CALAIM INCENTIVE PAYMENT PROGRAM (IPP)

Payment 2 Progress Report (*Updated Spring 2023*)
Submissions 2-A and 2-B

Contents

Cover Sheet

Response Required to this Section

This document outlines instructions for completing the Payment 2 Progress Report submissions.

When submitting Payment 2 responses, managed care plans (MCPs) should include: (1) the MCP name; and (2) the county to which this Gap Assessment Progress Report applies in the header of their submission (header should repeat across all pages except Page 1). MCPs should also include a Cover Sheet with tables as shown below.

MCPs that operate in multiple counties will need to submit a separate Progress Report for each county in which they operate.

1. Details of Progress Report	
MCP Name	L.A. Care Health Plan
MCP County	Los Angeles
Is County a Former Whole Person Care (WPC) Pilots or Health Homes Program (HHP) County?	Yes. Both a former Whole Person Care (WPC) and Health Homes Program (HHP) County
Program Year (PY) / Calendar Year (CY)	Program Year 1 / Calendar Year 2022 Payment 2 (Submission 2-A and Submission 2-B)
Reporting Periods	Submission 2-A: January 1, 2022 – June 30, 2022 Submission 2-B: July 1, 2022 – December 31, 2022

2. Primary Point of Contact for This Gap Assessment Progress Report	
First and Last Name	
Title/Position	
Phone	
Email	

End of Section

Introduction

The CalAIM Incentive Payment Program (IPP) is intended to support the implementation and expansion of Enhanced Care Management (ECM) and Community Supports by incentivizing MCPs, in accordance with 42 CFR Section 438.6(b), 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.

IPP Payment 1

To qualify for Payment 1 of the IPP, MCPs submitted the Needs Assessment and the Gap-Filling Plan in January 2022. The Needs Assessment was intended to provide a "point in time" understanding of ECM and Community Supports infrastructure and provider capacity prior to launch. The Gap-Filling Plan—which MCPs were to develop in conjunction with local partners—outlines MCPs' approaches to addressing gaps identified in the Needs Assessment.

DHCS issued Payment 1 to MCPs in April 2022 on an interim basis, based on DHCS' review and acceptance of Submission 1. MCPs must demonstrate progress on activities outlined in their Gap-Filling Plan to fully earn Payment 1. MCPs were evaluated based on the set of measures they submitted as part of their Needs Assessment and Gap-Filling Plan to determine acceptance of Submission 1. Points for each measure were either credited in full, or not credited, unless the measure is noted as having a tiered evaluation approach. For the measures that are evaluated using a tiered approach, MCPs received the specified number of points within each tier for having completed the activity associated with each tier, as detailed in the Measure Set and Reporting Template. All other measures do not use a tiered approach and MCPs received either full or no credit for the measures. For counties where ECM and Community Supports have gone live as of June 30, 2022, Payment 2 measures that determine whether Payment 1 is fully earned are outlined in the Progress Report.[1] Please refer to the IPP All Plan Letter (APL) and IPP FAQ for more information.

[1] Applies only to counties where ECM and Community Supports have gone live as of June 30, 2022. For counties where ECM and Community Supports will not have gone live until July 1, 2022, performance improvement must be shown during the July – December 2022 reporting period.

IPP Payment 2

For Payment 2 and beyond, MCPs will submit Progress Reports to demonstrate their progress against the Gap-Filling Plans that were developed for Payment 1 submissions. All measures in the Progress Reports build on the requirements contained in the Needs Assessment, Gap-Filling Plan, and associated APL and are referenced, where appropriate, throughout. Before beginning work on the Progress Reports, MCPs should review these documents to ensure complete and robust responses.

End of Section

Evaluation Criteria

Measure Criteria

Payment to MCPs is based on the successful completion of reporting and performance against measures in the Progress Report. The Progress Report materials indicate performance targets and point allocations for each measure. MCPs may earn no, partial, or all points on measures, as indicated.

Each measure in the Progress Report is assigned to one of the following Program Priority Areas, with a fourth Quality Program Priority Area that is allocated between Priority Areas 2-3:

1. Delivery System Infrastructure;
2. ECM Provider Capacity Building; and
3. Community Supports Provider Capacity Building and Community Supports Take-Up

Points Structure

MCPs can earn a maximum of 1,000 points for Submission 2-A. If an MCP achieves only a subset of these points, it will earn a partial payment. A total of 700 points is assigned between the mandatory and optional[2] measures in Program Priority Areas 1-3. MCPs may allocate the remaining 300 points across Program Priority Areas 1-3; points from this discretionary allocation are earned proportionately based on performance.[3]

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[2] MCPs are required to report on a minimum number of optional measures.

[3] For example, if an MCP allocates 100 points to Priority Area 1 and earns 90% of the Priority Area 1 points, it will earn 90 of those 100 discretionary points.

(*Added Spring 2023*) MCPs will earn Payment 2 based on their total points achieved across Submission 2-A and Submission 2-B. MCPs can earn a maximum of 120 points for Submission 2-B. If an MCP achieves only a subset of these points, it will earn a partial payment. A total of 120 points is assigned to mandatory measures in Program Priority Areas 1-3.

MCPs must indicate their discretionary allocation distribution in their submission response for Submission 2-A *(does not need to be in table format)*. Allocations for this submission do not need to align with allocation ratios in other IPP submissions.

Priority Area	Mandatory Measures	Optional Quality Measures *(Priority Area #4)*	Discretionary Allocations
1. Delivery System Infrastructure	Up to **200** points	*None*	*0*
2. Enhanced Care Management (ECM) Provider Capacity Building	Up to **170** points	Up to **30** points	*0*
3. Community Supports Provider Capacity Building and Community Supports Take-Up	Up to **250** points	Up to **50** points	*300*
Category Totals	Up to **620** points	Up to **80** points	Up to **300** points
TOTAL	Up to **1,000** points		

DHCS may, at its sole discretion, consider granting exceptions in limited cases where the MCP makes a compelling request to DHCS to allocate more than 30% to the MCP's selected Program Priority Area (i.e., by allocating dollars from another priority area). MCPs requesting to allocate more than 300 points must respond to the following prompt; otherwise, leave blank:

(OPTIONAL) **Describe preferred allocation methodology, including how many points would be allocated to each measure (where different from above), and reason for requesting an allocation different from that above.** (100 word limit)

End of Section

Instructions

MCPs must submit the Submission 2-A Gap-Filling Progress Report to CalAIMECMILOS@dhcs.ca.gov by **Thursday, September 1, 2022**.

Please reach out to CalAIMECMILOS@dhcs.ca.gov if you have any questions. (*Added Spring 2023*) MCPs must submit the Submission 2-B Progress Report to CalAIMECMILOS@dhcs.ca.gov by March 15, 2023 for the measurement period beginning July 1, 2022 and ending December 31, 2022.

Progress Report Format

The Progress Report consists of two documents: the Narrative Report (as outlined in this Word document) and an accompanying Quantitative Reporting Template (Excel document). The Narrative Report includes Appendices A-B, which contain additional information, instructions, and references that are applicable to the Submission 2-A Progress Report.

For Submission 2-A, MCPs are required to submit responses to the measures noted as mandatory and for a minimum number of optional[4] measures. **MCPs are permitted and encouraged to work closely with providers and other local partners on these measures and any ongoing strategic planning.**

Sections that require MCPs to submit a response are indicated under each header in this document with the phrase *"Response Required to This Section."* No response is required from MCPs to any other sections.

For Submission 2-B, all measures are mandatory and MCPs are required to submit responses to all measures.

Narrative Responses

In response to the narrative measure prompts, MCPs should describe activities conducted during the measurement period of January 1, 2022 through June 30, 2022 for Submission 2-A, and during the measurement period of July 1, 2022 through December

[4] Refer to Appendix B for more information on responding to mandatory and optional measures.

31, 2022 for Submission 2-B (regardless of when the Gap-Filling Plan was submitted to and finalized with DHCS).

For several measures, attachments and supplemental information are required (e.g., meeting agendas). MCPs should include these attachments via email submissions.

For several measures, there are multipart narrative prompts within the measure. MCPs are required to respond to all parts of the question for their response to be considered complete.

For several measures, there are alternative narrative prompts within the measure to account for variances among counties (e.g., counties with and without recognized Tribes). MCPs must respond only to the question that is applicable to the county for which the Progress Report is being completed.

Quantitative Responses

MCPs must submit responses for quantitative measures within the accompanying Quantitative Reporting Template (Excel document). MCPs should read the Instructions tab, follow the prompts in the reporting template, and enter responses accordingly.

For several measures, MCPs may need to use publicly available data sources and complete their own calculations to respond to some measure prompts. Examples of data sources that may be helpful in MCP responses include:

Source	Description	Link
California Department of Finance	Demographic data by county	https://dof.ca.gov/forecasting/demographics/
California Business, Consumer Services, and Housing Agency	Homeless Data Integration System (HDIS), which provides data on homelessness by county	https://bcsh.ca.gov/calich/hdis.html

End of Section

Submission 2-A Measures for Priority Area 1: Delivery System Infrastructure

Response Required to This Section

2.1.1 Measure Description

Mandatory
40 Points Total
20 Points for the Quantitative Response
20 Points for the Narrative Response

Quantitative Response

Number and percentage point increase in contracted ECM providers that engage in bi-directional Health Information Exchange (HIE).

Enter response in the Excel template.

Narrative Response

Describe the concrete steps taken and investments made by the MCP to increase the number of contracted ECM providers with HIE capabilities to electronically store, manage, and securely exchange health information and other clinical documents with other care team members (i.e., with other providers outside of the ECM's practice, clinic or care setting). (100 word limit)

L.A. Care and our Plan Partners collaborated to collect baseline data through the ECM/CS provider certification, gap closure process; conduct a provider capacity survey; offer trainings and technical assistance; upgrade health plan care management systems; release an IPP application process to fund ECM/CS providers, including enhancements of HIE capabilities; establish an IT/data sharing advisory group to inform investments in HIEs, among other areas. Of the providers who applied for IPP funds, 42% (20 of 48) requested IPP funding in this category of investments. Starting October 15, 2022, IPP funded providers will be able to report on their progress related to this measure. We are coordinating with the four providers who did not report having HIE capabilities to apply for IPP funding in future rounds to build this capacity. Will demonstrate progress in future reports to DHCS.

2.1.2 Measure Description

Mandatory
40 Points Total
20 Points for the Quantitative Response
20 Points for the Narrative Response

Quantitative Response

Number and percentage point increase in contracted ECM providers with access to certified EHR technology or a care management documentation system able to generate and manage a patient care plan.

Enter response in the Excel template.

Narrative Response

Describe the concrete steps taken and investments made by the MCP to increase the number of contracted ECM providers with access to certified EHR technology or a care management documentation system able to generate and manage a patient care plan. (100 word limit)

L.A. Care and our Plan Partners collaborated to collect baseline data through the ECM/CS provider certification, gap closure process; conduct a provider capacity survey; offer trainings and technical assistance; upgrade health plan care management systems; release an IPP application process to fund ECM/CS providers to enhance EHR and care management systems. Of the ECM providers who applied for IPP funds, 79% (38 of 48) requested EHR technology or care management system funding support. Two ECM providers who reported not having access to EHR or care management systems in the survey we conducted, applied for IPP funding in May 2022 and were funded to build this capacity. Starting October 15, 2022, IPP funded providers will be able to report on their progress related to this measure. L.A. Care will be reaching out to remaining providers to encourage applications for the next round of IPP funding from the plan.

2.1.3 Measure Description

Mandatory
40 Points Total
20 Points for the Quantitative Response
20 Points for the Narrative Response

Quantitative Response

Number and percentage point increase in contracted ECM and Community Supports providers capable of submitting a claim or invoice to a MCP, or have access to a system or service that can process and send a claim or invoice to a MCP with information necessary for the MCP to submit a compliant encounter to DHCS.

Enter response in the Excel template.

Narrative Response

Describe the concrete steps taken and investments made by the MCP to increase the number of contracted ECM and Community Supports providers capable of submitting a claim or invoice to a MCP, or have access to a system or service that can process and send a claim or invoice to a MCP with the information necessary for the MCP to submit a compliant encounter to DHCS. (100 word limit)

L.A. Care and our Plan Partners collaborated to collect baseline data through the ECM/CS provider certification, gap closure process; conduct a provider survey on capacity; offer trainings and technical assistance; upgrade health plan claims systems; release an IPP application process to fund ECM/CS providers; and fund requests to enhance claims submission capabilities. Of the providers who applied for IPP funds, 43% (28 of 65) requested IPP funding in this category of investments. Starting October 15, 2022, IPP funded providers will be able to report on their progress related to this measure.

2.1.4 Measure Description

Mandatory
20 Points

Quantitative Response Only

Number and percentage point increase in contracted Community Supports providers for those Community Supports offered by the MCP starting January 1, 2022, or July 1, 2022, with access to closed-loop referral systems.

Enter response in the Excel template.

2.1.5 Measure Description

Mandatory
20 Points

Quantitative Response Only

Number and percentage point increase in behavioral health providers with contracts in place to provide ECM that engage in bi-directional Health Information Exchange (HIE).

Enter response in the Excel template.

2.1.6 Measure Description

Mandatory
10 Points

Narrative Response Only

Describe progress against Gap-Filling Plan regarding identification of underserved populations and the ECM providers to which they are assigned. Response should provide detail regarding which populations are underserved, the methodology used to identify them, the approach to assigning these members to an ECM provider, and any other relevant information regarding MCP activities completed and investments made. (100 word limit)

L.A. Care and our Plan Partners apply algorithms and assignment logic to identify and assign members eligible for ECM. The most underserved and hardest to engage are members experiencing homelessness; severe mental illness; substance use disorder; high-utilizers; and members transitioning from incarceration. Members are strategically assigned

to ECM providers based on pre-existing relationships (i.e. PCP or behavioral health provider), Population of Focus, provider specialty, or other relevant characteristics/needs. Our ECM providers are encouraged to identify and refer ECM-eligible members, which has yielded an increase of referrals over Q2, and helped engage hard to reach member populations.

2.1.7 Measure Description

Mandatory
10 Points

Narrative Response Only

Describe how the MCP successfully collaborated with all MCPs in the county to enhance and develop needed ECM and Community Supports infrastructure and, if applicable, leverage existing Whole Person Care (WPC) capacity. If only one MCP is operating in the county, the narrative must describe how it successfully leveraged and expanded existing county and, if applicable, WPC infrastructure to support infrastructure building. Response should include details regarding what barriers were encountered, which strategies proved successful, and the MCP's plans to continue infrastructure building. MCPs are also encouraged to describe how they might leverage the new community health workers (CHW) benefit moving forward to build capacity in the delivery system for ECM and Community Supports. (100 word limit)

L.A. Care collaborated with all local MCPs to host community CalAIM Roundtables to understand ECM/CS priorities, gaps and needs. Barriers identified include: time needed to educate providers and understand gaps in capacity. Ongoing successful strategies include: leveraging WPC infrastructure and partnerships; collaborating to offer provider trainings; utilizing a Plan Steering Committee model to guide process development; hosting bi-weekly planning meetings with all MCPs; and supporting ECM/CS infrastructure development and capacity-building with IPP funding. L.A. Care is working with all MCPs to explore workforce investment opportunities and partnerships to train and deploy CHWs who can identify, engage and serve populations of focus.

2.1.8 Measure Description

Mandatory

10 Points

Narrative Response Only

Describe any progress to build physical plant (e.g., sobering centers) or other physical infrastructure to support the launch and continued growth of ECM and Community Supports benefits. This response should provide detail regarding how the MCP has contributed to this infrastructure building, including but not limited to: financial contributions, participation in planning committees, partnerships with other MCPs and other community entities engaged in infrastructure building, etc. Please exclude technology-related infrastructure (e.g., IT systems) from this response. (100 word limit)

L.A. Care collaborated with Plan Partners to host CalAIM Roundtables to understand ECM/CS priorities, gaps and needs; release a joint IPP application process to fund ECM/CS providers; and review funding requests to support infrastructure development. Of the funding requests reviewed, one provider was granted funding to support the expansion of an office space to meet the needs of their ECM and CS members, which would be staffed by one part-time RN, two lead care managers, and 1 LMFT or LCSW. This provider was also granted funds to support the development and acquirement of an apartment building in Los Angeles county to be used as supportive permanent housing. This property would be designed to ensure all units are handicap accessible, and would have 2 staff members onsite to support with housing navigation and tenancy. Additional providers were granted funds to purchase vehicles and hardware, such as laptops, tablets, and cellphones, to support their street-based infrastructure needs and support outreach efforts to ECM and CS beneficiaries. Via the virtual monthly CalAIM Roundtables, where we invite ECM/CS providers and community stakeholders (totaling over 800 unique participants – see Measure 2.2.6 – List of Stakeholders – for details) to attend, we continue to identify community priorities and gather feedback to inform community-wide investments to support the building of physical plants (e.g. sobering centers) and other infrastructure to support successful implementation of ECM/CS. We are also identifying and engaging local ECM/CS providers, including sobering centers, to understand specific physical infrastructure needs that can be addressed with IPP funds. We will report ongoing progress in future submissions to DHCS.

2.1.9 Measure Description

Mandatory
10 Points

Narrative Response & Materials Submission

Submission of a signed letter of collaboration, meeting agendas/notes, or other materials that outline the organizations with which the MCP collaborated in developing the Delivery System Infrastructure portion of the Gap-Filling Plan. If the MCP is unable to produce these documents, please specify why in the narrative response.

AND

Describe how all MCPs in the county vetted and iterated the Gap-Filling Plan with other local partners within the county. Response should include a list of organizations with which the MCP collaborated, completed activities, and methods of engagement. If no meaningful engagement or vetting with local partners was completed, please explain why and describe upcoming plans for vetting and iteration, including a list of proposed organizations, proposed activities, methods of engagement, and a time frame for completing these activities. (100 word limit)

L.A. Care collaborated with our Plan Partners to host monthly CalAIM Roundtables since March 2022 to understand ECM/CS priorities, gaps and needs; establish advisory groups around POFs, IT/Data sharing and workforce development to inform county-wide investments; release a joint IPP application process to fund ECM/CS providers; review funding requests to support infrastructure development; and to inform development of the Delivery System Infrastructure portion of our Gap-Filling plan. The CalAIM Roundtable website - la.calaimroundtable.com - contains access to all meeting materials (i.e., agendas, PPTs, list of organization types that are invited to attend, DHCS-approved IPP Needs Assessment and Gap-Filling Plans) to document our collaboration. Please refer to the accompanying materials: Measure 2.1.9, 2.2.6, 2.2.21, 2.3.12 – Signed Letter of Collaboration.

End of Section

Submission 2-A Measures for Priority Area 2: ECM Provider Capacity Building

Response Required to This Section

2.2.1 Measure Description

Mandatory
20 Points

Quantitative Response Only

Number of contracted ECM care team full time employees (FTEs).

Enter response in the Excel template.

2.2.2 Measure Description

Optional
Report on five (5) optional Payment 2 measures in Program Priority Area #2 to earn a total of 30 points

Quantitative Response Only

Reporting on racial and ethnic demographics of ECM care team FTEs for each Program Year 1 Populations of Focus relative to the racial and ethnic demographics of the beneficiaries in the Program Year 1 Populations of Focus.

Enter response in the Excel template.

2.2.3 Measure Description

Mandatory
20 Points

Quantitative Response Only

Number of Members receiving ECM.

Enter response in the Excel template.

2.2.4 Measure Description

Mandatory
10 Points

Quantitative Response Only

Number of Members across Program Year 1 Populations of Focus receiving ECM. Break out of Members across Program Year 1 Populations of Focus receiving ECM by race, ethnicity, and primary language.

ECM Populations of Focus for Year 1 / Calendar Year 2022 include:

- Individuals and Families Experiencing Homelessness
- High Utilizer Adults
- Adults with Serious Mental Illness (SMI) / Substance Use Disorder (SUD)
- Adults and Children/Youth Transitioning from Incarceration (WPC Pilot counties only)

Enter response in the Excel template.

2.2.5 Measure Description

Mandatory
40 Points

Narrative Response Only

Narrative responses should outline progress and results from collaborations with local partners to achieve the below activities. (100 word limit per question below)

1. Describe what concrete steps have been taken and/or investments made to increase ECM provider capacity and MCP oversight capacity.
2. Describe what concrete steps have been taken and/or investments made to address ECM workforce, training, TA needs in county, including specific cultural competency needs by county.
3. Describe what concrete steps have been taken and/or investments made to support ECM provider workforce recruiting and hiring of necessary staff to build capacity.

4. List the MCP training and TA programs that have been provided to ECM providers, including details on when and where the trainings were held, how many people attended, and any organizations involved in the planning of training efforts. *NOTE: MCPs may submit relevant meeting minutes and attendee lists, training materials, and other attachments in lieu of a narrative response to Sub-Part 4.*

1. L.A. Care and our Plan Partners invited ECM providers in our network to apply for IPP funding in May 2022. 48 of the 60 (80%) ECM providers who are currently contracted in our networks (as of July 1, 2022) applied for IPP funding. To complement our investments, L.A. Care collaborated with our Plan Partners to conduct CS performance assessments and audits; provide technical assistance and coaching; and offer monthly virtual training. Additional specific activities include internal investments in our IT infrastructure to streamline reporting processes to and from providers and development of additional oversight reports and dashboards. L.A. Care, our Plan Partners and other MCPs collaborated to develop standardized templates for ECM provider reporting, including monitoring of ECM provider staffing and capacity. We have offered various trainings and ongoing TA to support ECM provider capacity to meet reporting needs, including reporting, claims submission, and clinical documentation.

2. L.A. Care and our Plan Partners invited ECM providers in our network to apply for IPP funding in May 2022. 90% (43 of 48 ECM providers who applied) requested IPP funding to support with oversight, compliance and training of core ECM staff, including care managers, consultants, LCSWs, nurses and other providers. Trainings topics proposed by providers included cultural competency and sensitivity to better serve our member populations. Moreover, L.A. Care has a robust training and TA program for ECM, including development of an on-demand boot camp training accessible to ECM providers when hiring and onboarding new staff, and biweekly webinars addressing topics critical to workforce training and capacity building. Topics have included engagement, supporting continuity of care, accessing and identifying community resources (including community supports), and others. We are investing in a SOW to provide additional training and capacity building to providers focused on the justice involved population.

3. L.A. Care and our Plan Partners invited ECM providers in our network to apply for IPP funding in May 2022. 79% (38 of 48 ECM providers who applied) requested IPP funding to support recruitment and hiring of core ECM staff, including care managers, consultants, LCSWs, nurses and other providers. Given the large number of WPC members who grandfathered into ECM, L.A. Care offered capacity building funding to 13 providers who received nearly 4,200 of the WPC grandfathered enrollees in early 2022 to support hiring of necessary staff, including lead care managers and other core staff.

4. L.A. Care and our Plan Partners Training coordinated to offer a variety of training topics including: Referral Form and Submission Process, ECM Member Information File (MIF) Inbound/Outbound Specs, Outreach and Engagement, Assessment and Care Plan, ECM Claims Guidance, Continuity of Care, among others. From December 2021 – June 2022, over 6,000 participants attended the virtual trainings. The trainings were facilitated by a variety of subject matter experts. Additionally, MCP staff scheduled regular check ins with ECM providers to answer questions and provide additional support. Please refer to the following accompanying materials: Measure 2.2.5_Training Packet, Measure 2.2.5_Meeeting Agenda, Measure 2.2.5_Webinar Attendee List, Measure 2.2.5_TA and Trainings, Measure 2.2.5_List of ECM Trainings.

2.2.6 Measure Description

Optional

Report on five (5) optional Payment 2 measures in Program Priority Area #2 to earn a total of 30 points

Narrative Response & Materials Submission

Narrative responses should outline progress and results from collaborations with local partners to achieve the below activities. Note that the strategic partnership requirements may be fulfilled through active and meaningful participation in the PATH Collaborative Planning Initiative—MCPs leveraging this must include details regarding any memoranda of understanding (MOUs), activities, and financial investments to support the PATH Collaborative Planning Initiative. (100 word limit per question below)

1. Describe progress against the narrative plan submitted for Payment 1 regarding the establishment and maintenance of strategic partnerships with MCPs in the county and other organizations *(see narrative measure 1.2.6, sub-question 2)*.
2. Describe progress against the narrative plan submitted for Payment 1 regarding addressing health disparities through strategic partnerships *(see narrative measure 1.2.6, sub-question 3)*.

AND

Submission of (1) MOUs or other collaborative agreements and (2) quarterly meeting agendas and notes (including a list of which organizations attended).

1. L.A. Care collaborated with our Plan Partners to host monthly CalAIM Roundtables since March 2022 to understand ECM/CS priorities, gaps and needs; release a joint IPP application process to fund ECM/CS providers; review funding requests to support infrastructure development; and to avoid duplication of funding with the PATH Collaborative Planning Initiative. The CalAIM Roundtable website - la.calaimroundtable.com - contains access to all meeting materials (i.e., agendas, PPTs summarizing PATH initiative and funding, list of organization types that are invited to attend to document) on our local collaboration. Our Plan Partners and consultant, Transform Health, signed the letter of collaboration. Additionally, we are working to connect ECM providers to HHSS providers/Housing Navigators to ensure they are able to coordinate care and services; developing a mechanism to share comprehensive ECM and CS service information across the delivery systems so that ECM & CS providers have information about which members are receiving which services with which providers; added new BH entities to our network and continue to support them to grow their capacity; and partnered closely with key BH ECM providers to support complex member needs and facilitated linkages to primary and specialty physical health care.

2. L.A. Care and our Plan Partners continue to identify and assign populations of focus to our ECM provider network. MCPs are also seeking input on community-wide investment opportunities in IT/Data sharing and workforce development. With investments under the IPP, we are building the capacity of current ECM/CS providers to better serve populations who are housing insecure; re-entering our community post-incarceration, suffering from SMI and substance use disorders. To address staff development needs, we are offering trainings to support our network's capacity with the Justice Involved POF, including understanding stigma and best practices for engagement. We have highlighted ECM providers in our trainings who have demonstrated successes engaging and working with members. Prospective ECM/CS providers are also encouraged to apply for IPP funding as they identify needs and opportunities to invest in systems, staffing, and quality reporting capabilities. We have begun a workgroup with DHS as the Correctional Health Services provider for LA County to discuss the justice involved POF, including how to best support member transitions from incarceration and to ECM, identify linkages, submit referrals, and eventually develop long-term strategies to support ECM provider capacity building and QI work for this population.

Please refer to accompanying materials named Measure 2.1.9, 2.2.6, 2.2.21, 2.3.12_Signed Letter of Collaboration and Measure 2.2.6_List of Stakeholder.

2.2.7 Measure Description

Mandatory
20 Points

Narrative Response & Materials Submission

MCPs must complete a narrative response for either of the prompt options below (and associated sub-components), as applicable. MCPs must also submit the required documents, as described below. (100 word limit)

1. Describe progress against the narrative plan submitted for Payment 1 regarding collaborative work with Tribes and Tribal providers used by members in the county to develop and support the provision of ECM services for members of Tribes in the county (*see narrative measure 1.2.7, sub-questions 2-3*). This response should include details on (1) concrete actions taken and investments made to demonstrate progress, (2) what issues have been identified in meetings facilitated to date, and (3) upcoming plans for meetings and other activities:
   a. Working with Tribes and Tribal providers used by members in the county on provider capacity.
   b. Providing ECM services for members of Tribes in the county.

OR

1. For MCPs operating in counties *without* recognized Tribes, describe the approach taken to supporting culturally competent ECM services for members who receive Tribal services, including efforts to contract with Tribal providers in surrounding counties.

AND

Submission of MOUs or other collaborative agreements and associated agendas and/or meeting notes.

L.A. Care and our Plan Partners remain committed to working collaboratively with Tribes and Tribal Providers in Los Angeles County. COVID in-person meeting limitations presented a particular challenge in engagement of Tribal organizations that have a preference for in person communication. United American Indian Involvement Inc. has been engaged, is currently under review for CS readiness, and is also considering the opportunity to serve as an ECM provider. We will continue to explore the opportunity to offer IPP funding to Tribal providers through community-wide investments to address identified gaps in ECM provider capacity for our local Tribal partners.

2.2.8 Measure Description

Mandatory
20 Points

Narrative Response Only

Describe how the MCP successfully collaborated with all MCPs in the county to support ECM capacity expansion and, if applicable, leverage existing Whole Person Care (WPC) capacity. If only one MCP is operating in the county, the narrative must describe how it successfully leveraged and expanded existing county and, if applicable, WPC infrastructure to support ECM capacity building. Response should include details regarding what barriers were encountered, which strategies proved successful, and the MCP's plans to continue capacity and infrastructure building. MCPs are also encouraged to describe how they might leverage the new community health workers (CHW) benefit moving forward to build capacity in the delivery system for ECM. (100 word limit)

L.A. Care and our Plan Partners are actively discussing how we can support ECM providers who committed to serving WPC members. Barriers have included: the gradual transition of WPC members to ECM providers; time needed to educate providers; understand gaps in capacity; the quality of and timeliness of WPC data to support with the transition of WPC members which resulted in WPC member cohorts transitioning gradually through July 2022. Ongoing strategies that have proved successful include: leveraging WPC infrastructure and partnerships; collaborating to offer provider trainings; developing a cross-walk on WPC member enrollment in various programs; hosting bi-weekly planning meetings with MCPs and DHS; and supporting ECM infrastructure development and capacity-building with IPP funding.
For example, early on, many WPC members were transitioned to new ECM providers. To support this transition, as of April 2022, 13 ECM providers received funding to quickly hire lead care managers who could serve nearly 4,200 WPC members. Additionally, 12 of the 13 ECM providers serving WPC transition members also applied for IPP funding to enhance their ECM delivery systems infrastructure, core staff hiring and development, and improve quality reporting capabilities. L.A.

Care and our Plan Partners are also exploring workforce investment opportunities and partnerships to train and deploy CHWs who can identify, engage and serve populations of focus.

2.2.9 Measure Description

Mandatory
20 Points

Quantitative Response

Baseline data for individuals who are Black/African American or from other racial and ethnic groups who are disproportionately[5] experiencing homelessness and who meet the Population of Focus definition: "people experiencing homelessness or chronic homelessness, or who are at risk of becoming homeless with complex health and/or behavioral health conditions."

Enter response in the Excel template.

Narrative Response

Describe the steps taken to reach individuals who are Black/African American or from other racial and ethnic groups who are disproportionately experiencing homelessness and who meet the Population of Focus definition: "people experiencing homelessness or chronic homelessness, or who are at risk of becoming homeless with complex health and/or behavioral health conditions." Response should include details on what barriers have been identified in reaching these populations as well as concrete steps taken/investments made to address these barriers, including partnerships with local partners. (100 word limit)

[5] MCPs must determine which racial/ethnic groups disproportionately experience homelessness in the county, not just identify which racial/ethnic groups have the highest counts of homelessness. This will require some basic calculations using publicly available data.

L.A. Care and our Plan Partners are actively working to increase the number of ECM/CS providers who can offer workforce engagement, services to justice involved and housing insecure populations. 43 contracted providers currently serve homeless populations and 20% of contracted providers are embedded in areas where the majority of the population identifies as African American or Black. Providers also offer health education classes, group support sessions, individualized care and engage in community outreach meeting the member where they're at. The providers recruited to be part of our network have a long-standing relationship and understanding of the communities they serve. L.A. Care and our Plan Partners offer ongoing provider support to engage and deliver the highest quality care to these populations.

Member engagement barriers include: lack of data on member housing status; difficulty in locating and engaging members experiencing homelessness; lack of housing units.

Successful strategies include: the application of an algorithm leveraging z-codes, public data, and social vulnerability to identify ECM populations, including people experiencing homelessness. Additionally, MCPs are taking steps to contract with behavioral health providers (such as Tarzana Treatment Center, JWCH Institute and Didi Hirsch, among others) who can offer specialized services to these populations. MCPs engaged Black/African American and Hispanic/Latinx lead providers, including Watts Health Corp., JWCH Institute, AltaMed, Venice Family Clinic, T.H.E. Clinic, St. John's Well Child and Family Center and L.A. Christian Health Centers, among others, to prioritize referrals for these populations. MCPs are also in discussion with L.A. County CEO's Homeless Initiative on how to partners on projects that seek to support targeted outreach to African American and Black community members. To better serve Native American and Alaska Native populations, United American Indian Involvement (UAII) is receiving support from MCPs to contract for ECM services. UAII is on track to contract with at least one MCP by 1/1/23. MCPs are working to support access for ECM providers to HMIS and build out better infrastructure to support connections between ECM/CS services. MCPs offer provider training in topics, including outreach and engagement, cultural competency and community resources (i.e. housing and transportation). New providers receive a comprehensive orientation, which includes training materials that can be routinely referenced with a focus on cultural competency. Moreover, MCPs encourage equitable program staffing, outreach, and service. Providers who are benefitting from IPP funding expressed commitment to hiring staff who come from and understand the communities they serve.

2.2.10 Measure Description

Optional
Report on five (5) optional Payment 2 measures in Program Priority Area #2 to earn a total of 30 points

Quantitative Response

Baseline data for individuals who are Black/African American or from other racial and ethnic groups who disproportionately[6] meet the Population of Focus definition ("individuals transitioning from incarceration who have significant complex physical or behavioral health needs requiring immediate transition of services to the community") and who have been successfully outreached to and engaged by an ECM provider.

Enter response in the Excel template.

Narrative Response

Describe the steps taken to reach individuals who are Black/African American or from other racial and ethnic groups who are disproportionately experiencing transitions from incarceration settings and meet the Population of Focus definition: "individuals transitioning from incarceration who have significant complex physical or behavioral health needs requiring immediate transition of services to the community." Response should include details on what barriers have been identified in reaching these populations and concrete steps taken/investments made to address these barriers, including partnerships with other community entities. (100 word limit)

2.2.11 Measure Description

Mandatory
10 Points

Quantitative Response Only

Number of contracted behavioral health full-time employees (FTEs)

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[6] MCPs must determine which racial/ethnic groups disproportionately experience homelessness in the county, not just identify which racial/ethnic groups have the highest incarceration figures. This may require basic calculations using publicly available data or data obtained from county partners.

Enter response in the Excel template.

2.2.12 Measure Description

Optional

Report on five (5) optional Payment 2 measures in Program Priority Area #2 to earn a total of 30 points

Narrative Response Only

Has the MCP hired a full-time Health Equity Officer by July 1, 2022, who has the necessary qualifications or training at the time of hire or within 1 year of hire to meet the requirements of the position, as outlined in the MCP Procurement?

Reply "YES" with the date of hire if this measure has been met.

OR

If this measure has not been met, reply "NO" with a description of concrete actions the MCP is taking to hire a full-time Health Equity Officer, including at a minimum (a) date when the job was posted, (b) how many candidates have been interviewed, and (c) how many job offers have been made to date. (100 word limit)

L.A. Care – Yes, hired on 4/19/2019 with a departure on 8/4/22. The position will be reposted 9/2/22. Anthem - No, but the position has since been filled with a start date of 8/1/2022. Kaiser Foundation Health Plan, Inc. - No, has prioritized hiring a full-time Health Equity Officer as part of the new direct contract. Blue Shield: No - The Chief Health Equity Officer job was posted on 06/02/22 through 07/04/22. Three total candidates were interviewed for the position. The interviews were conducted from 06/06/22 and 07/29/22. A candidate has been selected and the offer will be extended soon.

2.2.13 Measure Description

Optional

Report on five (5) optional Payment 2 measures in Program Priority Area #2 to earn a total of 30 points

Quantitative Response Only

Plan 30-Day Readmissions (PCR)

For beneficiaries who are in the ECM Populations of Focus and between ages 18-64, the number of acute inpatient stays during the reporting period that were followed by an unplanned acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission. Data is reported in the following categories:

- Count of Observed 30-Day Readmissions
- Count of Index Hospital Stays (IHS)

Enter response in the Excel template.

2.2.14 Measure Description

Optional

Report on five (5) optional Payment 2 measures in Program Priority Area #2 to earn a total of 30 points

Quantitative Response Only

Ambulatory Care—Emergency Department Visits (AMB)
Rate of emergency department (ED) visits per 1,000 beneficiary months for beneficiaries who are in the ECM Populations of Focus.

Enter response in the Excel template.

2.2.15 Measure Description

Optional

Report on five (5) optional Payment 2 measures in Program Priority Area #2 to earn a total of 30 points

Quantitative Response Only

Depression Screening and Follow-Up for Adolescents and Adults (DSF)
The percentage of beneficiaries 12 years of age and older who are in the ECM Populations of Focus and who were screened for clinical depression using a standardized tool and, if screened positive, who received follow-up care.

Enter response in the Excel template.

2.2.16 Measure Description

Optional

Report on five (5) optional Payment 2 measures in Program Priority Area #2 to earn a total of 30 points

Quantitative Response Only

Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (DMS)
The percentage of members 12 years of age and older who are in the ECM Populations of Focus with a diagnosis of depression and who had an outpatient encounter with a PHQ-9 score present in their record in the same assessment period as the encounter.

Enter response in the Excel template.

2.2.17 Measure Description

Optional

Report on five (5) optional Payment 2 measures in Program Priority Area #2 to earn a total of 30 points

Quantitative Response Only

Follow-Up After Emergency Department Visit for Mental Illness (FUM)
Percentage of emergency department (ED) visits for beneficiaries age 18 and older who are in the ECM Populations of Focus and have a principal diagnosis of mental illness or intentional self-harm and who had a follow-up visit for mental illness. Two rates are reported:

- Percentage of ED visits for mental illness for which the beneficiary received follow-up within 30 days of the ED visit (31 total days)
- Percentage of ED visits for mental illness for which the beneficiary received follow-up within 7 days of the ED visit (8 total days)

Enter response in the Excel template.

2.2.18 Measure Description

Optional

Report on five (5) optional Payment 2 measures in Program Priority Area #2 to earn a total of 30 points

Quantitative Response Only

Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA)
Percentage of emergency department (ED) visits for beneficiaries age 18 and older who are in the ECM Populations of Focus and have a principal diagnosis of alcohol or other drug (AOD) abuse or dependence and who had a follow-up visit for AOD abuse or dependence. Two rates are reported:

- Percentage of ED visits for which the beneficiary received follow-up within 30 days of the ED visit (31 total days)
- Percentage of ED visits for which the beneficiary received follow-up within 7 days of the ED visit (8 total days)

Enter response in the Excel template.

2.2.19 Measure Description

Optional

Report on five (5) optional Payment 2 measures in Program Priority Area #2 to earn a total of 30 points

Quantitative Response Only

Controlling High Blood Pressure (CBP)
Percentage of beneficiaries ages 18 to 85 who are in the ECM Populations of Focus and who had a diagnosis of hypertension and whose blood pressure was adequately controlled (< 140/90 mm Hg) during the reporting period.

Enter response in the Excel template.

2.2.20 Measure Description

Optional

Report on five (5) optional Payment 2 measures in Program Priority Area #2 to earn a total of 30 points

Quantitative Response Only

Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)
Percentage of children and adolescents ages 1 to 17 who are enrolled in the ECM Populations of Focus and who had two or more antipsychotic prescriptions and had metabolic testing. Three rates are reported:

- Percentage of children and adolescents on antipsychotics who received blood glucose testing
- Percentage of children and adolescents on antipsychotics who received cholesterol testing
- Percentage of children and adolescents on antipsychotics who received both blood glucose and cholesterol testing

Enter response in the Excel template.

2.2.21 Measure Description

Mandatory
10 Points

Narrative Response & Materials Submission

Submission of a signed letter of collaboration, meeting agendas/notes, or other materials that outline the organizations with which the MCP collaborated in developing the ECM Provider Capacity Building portion of the Gap-Filling Plan. If the MCP is unable to produce these documents, please specify why in the narrative response.

AND

Describe how all MCPs in the county vetted and iterated the Gap-Filling Plan with other local partners within the county. Response should include a list of organizations with which the MCP collaborated, completed activities, and methods of engagement. If no meaningful engagement or vetting with local partners was completed, please explain why and describe upcoming plans for vetting and iteration, including a list of proposed organizations, proposed activities, methods of engagement, and a time frame for completing these activities. (100 word limit)

L.A. Care collaborated with our Plan Partners to host monthly CalAIM Roundtables since March 2022 to understand ECM/CS priorities, gaps and needs; release a joint IPP application process in April 2022 to fund ECM/CS providers; review funding requests to support infrastructure development; and to inform development of the ECM Provider Capacity Building portion of our Gap-Filling plan. The CalAIM Roundtable website - la.calaimroundtable.com - contains access to all

meeting materials (i.e., agendas, PPTs, list of organization types that are invited to attend, DHCS-approved IPP Needs Assessment and Gap-Filling Plans) to document our collaboration.

Please refer to accompanying materials named Measure 2.1.9, 2.2.6, 2.2.21, 2.3.12_Signed Letter of Collaboration. All other supporting materials, including meeting agendas and notes, can be reviewed on our Los Angeles County CalAIM Roundtable website la.calaimroundtable.com

End of Section

Submission 2-A Measures for Priority Area 3: Community Supports Provider Capacity Building & Take-Up

Response Required to This Section

2.3.1 Measure Description

Mandatory
30 Points

Quantitative Response Only

Number of and percentage of eligible Members receiving Community Supports and number of unique Community Supports received by Members.

Enter response in the Excel template.

2.3.2 Measure Description

Mandatory
30 Points

Quantitative Response Only

Number of contracted Community Supports providers.

Enter response in the Excel template.

2.3.3 Measure Description

Mandatory
35 Points

Narrative Response Only

Narrative should outline progress and results from collaborations with local partners within the county to achieve the below activities. (100 word limit for each question)

1. Describe steps taken to reduce gaps or limitations in Community Supports coverage across the county.
2. Describe steps taken to increase number and/or reach of Community Supports offered in January 2022 or July 2022.

1. L.A. Care and our Plan Partners evaluate CS provider network adequacy frequently by reviewing gaps in geographic distribution, ability to meet CS requirements, and through conducting targeted outreach to prospective CS providers. L.A. Care coordinates with our Plan Partners on administrative simplification of requirements/criteria across the region to reduce confusion among providers and members. Current and prospective CS providers are encouraged to apply for IPP funding to support infrastructure and capacity building. Overall, L.A. Care and our Plan Partners have adequate network capacity to meet members' needs. As of May 2022, 37 CS providers applied for funding under IPP to build delivery system infrastructure, hiring of core staff and enhance quality reporting capabilities. We will coordinate with the 26 CS provider who did not apply in May 2022 (the first round of IPP funding) to apply in upcoming rounds to support their organizations with infrastructure and capacity building.

2. L.A. Care and our Plan Partners continue to streamline the CS onboarding process by using a single LOI form and certification tool for prospective providers to apply. Since launching CS services in January 2022, L.A. Care and our Plan Partners are offering 10 unique CS services, including Housing Transition Navigation Services, Housing Tenancy and Sustaining Services, Meals/Medically Tailored Meals, Recuperative Care (Medical Respite), Asthma Remediation, Environmental Accessibility Adaptations, Housing Deposits, Personal Care and Homemakers Services, Respite Services, and Short-term Post-Hospitalization Housing, we now have 63 unique CS providers delivering services to our members. L.A. Care and our Plan Partners have also added 2 new CS services across our network as of July 2022, including Sobering Centers and Day Habilitation. L.A. Care and our Plan Partners coordinated in completing the provider vetting and contracting requirements, including gap closure and readiness activities in preparation for onboarding new CS providers. L.A. Care is also collaborating with our Plan Partners to fund current and newly contracted CS providers under IPP.

2.3.4 Measure Description

Mandatory
35 Points

Narrative Response Only

Narrative should outline progress and results from collaborations with local partners within the county to achieve the below activities. (100 word limit for each question)

1. Describe what concrete steps have been taken and/or investments made to increase Community Supports provider capacity and MCP oversight capability from January through June 2022.
2. Describe what concrete steps have been taken and/or investments made to address Community Supports workforce, training, and TA needs in region/county, including specific cultural competency needs by region/county.
3. Describe what concrete steps have been taken and/or investments made to support Community Supports workforce recruiting and hiring.
4. Please list the MCP training and TA programs that have been provided to Community Supports providers, including details on when and where the trainings were held, how many people attended, and any organizations involved in the planning. *NOTE: MCPs may submit relevant meeting minutes and attendee lists, training materials, and other attachments in lieu of a narrative response to Sub-Part 4.*

1. L.A. Care and our Plan Partners invited CS providers in our network to apply for IPP funding in May 2022. 37 of 46 (80%) CS providers who are contracted with L.A. Care and our Plan Partners applied for IPP funding. To complement our investments, L.A. Care collaborated with our Plan Partners to conduct CS performance assessments and audits; provide technical assistance and coaching; and offer monthly virtual training.

2. L.A. Care and our Plan Partners invited CS providers in our network to apply for IPP funding in May 2022. 100% (37 of 37 CS providers who applied) requested IPP funding to support with oversight, TA, compliance and training of core CS staff, including care managers, housing navigators, consultants, nurses and other providers. Trainings topics proposed by providers included cultural competency and sensitivity to better serve our member populations.

3. L.A. Care and our Plan Partners invited CS providers in our network to apply for IPP funding in May 2022. 92% (34 of the 37 CS providers who applied) requested IPP funding to support recruitment and hiring of core CS staff, including care managers, housing navigators, consultants, nurses and other providers.
4. L.A. Care and our Plan Partners Training coordinated to offer a variety of training topics including: General CS overview, Onboarding per CS program, SyntraNet Care Management System, Claims and Billing, Referral Submission Process per CS,

Housing Assessment and Individualized Housing Support Plan, among others. From December 2021 – June 2022, over 6,000 participants from ECM/CS providers attended the trainings. The trainings were facilitated by a variety of subject matter experts and made available to both ECM and CS providers. Additionally, MCP staff scheduled regular check ins with CS providers to answer questions and provide additional support.
Please refer to the following accompanying materials: Measure 2.3.4_CS Newsletter, Measure 2.3.4_CS Training PowerPoint, Measure 2.3.4_TA and Training List, Measure 2.3.4_Training Packet, Measure 2.3.4_List of ECM Trainings

2.3.5 Measure Description

Mandatory
35 Points

Narrative Response Only

1. Describe progress against the narrative plan submitted for Payment 1 regarding collaborative work with Tribes and Tribal providers used by members in the county to develop and support the provision of Community Supports for members of Tribes in the county *(see narrative measure 1.3.6, sub-questions 2-3).* This response should include details on concrete actions taken/investments made to demonstrate progress made in the below activities. (100 word limit)

a. Working with Tribes and Tribal providers used by members in the county on provider capacity.
b. Providing Community Supports for members of Tribes in the county.

OR

1. For MCPs operating in counties *without* recognized Tribes, describe the approach taken to supporting culturally competent Community Supports for members who receive Tribal services, including efforts to contract with Tribal providers in surrounding counties. (100 word limit)

L.A. Care and our Plan Partners remain committed to working collaboratively with Tribes and Tribal Providers in Los Angeles County. COVID in-person meeting limitations presented a particular challenge in engagement of Tribal organizations that have a preference for in person communication. United American Indian Involvement Inc., has been engaged; is currently under review for CS onboarding; and is also considering the opportunity to serve as an ECM

provider. We will continue to explore the opportunity to offer IPP funding to Tribal providers through community-wide investments to address identified gaps in CS provider capacity for our local Tribal partners.

2.3.6 Measure Description

Mandatory
35 Points

Narrative Response Only

Describe how the MCP successfully collaborated with all MCPs in the county to support Community Supports capacity expansion and, if applicable, leverage existing WPC capacity. If only one MCP is operating in the county, the narrative must describe how it successfully leveraged and expanded existing county and, if applicable, WPC infrastructure to support Community Supports capacity building. Response should include details regarding what barriers were encountered, which strategies proved successful, and the MCP's plans to continue capacity and infrastructure building. MCPs are also encouraged to describe how they might leverage the new community health workers (CHW) benefit moving forward to build capacity in the delivery system for Community Supports. (100 word limit)

L.A. Care collaborated with local MCPs to understand CS priorities, gaps and needs. Barriers include: time needed to educate providers; understand gaps in capacity, quality of and timeliness of WPC data to support with the transition of WPC members, which resulted in WPC member cohorts transitioning gradually through July 2022. Ongoing successful strategies include: leveraging WPC infrastructure and partnerships; collaborating to offer provider trainings; developing a cross-walk on WPC member enrollment in various programs and identifying the equivalent CS program for continuity of care; hosting bi-weekly planning meetings with MCPs and DHS; and supporting CS infrastructure development and capacity-building with IPP funding. L.A. Care and our Plan Partners are also exploring workforce investment opportunities and partnerships to train and deploy CHWs who can identify, engage and serve populations of focus.

2.3.7 Measure Description

Mandatory
30 Points

Quantitative Response Only

Percentage of enrollees receiving Community Supports by race, ethnicity, and primary language, relative to the demographics in the underlying enrollee population.

Enter response in the Excel template.

2.3.8 Measure Description

Optional

Report on one (1) optional Payment 2 measure in Program Priority Area #3 to earn 50 points

Quantitative Response Only

Asthma Medication Ratio (AMR)

The percentage of beneficiaries ages 5 to 64 who are receiving Community Supports and who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the reporting period.

Enter response in the Excel template.

2.3.9 Measure Description

Optional

Report on one (1) optional Payment 2 measure in Program Priority Area #3 to earn 50 points

Quantitative Response Only

The number of individuals who meet the criteria for the 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") who were housed for more than 6 consecutive months.

Enter response in the Excel template.

2.3.10 Measure Description

Optional
Report on one (1) optional Payment 2 measure in Program Priority Area #3 to earn 50 points

Quantitative Response Only

Controlling High Blood Pressure (CBP)
Percentage of beneficiaries who meet the criteria for the 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") 18-85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (< 140/90 mm Hg).

Enter response in the Excel template.

2.3.11 Measure Description

Optional
Report on one (1) optional Payment 2 measure in Program Priority Area #3 to earn 50 points

Quantitative Response Only

Comprehensive Diabetes Care (CDC)
Percentage of beneficiaries who meet the criteria for the 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," 18-75 years of age with diabetes who had hemoglobin A1c > 9.0%.

Enter response in the Excel template.

2.3.12 Measure Description

Mandatory
20 Points

Narrative Response & Materials Submission

Submission of a signed letter of collaboration, meeting agendas/notes, or other materials that outline the organizations with which the MCP collaborated in developing the Community Supports Provider Capacity Building and Community Supports Take-Up portion of the Gap-Filling Plan. If the MCP is unable to produce these documents, please specify why in the narrative response.

AND

Describe how all MCPs in the county vetted and iterated the Gap-Filling Plan with local partners within the county. This response should include a list of organizations with which the MCP collaborated, completed activities, and methods of engagement. If no meaningful engagement or vetting with local partners was completed, please explain why and describe upcoming plans for vetting and iteration, including a list of proposed organizations, proposed activities, methods of engagement, and a time frame for completing these activities. (100 word limit)

L.A. Care collaborated with our Plan Partners to host monthly CalAIM Roundtables since March 2022 to understand ECM/CS priorities, gaps and needs; release a joint IPP application process in April 2022 to fund ECM/CS providers; review funding requests to support CS infrastructure development; and to inform development of the Community Supports Provider Capacity Building and Community Supports Take-Up portion of our Gap-Filling plan. The CalAIM Roundtable website - la.calaimroundtable.com - contains access to all meeting materials (i.e., agendas, PPTs, list of organization types that are invited to attend, DHCS-approved IPP Needs Assessment and Gap-Filling Plans) to document our collaboration.

Please refer to the accompanying materials: Measure 2.1.9, 2.2.6, 2.2.21, 2.3.12 – Signed Letter of Collaboration.

End of Section

Submission 2-B Measures *(Added Spring 2023)*

Response Required to This Section

2B.1.1 Measure Description

10 Points

Quantitative Response

Number and percentage point increase in contracted ECM providers that engage in bi-directional Health Information Exchange (HIE).

Enter response in the Excel template.

Narrative Response

Describe the concrete steps taken and investments made by the MCP to increase the number of contracted ECM providers that engage in bi-direction Health Information Exchange (HIE). *(No longer than one page per Measure)*

In April 2022, L.A. Care and our Plan Partners collaborated to release an IPP application process to fund ECM/CS providers, including funding requests for HIE access and capability enhancements. After reviewing and approving incentive applications, a total of 64 providers were awarded, including a combination of providers with confirmed contracts for ECM and/or CS services. Of the 48 ECM providers who applied for IPP funds, 42% (20 ECM providers) requested IPP funding in this category of investments. ECM providers who applied received an average incentive award of $150,000.00 starting in September 2022 to support infrastructure and capacity building needs, including HIE systems access and upgrades. In the progress reports submitted by awarded providers in January 2023, 7 providers who requested IPP funding for HIEs reported completing their investment milestones in this category. The majority of awarded providers in this category are on track to complete their HIE investments by June 30, 2023.

L.A. Care and our Plan Partners also established an IT/Data Sharing Advisory Group, consisting of L.A. County stakeholders (15 representatives from MCPs, Providers, and County partners). This advisory group has convened monthly since August

2022 to identify community needs and help set prioritization for investments across Los Angeles County. The following lists key milestones accomplished by our advisory group:

- Mapping of a county-wide data landscape, including the various HIEs and data systems currently being used by providers in Los Angeles County.
- Development of shared definitions, including understanding how providers define HIE and creating a shared definition to use across L.A. County.
- Presentations from HIE providers to the advisory group membership, including a CalAIM roadmap plan presentation from the Los Angeles Network for Enhanced Services (LANES) in October 2022. Additional presentations were scheduled for Q1 2023 with San Diego 211 and L.A. 211.
- Completion of a data platform survey (56 of provider responses) to understand which systems each ECM & CS provider is currently using and which additional systems, including HIEs, they can benefit from.
- Exploration and prioritization for community wide IT and Data sharing investments, though surveying the advisory group membership to understand what type of investment would best support providers.
- In 2023, we will be moving forward with implementing the following community-wide investment prioritized by the advisory group and providers, which will further increase the number of contracted ECM providers who engage in bi-directional HIE: Provide funding to ECM and CS providers to cover data exchange expenses, such as onboarding, membership or data extraction fees for referral management systems, EHRs, HIEs, and other data systems used by L.A. County MCPs to support care coordination. This funding would apply to pre-approved list of vendors and platforms. L.A. Care will provide ongoing updates, including a list of vendors and providers who will benefit from these investments, in future submissions.

2B.1.2 Measure Description

20 Points

Quantitative Response

Number and percentage point increase in contracted ECM providers with access to certified EHR technology or a care management documentation system able to generate and manage a patient care plan.

Enter response in the Excel template.

Narrative Response

Describe the concrete steps taken and investments made by the MCP to increase the number of contracted ECM providers with access to certified EHR technology or a care management documentation system able to generate and manage a patient care plan. *(No longer than one page per Measure)*

L.A. Care and our Plan Partners collaborated to release an IPP application process to fund ECM/CS providers, including funding requests for certified EHR technology or care management documentation systems. Of the 48 ECM providers who applied for IPP funds, 79% (38 ECM providers) requested IPP funding in this category of investments. In the progress report submitted by awarded providers in January 2023, 11 providers who requested funding for EHR and 8 providers who requested funding for a care management documentation system have reported completing their investment milestones in these categories. The majority of awarded providers in this category are on track to complete their EHR and care management documentation system investments by June 30, 2023.

L.A. Care and our Plan Partners have also established an IT/data sharing advisory group, consisting of LA County stakeholders (MCPs, Providers, County Partners). This advisory group has been convening monthly since August 2022 to identify community needs and help set prioritization for investments across Los Angeles County. Key milestones that have been accomplished through this advisory group are:

- Mapping of a county-wide data landscape, including the various EHRs and referral management systems currently being used in Los Angeles County.
- Completion of a data platform survey to understand which systems each ECM & CS provider is currently using and what additional systems, including certified EHRs, they can benefit from.

- In 2023, we will be moving forward with implementing the following community-wide investment selected by the advisory group, which will further increase the number of contracted ECM providers with access to certified EHR technology or care management documentation systems: Provide funding to ECM and CS providers to cover data exchange expenses, such as onboarding, membership or data extraction fees for referral management systems, EHRs, HIEs, and other data systems used by L.A. County MCPs to support care coordination. This funding would apply to a pre-approved list of vendors and platforms. L.A. Care will provide ongoing updates, including a list of vendors and providers who will benefit from these investments, in future submissions.

Additional investments in this area from our plan partners include:

- **Kaiser Health Plan Foundation** partnered with Community Health Centers (CHCs) across California, including in Los Angeles County, to assess interest and opportunities for transition from CHCs' various current EHRs to OCHIN EPIC.

- **Blue Shield Promise** launched CareConnect on 1/1/23, a replacement of their care management documentation system with significant enhancements to improve Members quality of care. Blue Shield has extended the use of the system to all contracted ECM and CS providers and have invested in technical assistance and trainings to support provider adoption.

2B.1.3 Measure Description

20 Points

Quantitative Response

Number and percentage point increase in contracted ECM and Community Supports providers capable of submitting a claim or invoice to a MCP, or have access to a system or service that can process and send a claim or invoice to a MCP with information necessary for the MCP to submit a compliant encounter to DHCS.

Enter response in the Excel template.

Narrative Response

Describe the concrete steps taken and investments made by the MCP to increase the number of contracted ECM and Community Supports providers capable of submitting a claim or invoice to a MCP, or have access to a system or service that can process and send a claim or invoice to a MCP with the information necessary for the MCP to submit a compliant encounter to DHCS. *(No longer than one page per Measure)*

L.A. Care and our Plan Partners collaborated to release an IPP application process to fund ECM/CS providers, including funding requests to enhance claims submission capabilities and systems. Of the 64 providers who applied for IPP funds, 42% (27 ECM and CS providers) requested IPP funding in this category of investments. In the progress report submitted in January 2023, 12 providers who requested funding for claims submission capabilities and systems reported completing all of their investment milestones in this category. In addition, L.A. Care and our Plan Partners made the additional investments with contracted providers:

L.A. Care Health Plan provides all ECM/CS providers, during onboarding, with a claims billing guide to support their knowledge of payment methodology, HCPCS Code, claims submission options, in addition to information on how to best utilize our clearinghouse (Change Healthcare) for electronic claims transactions. L.A. Care providers have the option to submit electronic claims, through our clearinghouse Change Healthcare, or send paper claims to L.A. Care. Claims received from Change healthcare are adjudicated through the core claim system, once the claim is finalized it is extracted and processed through the Edifecs encounter system and submitted as an encounter to DHCS via sFTP. For Community Supports providers, payment will differ based on what is appropriate for that Community Support.

Anthem provides all contracted ECM/CS providers, including those in L.A. County, with access to CareCentral – Anthem's online provider portal through which all providers submit claims and invoices to Anthem. To ensure all providers can access and utilize the system with minimal barriers, between 7/1/22-12/31/22, Anthem granted all providers access to one of four provider network consultants who provided technical assistance with a focus on claims and billing, instituted 22 claims or invoicing updates to CareCentral, and offered providers the option of developing an electronic billing interface.

Blue Shield Promise provides all ECM and CS providers with access to CareConnect, and Blue Shield Promise has invested in technical assistance and trainings to support provider adoption. CareConnect provides the functionality for ECM/CS providers to submit required data elements for claims/invoicing. Blue Shield Promise extracts this data to submit compliant encounters to DHCS and process payments for ECM and Community Supports providers to reduce the administrative burden of submitting both claims and clinical data via varying modes and methodologies.

Kaiser Foundation Health Plan (KFHP) works with external providers and all Community Supports partners to ensure enrollment for electronic data interchange (EDI) submission of claims via their clearinghouse vendor, Office Ally. While this long-term solution is developed for providers to send claims directly through Office Ally, KFHP's OneLink system will intake invoices from ECM and CS providers and convert them into 837P encounters for reporting and claims purposes. KFHP continues to develop this invoice intake process and during the present reporting period, invested in additional development to complete the system build. Completion is scheduled for Q1 2023.

2B.1.4 Measure Description

20 Points

Quantitative Response Only

Number and percentage point increase in contracted Community Supports providers for those Community Supports offered by the MCP during the measurement period with access to closed-loop referral systems.

NOTE: Closed-loop referrals are defined as coordinating and referring the member to available community resources and following up to ensure services were rendered. A closed-loop referral system refers to a system or process which ensures the referring provider receives information that the Member was appropriate referred to, and received, services.

Enter response in the Excel template.

2B.2.1 Measure Description

10 Points

Quantitative Response Only

Number of contracted ECM care team full time equivalents (FTEs)

Total FTEs are defined as the sum of ECM care team members' working hours divided by their employer's full-time working hours (i.e. 40 hours per week); multiple part-time ECM care team members can equate to one (1) FTE.

Enter response in the Excel template.

2B.2.2 Measure Description

10 Points

Quantitative Response Only

Number of Members enrolled in ECM

Enter response in the Excel template.

2B.2.3 Measure Description

10 Points

Quantitative Response Only

Number of members who are Black/African American and other racial and ethnic groups who are disproportionately experiencing homelessness that are enrolled in ECM during the measurement period.

Enter response in the Excel template.

2B.3.1 Measure Description

10 Points

Quantitative Response Only

Number of and percentage of eligible members receiving Community Supports, and number of unique Community Supports received by members.

Enter response in the Excel template.

2B.3.2 Measure Description

10 Points

Quantitative Response Only

Number of contracted Community Supports providers.

Enter response in the Excel template.

End of Section