, and WIC in Mendocino County.

For each identified ECM Population of Focus or Community Support that would be supported through your requested CITED funding, select all the MCPs you contract with or have a letter of intent to contract with (or MOU/other documentation for Tribes, Indian Health Programs, or Urban Indian Organizations). If the plan that you subcontract with operates in multiple counties, please ensure you provide the contract that represents all the counties in which you plan to utilize CITED funds. *

Partnership Health Plan of California

Please select all that apply.

Document Upload

Please upload the appropriate documentation to demonstrate current contracted status. All documentation provided should include, at minimum:

- completed signature page including Applicant and MCP names (must be signed by both parties);
- identification of populations of focus receiving ECM and / or which Community Supports will be supported with CITED funds;
- identification of the counties where the service(s) will be offered
- a date demonstrating the contract is current.

Please note: Files must be JPEG, JPG, PNG, or PDF with maximum size of file for upload is 10MB. Files may be combined or uploaded in a zip file. Up to 10 files can be uploaded per upload box.

CACITED R3 mcp document upload

See PHC Attestation_Mendocino County_SIGNED.pdf

CACITED R3 mcp document upload

No file uploaded

CACITED R3 mcp document upload

No file uploaded

Additional Funding Considerations

Applications, and accompanying funding requests, should consider (1) needs identified in local MCP Needs Assessment and [Gap Filling Plans](#) (developed as part of the Incentive Payment Program [IPP]), (2) needs identified in local homelessness plans (developed as part of the Housing and Homelessness Incentive Program), and (3) needs identified in the PATH Collaborative Planning and Implementation (CPI) initiative.

Applications should include strategies to avoid duplication and supplantation^[1] of other funding sources (e.g., IPP or other federal, state, local funds) as well as services paid for by Medi-Cal. Applicants are encouraged to coordinate requirements with local MCPs (including those entering the county starting in 2024) or the authorized subcontractor or network provider that they contract with or strongly intend to contract with to provide ECM/Community Supports services. Applicants are strongly encouraged to seek [IPP funding](#) for their request from MCPs, apply for Technical Assistance (TA) offered in the [TA Marketplace](#), and explore funding opportunities related to the [Data Exchange Framework](#) before seeking PATH funding from CITED.

^[1] Other Federal, state, or local funding sources and programs that are complementary to or enhance PATH funds will not be considered supplanted by PATH funds or duplicate reimbursement. If applicable, Applicants must describe how similar or related services and activities supported by other Federal, state, or local funding sources are complemented or

enhanced by efforts funded by PATH. For example, if other funding 1) does not fully reimburse activities, 2) may allow additional/different populations to be served or 3) may allow additional/different services to be provided beyond those funded by PATH. To the extent that otherwise allowable PATH activities are reimbursed by other Federal, state, or local programs, PATH funding must not duplicate such reimbursement.

Please indicate if this organization participated in the following programs and the amounts awarded if applicable. *

IPP Award Amount *

\$339,106.00 USD

Incentive Payment Program (IPP)

Please describe how you will ensure there is no duplication or supplanting of funding between this request and any other funding source, including those sources listed above or any other local, state, or federal funding source. *

250 words or less

A budget code will be created to track staff time and expenditures and ensure that grant funding is for activities that are not funded by other sources.

Organizations Applying as an Administrative Hub

Is this organization applying for CITED funds as an administrative hub on behalf of providers or CBOs? *

No

ECM

What percent of your budget will be allocated to ECM services?

100

What percent of your budget will be allocated to Community Support services?

0

ECM and Community Support Total Percentage
Total must equal 100%

100

Enhanced Care Management

As a key part of CalAIM, [Enhanced Care Management \(ECM\)](#) is a statewide Medi-Cal benefit available to select [Populations of Focus](#) that will address clinical and non-clinical needs of the highest-need Members through intensive coordination of health and health-related services.

Do you provide, or plan to provide, ECM to any adult populations of focus using your CITED funds? *

Yes

Please only select the [ECM populations of focus](#) which are currently served or will be served by this organization [using CITED funds](#)

Adult populations of focus: *

Adult Birth Equity Population of Focus

Do you provide, or plan to provide, ECM to any children/youth populations of focus using your CITED funds? *

Yes

Please only select the [ECM populations of focus](#) which are currently served or will be served by this organization [using CITED funds](#)

Children/youth populations of focus: *

Children/Youth enrolled in California Children's Services (CCS) / CCS Whole Child Model (WCM) with additional needs beyond the CCS qualifying condition

Children/Youth involved in, or with a history of involvement in, child welfare (including foster care up to age 26).

Youth Birth Equity Population of Focus

Please enter the estimated percentage of the funding request that will be allocated to each ECM Population of Focus (POF). If you are requesting funding for one ECM, enter 100% in the corresponding field. If you are requesting funding for multiple ECM POFs, enter the percentage dedicated to each. The total percentage across all POFs must equal 100%.

Adult Populations of Focus

Children/Youth Populations of Focus

Adult Birth Equity Population of Focus *

25

Children/Youth enrolled in California Children's Services (CCS) / CCS Whole Child Model (WCM) with additional needs beyond the CCS qualifying condition. *

25

Children/Youth involved in, or with a history of involvement in, child welfare (including foster care up to age 26). *

25

Youth Birth Equity Population of Focus. *

25

ECM Percent total
Total must equal 100%

100

For each ECM POF, please enter the number of Medi-Cal Members your organization serves per year, and the number of additional Medi-Cal Members your organization intends to serve per year with CITED funding.

Number of current members	Number of additional members
<p>Adult Birth Equity Population of Focus current members. *</p> <p>0</p>	<p>Adult Birth Equity Population of Focus additional members. *</p> <p>9</p>
<p>Children/Youth enrolled in California Children's Services (CCS) / CCS Whole Child Model (WCM) with additional needs beyond the CCS qualifying condition current members. *</p> <p>0</p>	<p>Children/Youth enrolled in California Children's Services (CCS) / CCS Whole Child Model (WCM) with additional needs beyond the CCS qualifying condition additional members. *</p> <p>8</p>
<p>Children/Youth involved in, or with a history of involvement in, child welfare (including foster care up to age 26) current members. *</p> <p>0</p>	<p>Children/Youth involved in, or with a history of involvement in, child welfare (including foster care up to age 26) additional members. *</p> <p>4</p>
<p>Youth Birth Equity Population of Focus current members. *</p> <p>0</p>	<p>Youth Birth Equity Population of Focus additional members. *</p> <p>33</p>

Community Supports

Community Supports

[Community Supports](#) are services provided by Medi-Cal managed care plans (MCPs) to address Medi-Cal Members' health-related social needs, help them live healthier lives, and avoid costlier levels of care.

Do you provide, or plan to provide Community Supports using your CITED funds? *

No

For each Community Support, please enter the number of Medi-Cal Members your organization serves per year, and the number of additional Medi-Cal Members your organization intends to serve per year with CITED funding.

Number of current members

Number of additional members

Project Description and Justification

Project Description and Justification

To request CITED funding, eligible entities must complete all sections of this application and submit all necessary attachments.

The purpose of this section is to gather information about the overall goals of your project, the services that will be provided by the applicant organization, and the applicant's approach to sustainability.

Please indicate whether the funding requested in this application will be spent in one county or multiple counties. If the funding will be spent in multiple counties, please estimate the percentage of total funding requested that will be spent in each county.

For example, if an applicant is requesting to hire one Community Health Worker who will be based at a facility in Alameda County and two Community Health Workers who will be based at a facility in Contra Costa County, they may estimate 35% of their requested funding will be spent in Alameda County and 65% will be spent in Contra Costa County.

If an applicant operates in San Bernardino and Riverside Counties and is seeking to connect to a health information exchange organization in both regions, then they may report that funding will be spent equally across these two counties. Alternatively, the applicant may also report that the funding will be unevenly distributed across participating counties if that is more appropriate.

We recognize that there may be instances where it is difficult to determine the percentage of funding that will be spent in a particular county, but applicants should provide the best estimate that they can based on the anticipated funding uses.

Please select all counties where funding will be spent: *

Mendocino
Please enter the estimated percentage of the funding request that will be used in each county in California. If you are requesting funding for one county, enter 100% in the corresponding field. If you are requesting funding for multiple counties, enter the percentage dedicated to each. The total percentage across all counties must equal 100%.

Mendocino *

100

County Total Percent:
Total must equal 100%

100

Please briefly describe the overall goals of your project should you receive CITED funding. *
250 words or less

CITED funding as requested here will allow our organization to expand program capacity by modifying and developing the necessary referral, billing, data reporting, and other infrastructure and IT systems, to support integration into CalAIM. Specifically, we intend to implement Enhanced Care Management (ECM) across four (4) Public Health Programs, California Children's Services (CCS), Health Care Program for Children in Foster Care (HCPCFC), California Home Visiting (CHVP), and Women, Infants, and Children (WIC) by implementing an Electronic Health Record (EHR) system to provide whole-person care management above and beyond the scope of the individual services to serve as the single point of accountability to ensure coordinated care management across multiple systems and programs. We aim to achieve these two goals by requesting CITED funds to assign one (1) Lead Care Manager to directly provide ECM and to assign two (2) IT administrative staff to support EHR planning and implementation. Additionally, CITED funds will support two years of annual fees associated with the EHR system.

Please describe how CITED funding will help your organization to: close gaps in the delivery of Enhanced Care Management (ECM) and expand capacity and impact of the organization's delivery of ECM. Please enter n/a if your organization does not provide ECM. *
250 words or less

To close gaps in the delivery of Enhanced Care Management and expand the capacity and impact of our organization's delivery of ECM, the organization will assign one (1) Lead Care Manager to directly provide ECM, assign two (2) IT administrative staff to support EHR planning and implementation, and we will budget effectively to support two years of annual fees associated with the EHR system.

A dedicated EHR will provide the organization with the proper tools to conduct the delivery of ECM and expand the capacity and impact of the organization's delivery of ECM via documentation in the following areas:

- Member's enrollment into ECM
- Member's authorization/approval to release information to other Providers in the care team and anyone involved in the execution of the Care Plan
- Member's goals and goal attainment status as part of Member Care Plan
- Member's care coordination and care management needs (e.g., allow for documenting closed-looped referrals to ensure the follow-up with the Member is tracked and completed)
- Information from other sources to identify Member needs
- The development and assignment of care team tasks
- Care team coordination and communication
- Member health status and transitions in care (e.g., discharges from a hospital, long-term care facility, housing status)
- Referrals to other providers and support persons
- Screenings and assessments (e.g., Comprehensive Assessment, PHQ-9, etc.)
- Support the sharing of the Member's Care Plan amongst the Member's care team

Please describe how CITED funding will help your organization to close gaps in the delivery of Community Supports and expand capacity and impact of the organization's delivery of Community Supports. Please enter n/a if your organization does not provide Community Supports. *

250 words or less

N/A

Please describe, in detail, your approach to sustaining approved activities after CITED funding ends. *

250 words or less

After CITED funding ends, our organization will leverage the knowledge and experience gained through the implementation of a dedicated EHR system and the assignment of a Lead Care Manager to maintain the delivery of high-quality Enhanced Care Management (ECM) activities. We intend to remain contracted with Partnership Health Plan as our MCP and to continually expand our services to meet the needs of our rural residents. In addition to carrying out ECM activities across the Mendocino County Department of Public Health, we will seek out and apply for alternative funding to support our coordinated care mission.

Please describe your organization's history working in the communities you intend to serve through this CITED funding request. *

250 words or less

Mendocino County Department of Public Health is located in rural Mendocino County. The county's geographic footprint is large, spanning 3,506 square miles. With two-lane winding roads and rugged terrain, access to care and health resources can be challenging. Social determinants of health and the marginalized populations that are impacted the most by barriers to preventative care, mental health care, and education to promote a healthy lifestyle, are reliant on Public Health. Our organization acknowledges where our efforts are needed by coordinating outreach to the hardest areas of the county to reach and collaborating with community-based organizations and Native tribes in the development of programs and quality care initiatives. The four programs we aim to expand with ECM should we be awarded CITED funds, prioritize the health and well-being of children with limitations, foster youth, families with young children, and women during and after pregnancy. These are programs that Mendocino County has provided for many years and it has been our mission to grow and evolve with the needs of our community to best serve those that need us most.

Please describe how CITED funding would enable your organization to address needs identified through PATH Collaborative Planning groups, Technical Assistance (TA) Marketplace, or other stakeholder engagement efforts related to the delivery of ECM/Community Supports. *

250 words or less

CITED funds will enable our organization to implement a dedicated EHR system and assign a Lead Care Manager to address gaps in services provided to the populations of focus, CCS, HCPCFC, HVP, and WIC. Current gaps identified by stakeholder engagement efforts related to the delivery of ECM are care coordination and care management needs (e.g., allowing for documenting closed-looped referrals to ensure the follow-up with the Member is tracked and completed), information from other sources to identify Member needs, the development and assignment of care team tasks, care team coordination and communication, member health status and transitions in care, and referrals to other providers and support persons. Addressing these significant gaps in care to our

most vulnerable populations will improve whole-person care coordination to prioritize their health and health-related care, including physical, mental, and dental care and social services, thus creating a more coordinated, person-centered, and equitable healthcare delivery system for members.

Please select all PATH-funded Collaborative Planning and Implementation (CPI) groups your organization currently participates in. If your organization is not participating in a CPI group, please select Not applicable. *

Not applicable

You may read more about DHCS Bold Goals in the [2022 Comprehensive Quality Strategy Report](#).

Please indicate if the services your organization will be providing with the support of CITED funding are aligned with the DHCS Bold Goals below. *

Close racial/ethnic disparities in well-child visits and immunizations
Close maternity care disparity for Black & Native American persons

If CITED funding will not be used by your organization to provide services that are closely related to Bold Goals, please select Not applicable.

For each Bold Goal selected, please describe how CITED funding will help address the goal. *
250 words or less

CITED funds will help our organization address the goal of closing the gap in racial/ethnic disparities in childhood immunization by mitigating the information gap that often disproportionately impacts marginalized populations. Immunization inequity contributes to negative health outcomes for both individuals and the population as a whole. By implementing a dedicated EHR system, we will gain access to robust, consistent, and timely data to identify disparities and improve information sharing and outreach to reduce barriers to immunization, and to monitor disparities over time to improve equity. Similarly, EHR implementation in conjunction with the assignment of a Lead Care Manager will improve gaps in the maternity care disparity for Black & Native American persons by identifying gaps in policies, procedures, and programs. The Lead Care Manager will work towards implementation of initiatives to improve maternity care and outcomes by expanding program focus to marginalized populations during and after pregnancy and conducting outreach and education to inform clients of the benefits of doula care, home visits, and substance use disorder and mental health treatment.

Please select all populations served by the organization: *

LGBTQ+ individuals and families
Seniors participating in Supplemental Social Security Program
Persons with intellectual and developmental disabilities
People with physical disabilities
Survivors of domestic violence
Tribal Populations
Veterans
Persons with low educational status
Persons whose primary language is not English / Non-English speaking individuals
People who are geographically hard to reach
Other

Please describe other populations served. *

Transitional Age Youth

Funding Request

Purpose

The purpose of this section is to collect information about: (1) the activities and personnel included in your funding request; (2) funding need and justification; and (3) how funding will be utilized and disbursed.

Budgets

- To request CITED funding, you will be required to submit a budget that comprises your total funding request. For this application, budget items should be the purchase of an item, the completion of an activity, or the salary support for staff related to ECM and/or Community Supports. CITED funding may be requested for up to 24 months (8 quarters) in each round. Requests for staff salary are limited to no more than 12 months for existing staff with new ECM or Community Supports related duties and no more than 18 months for new hires. Specific restrictions on salary requests are described in more detail in the CITED Round 3 Guidance.
- Organizations who are awarded CITED funding will be required to submit a Progress Report (at minimum) every 3 months with milestones based on their approved budget. Progress Reports will be used to demonstrate proof of completed project milestones or to request up front funds prior to funds being disbursed.
- Download the CITED Round 3 Funding Request Excel Workbook and enter your detailed funding request. Please ensure your requested budget items are reasonable. You can see reasonableness guidelines here [CITED Round 3 Funding Request Workbook](#)
- Funding requests for retroactive funding and upfront funding will each be recorded in their respective category. Please note: requests for retroactive funding must be accompanied by receipts, invoices, or other documentation for the historical investments. Appropriate documentation must be uploaded to this CITED application. Documentation requirements for Retroactive and Upfront payments are discussed in more detail in the CITED Round 3 Guidance. DHCS reserves the right to deny retroactive funding requests or approve retroactive requests at a lesser amount than your entity is requesting.

Allowable Use Categories

The following categories have been identified as “allowable” for CITED funding requests. You will be directed to select from these categories as you complete your CITED Round 3 Funding Request Excel Workbook later in this section of the application. These allowable use categories apply to retroactive, upfront, and all other CITED funding requests and are subject to change at the discretion of DHCS.

Allowable Use Categories- Approved Uses of Funding²
Training and Recruitment
Modifying, purchasing and/or developing the necessary referral, billing, data reporting or other infrastructure and IT systems, to support integration into CalAIM.
Evaluating and monitoring ECM and Community Supports service capacity to assess gaps and identifying strategies to address gaps.
Developing a plan to conduct outreach to populations who have traditionally been under-resourced and/or underserved to engage them in care.

Note: Funding for salaries must meet the requirements in the PATH CITED guidance document under “i. Funding to Support Staff Salaries.” Parameters include:

- CITED funding may only be used to support salaries for new positions or existing positions with new responsibilities where at least 60% of the FTE is directly pertinent to supporting delivery or administration of ECM or Community Supports.
- Funding for salary support may only be requested for the portion of FTE that is directly pertinent to supporting delivery or administration of ECM or Community Supports. For example, an applicant may not request funding for 100% FTE for a position where only 75% of the FTE is pertinent to delivery or administration of ECM or Community Supports.
- CITED funding for salary support will be capped at 12 months in duration for new positions or existing positions with new responsibilities.
- Indirect rates will be capped at 5%.

CITED funding for direct salary support may include costs associated fringe benefits, subject to guardrails enumerated above.

Requests for salary support must be reasonable relative to salaries for similar positions within the region.

Applicants may request funding for up to 24 months.
Select the number of months from the drop-down list: *
Clinics may only request funding for a maximum of 12 months.

24

What is the total amount of funding you are requesting i
CITED Round 3? *
Please enter the Total CITED Round 3 Funding Request Amount fro
Tab 4. Summary: Column B, Row 5 of the completed CITED Round :
Funding Request Excel Workbook.

\$382,597.72 USD

The total amount of funding requested in this application must be equal to the amount requested in your CITED Round 3 Funding Request Excel Workbook. If these amounts do not match, or do not represent the amount of funds you are requesting, please return to the CITED Round 3 Funding Request Excel Workbook to correct your amounts and re-enter them into the online application. Once your application is submitted, you will be unable to modify funding requests unless requested by the TPA or DHCS.

Please upload your completed CITED Round 3 Funding Request Excel Workbook

See CITED+Round+3+Funding+Request+Workbook+Mendocino County.xlsx

Attestations and Certifications

Attestations and Certifications

As an authorized representative of the Applicant, the Applicant attests as follows and agrees to the following conditions:

- The funding received through the CITED initiative will not duplicate or supplant2 reimbursement received through other programs/initiatives (e.g., the Incentive Payment Program).
- The funding received through the CITED initiative will not duplicate or supplant4 reimbursement or activities covered under Medi-Cal.
- Funding received for the CITED initiative will only be spent on allowable uses as stated above, or that the Applicant has received express DHCS approval for.
- Funding received for the CITED initiative will not be spent on unallowable uses as stated (add an attachment below or in the terms and conditions for them to sign).
- Failure to comply will result in termination of CITED funding
- The Applicant will submit progress reports on CITED funding in a manner and on a period specified by the TPA (Third Party Administrator) and/or DHCS.
- The Applicant will respond to general inquiries from the TPA and/or DHCS pertaining to the Collaborative Planning and Implementation initiative within one business day of receipt, and provide requested information within three business days, unless an alternate timeline is approved or determined necessary by the TPA and/or DHCS.
- The Applicant understands that the TPA and/or DHCS may suspend or terminate CITED funding if a corrective action has been imposed and persistent poor performance continues. Should funding be terminated, the TPA and/or DHCS shall provide notice to the Applicant and request a close-out plan due to DHCS within 30 calendar days, unless significant harm to members will occur, in which case the TPA and/or DHCS may request a close-out plan within 10 business days.
- The Applicant will alert DHCS if circumstances prevent it from carrying out activities described in the program application. In such cases, the Applicant may be required to return unused funds to DHCS contingent upon the circumstances.

Print name *

Jenine Miller, Psy.D.

Title *

Interim Public Health Director

Date

Feb 15, 2024

Jenine Miller, Psy.D.

Signed by Kirsty Bates on Feb 16, 2024



CalAIM PATH CITED Application MCP Attestation

The CalAIM PATH CITED initiative makes it possible for providers, community-based organizations, local governmental entities, such as city and county agencies, Tribal partners and others to access resources to implement and build capacity to provide high quality Enhanced Care Management (ECM) and Community Supports (CS) services for Medi-Cal members.

To be eligible to apply for and receive PATH CITED funding, applicant organizations must be contracted with a Managed Care Provider (MCP), or intending to contract with a MCP. For applicants contracted with a MCP, the signature page from the managed care contract with an effective date must be submitted with the application.

To be eligible to apply for and receive CalAIM PATH CITED funding, an applicant organization must either be:

- 1) Contracted with a MCP or other entity to provide ECM/CS services; or
- 2) Planning to contract with an MCP or other entity to provide ECM/CS services **or** actively exploring the possibility to contract with an MCP or other entity to provide ECM/CS services.

The applicant organization must also:

- 1) Identify the ECM Populations of Focus (POF) served and/or CS services provided that would be supported with CITED Funds.
- 2) Identify the counties where the service(s) are or will be offered.

By signing this form, the applicant and MCP confirm that they meet one of the above conditions.

Provider Organization:

Name:

Contact Person and Title:

Email:

Phone:

ECM Population of Focus:

Adult - Homelessness

Adult - Serious Mental Health/SUD

Adult - LTC eligible - at risk for institutionalization

Adult - Transition to community from correctional facility

Child/Youth - Homelessness and Homeless Families

Child/Youth - At risk for avoidable hospital utilization

Child/Youth - Enrolled in CCS/CSS WCM

Child/Youth - Birth Equity

Adult - At Risk for avoidable Hospital Utilization

Adult - Nursing Facility Resident Transition to Community

Adult - Birth Equity

Child/Youth - Serious Mental Health/SUD

Child/Youth - Involved in welfare

Child/Youth - Transition to community from correctional facility

Counties served or to be served:

Butte	Colusa	Del Norte	Glenn	Humboldt	Lake
Lassen	Marin	Mendocino	Modoc	Napa	Nevada
Placer	Plumas	Shasta	Sierra	Siskiyou	Solano
Sonoma	Sutter	Tehama	Trinity	Yolo	Yuba

Community Supports provided or to be provided:

Housing Transition/Navigation

Housing Tenancy/Sustaining Services

Housing Deposits

Medically Tailored Meals

Short Term Post Hospitalization

Recuperative Care (Med Respite)

Respite Services

Personal Care/Homemaker Services

Signature:



Date:

Managed Care Plan:

Partnership HealthPlan of California

Lisa Brundage O'Connell - Associate Director of Housing and Incentive Programs

Email: CalAIM@partnershiphp.org

Signature: *Lisa Brundage O'Connell*

Date: 2.15.24

CITED Round 3 Funding Request Workbook Instructions

For background information on this initiative, including the latest guidance regarding eligibility criteria, permissible uses of funds, application processes, and evaluation criteria, please visit the Providing Access and Transforming Health (PATH) CITED website (<https://www.ca-path.com/cited>). It is strongly recommended that you attend, or review, PATH CITED informational sessions; office hours; and all available guidance documentation prior to submitting your application. If you have questions regarding this template or the CITED initiative in general, please email cited@ca-path.com.

This workbook serves as the Funding Request template for Round 3 of the PATH CITED program. CITED applicants must submit this **completed** template along with the **online application** in order to be considered for Round 3 funding. CITED Round 3 applicants are required to indicate which allowable use categories they are requesting funding for. This workbook is designed to capture more detailed information regarding the specific activities and/or items for which funding is being requested. To request CITED funds, you must complete all tabs of this workbook and enter the auto-calculated summary information into your CITED application as directed.

Please complete all fields. If fields are left blank it may delay the review of your application.

Salary Guardrails

Applicants must cap funding for salary support as described. Funding for salary support will be capped at 18 months in duration from the time of funding disbursement for new positions; or 12 months in duration from the time of funding disbursement for existing positions with new responsibilities. Please note that funding for salary support may only be requested for the portion of FTE that is directly pertinent to supporting the implementation of Enhanced Care Management (ECM) and/or Community Support services. For example, an applicant may not request funding for 100% FTE for a position where only 75% of the FTE is pertinent to the implementation of Enhanced Care Management (ECM) and/or Community Support services.

Retroactive Funding

Retroactive funding may be requested for expenditures that occurred between January 1, 2022 and the date of your application submission. If approved, all retroactive funding requests will require proof of expenditure during the initial CITED Progress Report in order for funds to be disbursed. Proof of expenditure can include financial reports, statements, cleared checks, or other documentation as approved by DHCS or the TPA.

Funding Request Detail Instructions

Tab 2 (Funding Request Detail) represents the detailed funding request sheet where applicants must indicate the allowable use categories and item/activity descriptions for which they are requesting funding. Requests for staff salaries should be detailed in tab 3 (Salary Request Detail).

- Column A: Select the Allowable Use Category from the drop-down list for which you are applying for funding.
- Column B: Please provide a one or two-word name for the item/activity.
- Column C: Please provide a detailed description of the item/activity and justify the need for the expenses/items requested, including how these expenses will support your overall goals related to the provision of ECM and/or Community Supports.
- Column D: Provide the number of units being requested. For example, if you are requesting laptops for 4 new hires, you would enter 4 in this column. If you are requesting funds to implement a new billing system, you would enter 1 and describe in detail what the system will include, the use of the system, and the percentage of use that will be dedicated to ECM/Community Supports in Column C.
- Column E: Indicate the cost per item.
- Column F: Automatically calculated.
- Column G: Please choose if the funding requested is retroactive funding or upfront funding if applicable. If the funding requested does not fall into one of these categories, please select N/A. Approved CITED funding will be disbursed on a quarterly basis after approval of required progress reports and proof of completed milestones. Milestones will be created during the first Progress Report if funding is awarded. Upfront funding and retroactive funding will be disbursed at the onset of the project after approval of supporting documentation, should funding be approved. Subsequent reporting periods will end quarterly (every 3 months) and should coincide with milestone completion.

Salary Request Detail Instructions

Tab 3 (Salary Request Detail) should include details on any and all staff salary requests, inclusive of all positions for which funding is requested. Please include as much detail as possible in your justification so that it is clear to the reviewer how the position is related to the provision of Enhanced Care Management (ECM) and/or Community Supports. Please see the PATH CITED Round 3 Guidance for guardrails that apply to salaries.

- Column A: Select the Allowable Use Category from the drop-down list for which you are apply for funding.
- Column B: Select New if this position is/will be a new hire or select Existing if this is an existing staff person with new responsibilities.
- Column C: Please provide the position title.
- Column D: Please provide a detailed description of the position including the roles and responsibilities, and justify the need for the expenses, including how these expenses will support your overall goals related to the provision of ECM and/or Community Supports. Include the number of staff and the percentage of time you expect them to be dedicated to providing the ECM or Community Supports services described in this application.
- Column E: Provide the number of FTE being requested. For example, if you are requesting funding for 2 full time new hires of the same position, you would enter 2 in this column.
- Column F: Indicate annual salary.
- Column G: Indicate fringe benefit rate.
- Column H: Automatically calculated.
- Column I: Automatically calculated.
- Column J: Indicate the number of months funding is being requested for this position. Please remember that new hires will be limited to 18 months and existing staff with new responsibility will be limited to 12 months.
- Columns K: Automatically calculated.
- Column L: Please choose if the funding requested is retroactive funding or upfront funding if applicable. If the funding requested does not fall into one of these categories, please select N/A. Approved CITED funding will be disbursed on a quarterly basis after approval of required progress reports and proof of completed milestones. Milestones will be created during the first Progress Report if funding is awarded. Upfront funding and retroactive funding will be disbursed at the onset of the project after approval of supporting documentation, should funding be approved. Subsequent reporting periods will end quarterly (every 3 months) and should coincide with milestone completion.

Summary Instructions

Tab 4 (Summary) will automatically calculate the total funding request from Tab 2 and Tab 3.

You will take the information from this Tab to complete your funding request in your CITED application online.

Allowable Use Category	Definition
Training and Recruitment	Eligible training and recruiting costs specific to providing ECM and/or Community Support Services.
Modifying, purchasing and/or developing the necessary referral, billing, data reporting or other infrastructure and IT systems, to support integration into CalAIM.	IT/data system hardware and equipment, implementation costs, software (including associated licenses), and any other eligible expenses related to modifying, purchasing and/or developing the necessary referral, billing, data reporting or other infrastructure and IT systems, to support integration into CalAIM.
Developing a plan to conduct outreach to populations who have traditionally been under-resourced and/or underserved to engage them in care.	Eligible planning and marketing costs specific to providing ECM and/or Community Support Services.
Evaluating and monitoring ECM and Community Supports service capacity to assess gaps and identifying strategies to address gaps.	Eligible evaluating and monitoring costs specific to providing ECM and/or Community Support Services.
Other	Other items as approved by DHCS
Upfront or Retroactive Funding	Definition

Retroactive	<p>Retroactive funding may be requested for expenditures that occurred between January 1, 2022 and the date of your application submission. If approved, all retroactive funding requests will require proof of expenditure during the initial CITED Progress Report in order for funds to be disbursed. Proof of expenditure can include financial reports, statements, cleared checks, or other documentation as approved by DHCS or the TPA.</p>
Upfront Funds	<p>Upfront funding is an amount of money paid before a particular piece of work or service is done or received. Upfront funding can be requested that is needed to support the capacity and infrastructure necessary to deliver ECM and Community Support services. Supporting documentation may be requested in order to ensure funds are expended on permissible items as approved by DHCS. Please note that upfront funding can only be provided for 1 quarter for salary support funding requests.</p>

[illegible]

Total Retroactive Funding Requested	\$0.00
Total Upfront Funding Requested	\$0.00

Total Retroactive Funding Requested	\$0.00
Total Upfront Funding Requested	\$0.00

CITED Funding Request Summary			
	Total Requested	Retroactive Funding Requested	Upfront Funding Requested
Non-Salary Funding	\$178,218.94	\$0.00	\$0.00
Salary Funding	\$204,378.78	\$0.00	\$0.00
Total Requested Amount	\$382,597.72	\$0.00	\$0.00