

Exhibit 1
Medi-Cal Specialty Mental Health Services
Contract Provider Incentive Plan

Medi-Cal Specialty Mental Health Services (SMHS) Provider Incentive Plan Overview

California Advancing and Innovating Medi-Cal (CalAIM) is a long-term commitment to transform and strengthen Medi-Cal by reducing complexity across the Medi-Cal delivery systems for behavioral health services, among other reforms. In addition to CalAIM, Ventura County Behavioral Health (VCBH) has participated in CalMHSA's initiative to implement the semi-statewide electronic health record (EHR) to streamline and expand the way data is collected and managed through current county EHR systems.

*To support Medi-Cal SMHS Providers through the transition, VCBH has designed a **one-time** Medi-Cal SMHS Provider Incentive Plan to increase support to Providers with additional time to become proficient in the new payment reform model including documentation details required in the SmartCare system. Eligible Medi-Cal SMHS Providers will have the option to opt into participating in the Medi-Cal SMHS Provider Incentive Plan. The four (4) categories below are the key areas of focus under VCBH's Medi-Cal SMHS Provider Incentive Plan structure:*

1. Fiscal Optimization:

- a. (i) Utilize VCBH's Fiscal Monitoring Tool and submit a sample report.
(ii) Provide a narrative detailing the integration of fiscal optimization strategies into the organization's financial management. Describe how these strategies enhance overall fiscal responsibility and contribute to the efficiency of the organization's financial processes.
- b. 80% of progress notes entered into SmartCare pass the overnight edit process and have a status of complete and are ready to be claimed to the State.
- c. For Full SmartCare providers: 80% of billing must be submitted within three **(3)** business days of rendering service.
Or
For Partial SmartCare Providers: 80% of billing must be submitted within six **(6)** business days of rendering service.

2. Ensuring Network Adequacy:

- a. Submit a comprehensive narrative outlining your organization's internal processes to meet the network adequacy requirements. This should include, but is not limited to, the procedures and protocols in place to certify and maintain network adequacy, the criteria used to assess adequacy, and the steps taken in response to significant changes that may impact the adequacy and capacity of the services

provided. Your narrative should provide a clear description of the internal mechanisms and strategies employed by your organization to ensure continuous compliance with the network adequacy standards.

- b. Submit a VCBH Staffing List Report, detailing both vacant and filled positions as of {insert date} for each program submitted for this incentive. Additionally, the Provider is required to include a comprehensive narrative outlining the initiatives undertaken to retain existing staff and facilitate the hiring process.

3. SmartCare Integration:

- a. For Full SmartCare providers: Submit an updated quality improvement plan to demonstrate how the organization will provide ongoing training, support, and monitoring to ensure all staff are proficient in utilizing the SmartCare EHR System. This plan should outline strategies for continuous improvement, knowledge transfer, and regular assessments to optimize system performance and maintain compliance with county stipulations and industry standards. Additionally, include details on how user feedback will be collected and utilized to enhance the overall user experience, contributing to the organization's commitment to excellence in healthcare delivery.

Or

For Partial SmartCare Providers: Submit a signed attestation and project plan committing to the full integration of VCBH's SmartCare EHR by July 1, 2025.

4. Medi-Cal Certified Peer Support Specialist Program:

- a. For Current Certified Peers Programs: Submit a comprehensive Medi-Cal Certified Peer Support Specialist Program Report.

Or

For Prospective Certified Peers Programs: Submit a comprehensive Medi-Cal Certified Peer Support Specialist Program Plan.

What are incentives?

Funds that VBCH pays a Provider **after** achieving a deliverable associated with the incentive payment. Providers need to verify completion for full payment. The funds can be used to reinvest in the program as needed, including to support activities associated with the metric.

Reporting on Deliverables

To earn incentives, each Medi-Cal SMHS Provider that elects to participate in the Medi-Cal SMHS Provider Incentive Plan must submit the identified deliverables and report the achievement for each incentive category by the reporting period due date. Medi-Cal SMHS Providers can choose to participate in any or all of the incentive categories. VCBH will provide the Medi-Cal SMHS Providers with a reporting template with instructions.

The reporting period spans from **February 29, 2024** through **May 10, 2024**. Deliverables may be completed prior. All Medi-Cal SMHS Provider Incentive Plan Reports must be submitted to vcbhadmins@ventura.org no later than **5 p.m. on May 10, 2024**.

Evaluation Review

VCBH staff will evaluate and approve each submitted report on a **“Pass/No Pass”** basis. VCBH staff will evaluate the responses to each incentive category and determine if the submitted deliverables demonstrate that the Medi-Cal SMHS Provider has met each deliverable.

COUNTY may request CONTRACTOR to address **clarifying questions** during the review process. CONTRACTOR must submit a response within **one week** of VCBH’s request to remain eligible for the incentive funding. If a response to an incentive category **fails to meet criteria**, the CONTRACTOR will have an opportunity to **revise** the response(s) or deliverable based on COUNTY’s feedback and/or requested revisions. Upon receiving initial feedback for revisions from COUNTY, CONTRACTOR Participants will have **two weeks** to complete and resubmit the revisions to COUNTYVCBH. If it is determined that the CONTRACTOR has met criteria, the payment date will be adjusted accordingly.

Incentive Payment Distributions

1. Incentive payments are based on the Medi-Cal SMHS Provider meeting the deliverables for the incentive categories that they elected to participate in and which are listed in the Medi-Cal SMHS Provider Incentive Plan. Required deliverables will not be modified unless VCBH issues guidance.
2. Incentive payments will be made available as follows:
 - a. For the **May 10, 2024**, Medi-Cal SMHS Provider Incentive Plan Report:
 - i. Payments will be contingent upon the timely submission, completion, and approval of the deliverables outlined in the Medi-Cal SMHS Provider Incentive Plan. If VCBH determines, in its sole discretion, that any submitted deliverable is incomplete, the Medi-Cal SMHS Provider will not receive payment for the incomplete deliverable(s), but will receive payment for any other deliverable(s) that are deemed complete.
 - ii. Medi-Cal SMHS Providers may submit the report by the due date regardless of incomplete deliverables, however, VCBH payment will be based on completed deliverables that have been approved.
 - b. Once VCBH issues a final report to the Medi-Cal SMHS Provider indicating which deliverables have been adequately met and are eligible for the incentive, the SMHS Provider will be authorized to submit an invoice to VCBH by **5 p.m. on June 7, 2024**.
 - c. VCBH will process payment in accordance with the payment provisions listed in the Medi-Cal SMHS Provider’s agreement.

Table 1: Incentive Deliverables – The following is a description of available incentive deliverable efforts

Incentive Category			Quality Incentive Deliverable	Funding Allocation
1.	Fiscal Optimization	1a(i)	Utilize VCBH's Fiscal Monitoring Tool and submit a complete and accurate report.	\$25,025.00 per program
		1a(ii)	Provide a narrative detailing the integration of fiscal optimization strategies into the organization's financial management. Showcase how these strategies enhance overall fiscal responsibility and contribute to the efficiency of the organization's financial processes.	\$ 14,000.00 per provider <i>*organizational wide incentives will have their funding equally pro-rated across the various contracts</i>
		1b	80% of progress notes entered into SmartCare pass the overnight edit process and have a status of complete and are ready to be claimed to the State. 1. Run SmartCare 'Service Status Percentages with Service Details' Report for the period of March 1 – 31 on April 8, 2024 2. Run SmartCare 'Service Status Percentages with Service Details' Report for the period of April 1 – 22 on May 1, 2024	\$14,000.00 per provider <i>*organizational wide incentives will have their funding equally pro-rated across the various contracts</i>
		1c	<i>For Full SmartCare providers:</i> 80% of billing must be submitted within 3 business days of rendering service. 1. Run SmartCare 'Timely Service Entry by Program (6008)' Report for the month of March on April 1, 2024 2. Run SmartCare 'Timely Service Entry by Program (6008)' Report for the month of April on May 1, 2024 Or <i>For Partial SmartCare Providers:</i> 80% of billing must be submitted within 6 business days of rendering service.	\$14,000 per provider <i>*organizational wide incentives will have their funding equally pro-rated across the various contracts</i>

Incentive Category			Quality Incentive Deliverable	Funding Allocation
			<p>3. Run SmartCare 'Timely Service Entry by Program (6008)' Report for the month of March on April 1, 2024</p> <p>4. Run SmartCare 'Timely Service Entry by Program (6008)' Report for the month of April on May 1, 2024</p>	
2.	Ensuring Network Adequacy	2a	Submit a comprehensive narrative outlining your organization's internal processes to meet the network adequacy requirements. This should include, but is not limited to, the procedures and protocols in place to certify and maintain network adequacy, the criteria used to assess adequacy, and the steps taken in response to significant changes that may impact the adequacy and capacity of the services provided. Your narrative should provide a clear understanding of the internal mechanisms and strategies employed by your organization to ensure continuous compliance with the network adequacy standards.	<p>\$10,500.00 per provider</p> <p><i>*organizational wide incentives will have their funding equally pro-rated across the various contracts</i></p>
		2b	Submit a VCBH Staffing List Report, detailing both vacant and filled positions. Additionally, the Provider is required to include a comprehensive narrative outlining the initiatives undertaken to retain existing staff and facilitate the hiring process.	<p>\$3,500.00 (\$1,750.00 per additional program*)</p> <p><i>*If a provider operates multiple VCBH contracted programs, \$3,500.00 is available for the first program, and \$1,750.00 is available for each additional program. For example, If a provider has three (3) contracted programs that meets criteria for participation in this program and successfully completes this deliverable, a total \$7,000.00 is available.</i></p>
3.	SmartCare Integration	3a	<p><u>For Full SmartCare Providers Only:</u></p> <p>Submit an updated quality improvement plan or other evidence to demonstrate how the organization will provide ongoing training, support, and monitoring to ensure all staff are</p>	<p>\$10,500.00 per provider</p> <p><i>*organizational wide incentives will have their funding equally pro-rated</i></p>

Incentive Category			Quality Incentive Deliverable	Funding Allocation
			<p>proficient in utilizing the SmartCare EHR System. This plan should outline strategies for continuous improvement, knowledge transfer initiatives, and regular assessments to optimize system performance and maintain compliance with county stipulations and industry standards. Additionally, include details on how user feedback will be collected and utilized to enhance the overall user experience, contributing to the organization's commitment to excellence in healthcare delivery.</p> <p>Or</p> <p><u>For Partial SmartCare Providers Only:</u> Submit a signed attestation committing to the full integration of VCBH's SmartCare Electronic Health Record by July 1, 2025.</p> <p><i>Please note: A comprehensive project plan outlining the goals, milestones, timeline, and communication strategy shall be required to ensure a smooth and successful integration into the SmartCare EHR system. A collaborative framework will be established for regular updates to foster an environment of open communication to address any emerging issues should the Provider opt-in.</i></p>	<i>across the various contracts</i>
4.	Medi-Cal Certified Peer Support Specialist program	4a	<p><u>For Current Certified Peers Programs Only:</u> Submit a comprehensive Medi-Cal Certified Peer Support Specialist program report to include:</p> <ol style="list-style-type: none"> Current Program Structure: <ul style="list-style-type: none"> Document the existing structure of the Certified Peer Program, including roles, responsibilities, and staffing requirements. Provide information on the total number of certified peer support specialists and peer supervisors. 	<p>\$14,000.00 per provider</p> <p><i>*organizational wide incentives will have their funding equally pro-rated across the various contracts</i></p>

Incentive Category			Quality Incentive Deliverable	Funding Allocation
			<ul style="list-style-type: none"> • Include a section that outlines the challenges faced and lessons learned in the current program structure. <p>2. Monitoring Tool:</p> <ul style="list-style-type: none"> • Describe the monitoring tool currently in use to track progress toward certification and certification renewal. <p>Or</p> <p><u><i>For Prospective Certified Peers Programs Only:</i></u></p> <p>Submit a comprehensive Medi-Cal Certified Peer Support Specialist program plan to include:</p> <p>1. Implementation Timeline</p> <ul style="list-style-type: none"> • Create a detailed timeline outlining the key milestones and activities required for the establishment of the Certified Peer Specialist Program. • Specify roles and responsibilities for program coordinators, staff, and supervisors. • Define staffing requirements, such as the necessary qualifications and skills for certified peer support specialists and peer supervisors. • Determine the total number of certified peer support specialists needed for the program's success. <p>2. Monitoring Tool</p> <ul style="list-style-type: none"> • Create a monitoring tool to track progress toward certification and certification renewal. <p>Outline a clear process for how data will be collected, recorded, and reported.</p>	

Section 1: Provider Information

Name	
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PRIMARY CONTACT

Name	
Title and Department	
Telephone Number	
Email Address	
Mailing Address	

BACKUP CONTACT

Name	
Title and Department	
Telephone Number	
Email Address	
Mailing Address	