

**California Department of Health Care Services**  
**Proposed Submission Template for CalAIM Incentive Payments Measures**  
*Payment 1: Gap-Filling Plan Measures*  
 DRAFT - August 30, 2021

**Gap-Filling Plan and Narrative Measures for Payment 1**

*MCP organizations with plans across multiple counties must submit a new document for each plan*

|   |                                     |
|---|-------------------------------------|
| <b>MCP Name</b>                               | [To be entered by MCP]              |
| <b>MCP County</b>                             | [To be entered by MCP]              |
| <b>Program Year (PY) / Calendar Year (CY)</b> | Program Year 1 / Calendar Year 2022 |

**Note: See Excel Document for Accompanying Gap and Need Assessment Template for Payment 1**

| <b>Priority Area</b>                                       | <b>Percentage of Dollars (i.e., Max Cap) Allocated to Priority Area</b> | <b>Points Needed to Earn Max Payment 1</b>             | <b>MCP Discretionary Allocation of Remaining 300 points (MCP to enter point values in cells below)</b> |
|--|---|--|--|
| <b>1. Delivery System Infrastructure</b>                   | Minimum 20%   | 200  |  |
| <b>2. ECM Provider Capacity Building</b>                   | Minimum of 20%  | 200  |  |
| <b>3. ILOS Provider Capacity Building and ILOS Take-Up</b> | Minimum of 30%  | 300  |  |
| <b>4. Quality</b>  | Optional measures with values allocated to either ECM or ILOS           | N/A<br>To be allocated to ECM or ILOS based on measure | N/A<br>To be allocated to ECM or ILOS based on measure   |
| <b>Total Points</b>  |   | <b>700</b>   | <b>300</b>   |

**Option for MCP to request more than 300 points to be allocated at their discretion. Please describe (in the box below) the preferred allocation and reason if MCP is requesting allocation different from that above.**

*MCP can earn up to 1000 points across the full set of measures, include those listed here and in the accompanying excel Gap and Need Assessment. If an MCP achieves only a subset of measures, it will earn a partial payment.*

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Note: DHCS will initially set gap-filling targets in the Reporting Template of at least 20%, assuming plans identify a gap of 30% or less. If gaps are significantly higher or lower, MCPs are expected to identify an appropriate gap-filling target in their narrative entry to be approved by DHCS. DHCS will review all MCP-proposed gap filling targets and adjust those as needed to meet program requirements.

**Narrative Measures for Priority Area 1: Delivery System Infrastructure**

**Gap-Filling Plan**

| <b>Measure Description</b>  |  |
|---|--|
| <i>Mandatory<br/>80 points</i>  |  |
| <p>Submission of a narrative Gap-Filling plan describing how MCPs will identify underserved populations and the ECM providers they are assigned to, and enhance those ECM Providers' capabilities to:</p> <ul style="list-style-type: none"> <li>(1) Electronically exchange care plan information and clinical documents with other care team members.</li> <li>(2) Have access to certified EHR technology or a care management documentation system able to generate and manage a patient care plan.</li> <li>(3) Submit a claim or invoice to an MCP or have access to a system or service that can process and send a claim or invoice to an MCP with information necessary for the MCP to submit a compliant encounter to DHCS.</li> </ul> <p>MCPs should also describe any plans to build physical plant infrastructure (e.g., sobering centers) to support the launch of ECM and ILOS.</p> <p>Gap-Filling Plan narrative should include approaches for collaborating with, Social Services, County Behavioral Health, and County/Local Public Health Agencies within the county to achieve the above activities, and should describe how health plans will leverage existing WPC infrastructure, including how they will track the ongoing viability of WPC infrastructure and improve data integration across behavioral health and physical health providers.</p> |  |
| <b>MCP Submission</b>   |  |
| 1. Describe approach to identify top 3-4 underserved populations in   |  |

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| <p>County and the ECM providers they are assigned to</p>  |  |
| <p>2. Describe 3-4 concrete steps MCP will take to increase, by at least 20%, ECM Provider capabilities to electronically exchange care plan information and clinical documents with other care team members</p>                |  |
| <p>3. Describe 3-4 concrete steps the MCP will take to increase, by at least 20%, ECM Provider access to certified EHR technology or a care management documentation system able to generate and manage a patient care plan</p> |  |

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| <p>4. Describe 3-4 concrete steps the MCP will take to increase, by at least 20%, ECM Provider abilities to submit a claim or invoice to an MCP or have access to a system or service that can process and send a claim or invoice to an MCP with information necessary for the MCP to submit a compliant encounter to DHCS</p> |  |
| <p>5. Describe approaches for collaborating with, Social Services, County Behavioral Health, and County/Local Public Health Agencies within the county to achieve the above activities</p>  |  |
| <p>6. Describe approach for leveraging</p>  |  |

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| existing WPC infrastructure (if in WPC county), including tracking the ongoing viability of WPC infrastructure and improving data integration across behavioral health and physical health providers |  |
| 7. Any additional Information on Delivery System Infrastructure Gaps in County   |  |

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**Narrative Measures for Priority Area 2: ECM Provider Capacity Building**

**Gap-Filling Plan**

| <b>Measure Description</b>  |  | <i>Mandatory<br/>70 points</i> |
|---|--|--------------------------------|
| <p>Submission of a narrative Gap-Filling plan describing:</p> <ul style="list-style-type: none"> <li>(1) How the MCP will address identified gaps in ECM Provider capacity for Program Year 1 Populations of Focus.</li> <li>(2) Identified ECM workforce, training, TA needs in county, including specific cultural competency needs by county.</li> <li>(3) Plan for ECM Provider workforce recruiting and hiring of necessary staff to build capacity.</li> <li>(4) Approach for MCP to develop and administer an MCP training and TA program for ECM Providers.</li> <li>(5) Strategy to ensure ECM Providers are successfully engaging with hard to reach Populations of Focus, including homeless and justice involved populations, among others.</li> </ul> <p>Gap-Filling Plan narrative should include approach for collaborating with Social Service, County Behavioral Health, County/Local Public Health Agencies, Tribes and Tribal providers (except for Plans in Counties without recognized Tribes), community based organizations and ECM Providers to achieve the above activities, improve outreach to and engagement with hard to reach individuals within each Populations of Focus and reduce underlying health disparities</p> |  |                                |
| <b>MCP Submission</b>   |  |                                |
| <p>1. Describe approach to address identified gaps in ECM Provider capacity for Program Year 1 Populations of Focus and proposed targets, of at least 20%</p>   |  |                                |

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| improvement, to address gaps  |  |
| 2. Identify ECM workforce, training, and TA needs in county, including specific cultural competency needs by county                 |  |
| 3. Describe plan for ECM Provider workforce recruiting and hiring of necessary staff to build and increase capacity by at least 20% |  |
| 4. Describe approach to develop and administer an MCP training and TA program for ECM Providers                                     |  |
| 5. Describe strategy to ensure ECM Providers are successfully engaging with hard to reach Populations of Focus, including           |  |

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| homeless and justice involved populations, among others   |  |
| 6. Describe approaches for collaborating with, Social Services, County Behavioral Health, and County/Local Public Health Agencies within the county to achieve the above activities |  |

**Community Partners**

|  |  |
|--|--|
| <b>Measure Description</b>   |  |
| <i>Optional</i>  |  |
| <i>Report on One Optional Measure in ECM Provider Capacity Building Priority Area to Earn 20 Points</i>  |  |
| Narrative summary that outlines landscape of Providers, faith-based groups, and community-based organizations in the county and submission of a narrative plan to develop an MOU or other agreements with a subset of Providers, faith-based groups, county agencies and community-based organizations in the county to develop strategies for closing health disparities experienced by Populations of Focus, including agreement to meet at least quarterly to advance strategy. |  |
| <b>MCP Submission</b>  |  |
| 1. Describe the landscape in the county of:  |  |

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| <ul style="list-style-type: none"><li>a. ECM Providers</li><li>b. Faith-based groups</li><li>c. Community-based organizations</li></ul>  |  |
| <p>2. Describe approach to foster relationships with a subset of the organizations described above in 1. Approach should include at least quarterly meetings, and can potentially include and MOU or letter of agreement</p> |  |
| <p>3. Describe the strategy for closing identified health disparities with at least one strategy for each population of focus that will go live in the County in 2022, for a total</p>                                       |  |

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| of at least five identified health disparities |  |
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**Tribal Engagement**

| <b>Measure Description</b>   |  | <i>Mandatory<br/>30 points</i> |
|--|--|--------------------------------|
| Narrative summary that outlines landscape of Tribes and Tribal providers in the county and submission of a narrative plan to develop an MOU to establish a strategic partnership with Tribes and Tribal providers in county to develop Provider capacity and provision of ECM services for members of Tribes |  |                                |
| <b>MCP Submission</b>  |  |                                |
| 1. Outline the landscape of Tribes, Tribal providers, and members in the county who use Tribal services and will need ECM supports   |  |                                |
| 2. Outline a plan to establish a strategic partnership including any plans for formalization such  |  |                                |

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| as a MOU or other agreements   |  |
| 3. Describe plan to develop provider capacity and ECM services for members |  |

**Engagement for Key Population of Focus: People Experiencing Homelessness or Chronic Homelessness**

|   |  |                                |
|---|--|--------------------------------|
| <b>Measure Description</b>  |  | <i>Mandatory<br/>30 points</i> |
| Submission of narrative plan describing how the managed care plan will improve outreach to and engagement with the following Population of Focus: "people experiencing homelessness or chronic homelessness, or who are at risk of becoming homeless with complex health and/or behavioral health conditions," with a focus on Black/African American and other racial and ethnic groups who are disproportionately experiencing homelessness |  |                                |
| <b>MCP Submission</b>   |  |                                |
| 1. Identify and describe top 3 – 4 racial and ethnic groups that are disproportionately experiencing homelessness in the county   |  |                                |

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|--|--|
| <p>2. Describe approach to improve outreach and engagement by at least 20% to Black/African American and other racial and ethnic groups who are disproportionately experiencing homelessness</p> |  |
|--|--|

**Engagement for Key Population of Focus: Individuals Transitioning from Incarceration**

|  |  |
|--|--|
| <b>Measure Description</b>   |  |
| <p align="right"><i>Optional</i></p> <p align="center"><i>Report on One Optional Measure in ECM Provider Capacity Building Priority Area to Earn 20 Points</i></p>   |  |
| <p>Submission of narrative plan describing how the managed care plan will improve outreach to and engagement with the following Population of Focus: "individuals transitioning from incarceration who have significant complex physical or behavioral health needs requiring immediate transition of services to the community," with a focus on Black/African American and other racial and ethnic groups who are disproportionately experiencing transitions from incarceration settings in the county.</p> |  |
| <b>MCP Submission</b>  |  |
| <p>1. Identify and describe top 3 – 4 racial and ethnic groups that are incarcerated in the county</p>   |  |

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|   |  |
|---|--|
| <p>2. Describe approach to improve outreach and engagement by at least 20% to Black/African American and other racial and ethnic groups who are disproportionately experiencing transitions from incarceration settings in the county</p> |  |
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**Narrative Measures for Priority Area 3: ILOS Provider Capacity Building & Take-Up**

**Gap-Filling Plan**

| <b>Measure Description</b>  | <i>Mandatory<br/>80 points</i> |
|---|--------------------------------|
| <p>Submission of a narrative Gap-Filling plan describing:</p> <ul style="list-style-type: none"> <li>(1) Identified gaps or limitations in ILOS coverage within county</li> <li>(2) Plan to increase number and/or reach of ILOS offered in January 2022 or July 2022</li> <li>(3) Identified ILOS Provider capacity and MCP oversight capability gaps and plan to address gaps</li> <li>(4) Identified ILOS workforce, training, TA needs in region / county, including specific cultural competency needs by region/county</li> <li>(5) Plan to develop and administer a training and TA program for ILOS Providers</li> <li>(6) Plan to establish programs to support ILOS workforce recruiting and hiring, including incentives for ILOS Providers to hire necessary staff</li> </ul> <p>Gap-Filling Plan narrative should include approach for collaborating with Social Service, County Behavioral Health, County/Local Public Health Agencies, and ILOS Providers to achieve the above activities, improve outreach to and engagement with hard to reach individuals and reduce underlying health disparities.</p> |                                |
| <b>MCP Submission</b>   |                                |
| <p>1. Describe 3-4 identified gaps or limitations in ILOS coverage within the county. If the ILOS Provider network/capacity will not</p>  |                                |

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| <p>reasonably allow for county-wide provision of ILOS to all eligible Members in the county at the time of implementation, please provide a brief explanation.<sup>1</sup></p> |  |
| <p>2. Describe the plan to increase number and/or reach of ILOS offered in January 2022 or July 2022</p>   |  |
| <p>3. Identify ILOS Provider capacity and MCP oversight capability gaps and plan to address gap with a gap closure of 20%</p>  |  |

<sup>1</sup> This submission should align with information submitted in the ECM and ILOS Model of Care Template.

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| <p>4. Identified ILOS workforce, training, TA needs in region / county, including specific cultural competency needs by region/county, and a training gap closure of at least 20%</p>              |  |
| <p>5. Plan to develop and administer a training and TA program for ILOS Providers</p>  |  |
| <p>6. Plan to establish programs to support ILOS workforce recruiting and hiring, including incentives for ILOS Providers to hire necessary staff, and increase ILOS workforce by at least 20%</p> |  |

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| <p>7. Describe approach for collaborating with, Social Services, County Behavioral Health, and County/Local Public Health Agencies within the county to achieve the proposed activities</p> |  |
|---|--|

**Tribal Engagement**

| <b>Measure Description</b>  |  |
|---|--|
| <i>Mandatory<br/>20 points</i>  |  |
| Narrative summary that outlines landscape of Tribes and Tribal providers in the county and submission of a narrative plan to develop an MOU to establish a strategic partnership with Tribes and Tribal providers in county to develop Provider capacity and provision of ILOS services for members of Tribes |  |
| <b>MCP Submission</b>   |  |
| <p>1. Outline the landscape of Tribes, Tribal providers, and members in the county who use Tribal services</p>  |  |

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| and you anticipate will use ILOS   |  |
| 2. Outline a plan to establish a strategic partnership including any plans for formalization such as a MOU or other agreements |  |
| 3. Plan to develop provider capacity and ILOS services for members   |  |

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**Collaboration with Other MCPs**

**Delivery System Infrastructure Building Measure Description**

*Mandatory  
20 points*

Submission of a narrative describing how the MCP will collaborate with other MCPs in the county to enhance and develop needed ECM/ILOS infrastructure, including certified EHR technology, care management document systems, closed-loop referral, billing systems/services, and onboarding/enhancements to health information exchange capabilities and submission of documentation demonstrating good faith efforts to begin this collaboration in the form of letters with MCPs in county, emails demonstrating progress, meeting meetings, or other documentation. If only one MCP is operating in the county, the MCP must submit a narrative describing how they will leverage and expand existing WPC capacity and support ongoing ECM and ILOS capacity building approaches

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**ECM Provider Capacity Building Measure Description**

*Mandatory*  
*10 points*

Submission of a narrative describing how the MCP will collaborate with other MCPs in the county to support expansion of ECM Provider capacity, including leveraging and expanding existing WPC capacity and building/expanding ECM Provider networks and compliance and oversight capabilities. MCP should also submit documentation demonstrating good faith efforts to begin this collaboration in the form of letters with MCPs in county, emails demonstrating progress, meeting meetings, or other documentation. If only one MCP is operating in the county, the MCP must submit a narrative describing how they will leverage and expand existing WPC capacity and support ongoing ECM capacity building approaches

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**ILOS Provider Capacity Building and ILOS Take-Up Measure Description**

*Mandatory*  
*50 points*

Submission of a narrative describing how the MCP will collaborate with other MCPs in the county to leverage and expand existing WPC capacity and support ongoing ILOS capacity building approaches. MCP should also submit documentation demonstrating good faith efforts to begin this collaboration in the form of letters with MCPs in county, emails demonstrating progress, meeting meetings, or other documentation. If only one MCP is operating in the county, the MCP must submit a narrative describing how they will leverage and expand existing WPC capacity and support ongoing ILOS capacity building approaches

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