California Department of Health Care Services
Submission Template for CalAIM Incentive Payments Measures
Payment 1: Gap-Filling Plan Measures
September 2021

Gap-Filling Plan and Narrative Measures for Payment 1

MCPs that operate in multiple counties will need to submit a separate Gap-Filling Plan for each county.

MCP Name	Alameda Alliance for Health
MCP County	Alameda
Program Year (PY) / Calendar Year (CY)	Program Year 1 / Calendar Year 2022

Note: See Excel Document for Accompanying Needs Assessment Template for Payment 1

Priority Area	Percentage of Points Allocated to Each Priority Area	Points Needed to Earn Maximum Payment 1	MCP Discretionary Allocation of Remaining 300 points *(MCP to enter point values in cells below)*
1. Delivery System Infrastructure	Minimum 20%	200	0
2. ECM Provider Capacity Building	Minimum of 20%	200	100
3. Community Supports (ILOS) Provider Capacity Building and Community Supports (ILOS) Take-Up	Minimum of 30%	300	200
4. Quality	Optional measures with values allocated to either ECM or Community Supports (ILOS)	N/A To be allocated to ECM or Community Supports (ILOS) based on measure	N/A To be allocated to ECM or Community Supports (ILOS) based on measure
Total Points		700	300

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

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. *100 word limit*
AAH committed to implementing six of the fourteen CS services in CY2022 in order to focus on successfully developing the selected CS programs. By implementing 6 instead of 7 CS, AAH is unable to earn the full points allocated to Measure#1.3.4 in the Needs Assessment. AAH is requesting 10 points be reallocated to Priority Area#1 to develop/enhance the infrastructure to provide more efficient/user-friendly tools for our providers to administer ECM/CS services. Streamlining the process will assist with the onboarding of potential new providers, increase provider capacity, and position AAH to be able to expand service offerings in the future.

DHCS initially set gap-filling targets in the Reporting Template of at least 20%, based on the Gap-Filling plan. If gaps are lower than 30%, MCPs are expected to identify an appropriate gap-filling target in their narrative entry to be approved by DHCS. In instances where MCPs do not have a gap for the measure, they may propose an alternative target for achievement. 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

1.1.6 Measure Description *Mandatory* *80 points*
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: (1) Electronically exchange care plan information and clinical documents with other care team members. (2) Have access to certified EHR technology or a care management documentation system able to generate and manage a patient care plan. (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. MCPs should also describe any plans to build physical plant (e.g., sobering centers) or other infrastructure to support the launch of ECM and Community Supports (ILOS). Gap-Filling Plan narrative should include approaches for collaborating with entities, including but not limited to, county social services, county behavioral health, public healthcare systems, county/local public health jurisdictions, community based organizations (CBOs), correctional partners, housing continuum and others 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.

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MCP Submission	
1. Describe approach to identify top 3-4 underserved populations in County and the ECM providers they are assigned to *100 word limit*	Alameda Alliance for Health (AAH) uses many data types/sources to identify members and underserved populations who would benefit from ECM services, including claims, encounters, member enrollment, pharmacy data, laboratory data, behavioral health utilization, assessment and survey data, ICD-10 identifiers for SDOH and housing data. AAH will use these sources to identify the top underserved populations in the county (e.g., by race/ethnicity, age, and/or geographic location) and correlate to other areas of member specific needs, such as housing, food insecurity, behavioral health and provider assignment. On-going analysis and monitoring will be performed on this population for continuous validation.
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 *100 word limit*	1. AAH will assess ECM Provider capabilities to electronically exchange care plans and clinical documents using the Provider Certification responses. 2. AAH will work with ECM Providers who lack the capability to exchange data electronically to identify needs, barriers, and opportunities to implement this capability. 3. AAH will explore tools/resources including the WPC Community Health Record(CHR) /Social Health Information Exchange(SHIE) and incentives to encourage adoption and address data privacy and security issues, technological barriers, workflow/care design, and vendor procurement/financing. 4. AAH will use provider communications, outreach, and educational opportunities to provide technical assistance through in-person/virtual trainings, webinars, and learning collaboratives.
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	1. AAH will assess ECM Provider access to certified EHR/care management system using responses from the Provider Certifications. 2. AAH will work with ECM Providers who lack access to an electronic system to identify needs, barriers, and opportunities to procure and implement an EHR/care management system.

management documentation system able to generate and manage a patient care plan *100 word limit*	3. AAH will explore tools/resources including the WPC CHR and incentives to encourage adoption and address data privacy and security issues, technological barriers, workflow/care design, and vendor procurement/financing. 4. AAH will use provider communications, outreach, and educational opportunities to provide technical assistance through in-person/virtual trainings, webinars, and learning collaboratives.
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 *100 word limit*	AAH actions to increase provider abilities to submit claims/invoices: 1. AAH will receive claims/encounter data in multiple formats from providers and will utilize a third-party as needed to convert submissions in accordance with 837 requirements by DHCS. 2. AAH will encourage and support providers submission of 837 compliant claims/encounter data. 3. AAH will explore provider portal options including Anthem's portal solution for Providers to enter data directly, eliminating the need for a third-party vendor conversion. 4. If needed, AAH will explore the option of using a data clearinghouse to support providers' ability to submit data.
5. Describe approaches for collaborating with, Social Services, County Behavioral Health, and County/Local Public Health Agencies	AAH will encourage provider uptake of the WPC CHR, developed in 2018 as part of the WPC program by Alameda County, as a mechanism for data/information exchange between local organizations/current users which include Alameda County Health Care Services Agency (HCSA), Alameda County Behavioral Health (ACBH), Alameda County Public Health Department, Alameda Health System, etc.

within the county to improve data integration and electronic data sharing, capabilities among physical health, behavioral health and social service providers *100 word limit*	AAH and HCSA will collaborate and develop a plan to further share, expand and improve on data exchanges with the WPC SHIE, which was developed under the WPC pilot.
6. Describe approach for leveraging 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 *100 word limit*	AAH will leverage the WPC infrastructure built by: · Supporting access to utilization history via the CHR for providers/member's care team for care coordination between ECM/CS teams · Further developing data extract sharing using the SHIE and CHR between behavioral health and physical providers · Assessing BH ECM provider ability to exchange care plans electronically via the CHR or other systems · Exploring alerts to track members in "real time" and provide secure messaging functionality through CHR or other systems to communicate with members of the care team · Continue conversations to integrate the training curriculum built under WPC
7. Any additional Information on Delivery System Infrastructure Gaps in County *100 word limit*	AAH will implement a closed loop referral system, such as Aunt Bertha, for both ECM and CS providers.

Narrative Measures for Priority Area 2: ECM Provider Capacity Building

Gap-Filling Plan

1.2.5 Measure Description *Mandatory 70 points*	
Submission of a narrative Gap-Filling plan demonstrating: (1) How the MCP will address identified gaps in ECM Provider capacity for Program Year 1 Populations of Focus. (2) Identified ECM workforce, training, TA needs in county, including specific cultural competency needs by county. (3) Plan for ECM Provider workforce recruiting and hiring of necessary staff to build capacity. (4) Approach for MCP to develop and administer an MCP training and TA program for ECM Providers. (5) Strategy to ensure ECM Providers are successfully engaging with hard to reach Populations of Focus, including homeless and justice involved populations, among others. (6) Approach to build, develop, or invest in the necessary behavioral health workforce to support the launch of ECM Gap-Filling Plan narrative should include approach for collaborating with other entities, including but not limited to, county social services, county behavioral health, public healthcare systems, county/local public health jurisdictions, community based organizations (CBOs), correctional partners, housing continuum, Tribes and Tribal providers (except for Plans in Counties without recognized Tribes), ECM providers and others 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	
MCP Submission	
1. Describe approach to address identified gaps in ECM Provider capacity for	To build and ensure sufficient ECM Provider capacity, AAH is continuing ongoing collaboration with existing and potential new community-based partners interested in serving members in the designated Populations of Focus (PoF). AAH's approach to ensure success is to identify providers with expertise in the PoF, outreach and collaborate with them, provide ongoing technical support and training to enable providers to deliver services, monitor

Program Year 1 Populations of Focus and proposed targets, of at least 20% improvement, to address gaps *100 word limit*	capacity, review deficiencies, and recruit additional providers as needed. Provider capacity reporting will be reviewed routinely to monitor access/member capacity. AAH will evaluate funding supports to ensure outreach to new ECM members and ongoing operational success.
2. Identify ECM workforce, training, and TA needs in county, including specific cultural competency needs by county *100 word limit*	AAH conducted 14 Listening Sessions with community-based providers, as well as one public stakeholder meeting. Findings from these sessions have indicated the following needs: • Sustainability of existing programs and the transition process for currently enrolled members in WPC/HHP • Financial support to improve ECM technological capabilities • Financial support to expand ECM staffing and training • Technical Assistance (TA) in understanding billing and data requirements • Recommended CHR/SHIE implementation and expansion • Consistency between AAH and Anthem on data and reporting requirements • Diversity and equity utilization metrics will be analyzed to identify disparities, which will shape future provider workforce and training needs
3. Describe plan for ECM Provider workforce recruiting and hiring of necessary staff to build and increase capacity by at least 20% *100 word limit*	AAH will conduct a gap analysis with ECM Providers and the community to bridge the workforce gap and address capacity needs. Based upon the analysis, AAH will explore offering the following services: • New hire training and onboarding program leveraging and tailoring existing work completed with WPC • Supplemental funding during the recruiting/onboarding/ramp up process for new hires for the first 60-90 days • Explore partnerships and opportunities to develop future ECM workforce (e.g., develop Community Health Workers (CHW) apprenticeship program with community college)

	AAH will also assess internal staffing requirements to administer, develop, and support ECM programs.
4. Describe approach to develop and administer an MCP training and TA program for ECM Providers *100 word limit*	AAH will develop a TA Action Plan that is localized and based upon current skills and competencies and seeks to strengthen collaborative relationships with ECM Providers. The TA Action Plan may include training tools for Providers, continued periodic learning collaboratives that promote shared and peer learning, and coordination of in-person/virtual trainings, as needed. Collaboratives/trainings can be customized based upon the identified needs of ECM Providers, provider/staff preferences (e.g., TA frequency and format), and available resources. Materials will be updated on the AAH Provider Portal and included in the AAH Provider newsletter. AAH will monitor/assess effectiveness of the TA Action Plan.
5. Describe strategy to ensure ECM Providers are successfully engaging with hard to reach Populations of Focus, including homeless and justice involved populations, among others *100 word limit*	AAH will share outreach/engagement strategies with ECM Providers based on the existing CB-CME infrastructure/network encouraging collaboration between providers and CBOs who outreach to the PoF. ECM Providers are required to create outreach/engagement plans based on: • Care records, claims, other information regarding physical/BH conditions/history of trauma • Member's language preferences, health literacy, communication preference, housing status, work history, social factors that create barriers to locating/contacting the member, and any patterns/behaviors on medical/BH utilization. • Best practices (i.e., motivational interviewing, trauma informed care, and cultural competency) Provider contracting will be structured using a tiered-outreach-payment structure to prioritize engagement strategies for hard to reach PoFs.
6. Describe approaches for collaborating with, Social Services, County Behavioral Health, and	Continue periodic provider learning collaboratives with: • HCSA and ACBH to discuss/address ECM workforce, training, and TA needs. • Regular participation from Social Services Agency (SSA) Continue ongoing meetings to discuss ECM needs, training needs, capacity building and operational workflows with:

County/Local Public Health Agencies within the county to achieve the above activities *100 word limit*	• HCSA • ACBH • Regional Center of the East Bay • California Children Services • First 5 Alameda County Building on the framework implemented under WPC, establish a county-wide Governance Committee to provide a collaborative forum for monitoring the activities of AAH's CalAIM program. Implement quarterly joint operations meetings with ACBH, as specified in our MOU, to address collaborative activities and ECM Provider capacity.
7. Describe approach to build, develop, or invest in the necessary behavioral health workforce to support the launch of ECM *100 word limit*	AAH will continue to work closely with ACBH to become a potential ECM Provider including ACBH's subcontracted providers. We will implement quarterly joint operations meetings with ACBH, as specified in our MOU, to address collaborative activities and which may include ECM Provider capacity. AAH will offer support to ACBH with the following activities: • ECM onboarding and technical assistance support • Skills development and initial hire training • Ongoing provider learning collaboratives

Community Partners

1.2.6 Measure Description *Optional* *Report on One Optional Measure in ECM Provider Capacity Building Priority Area to Earn 30 Points*	
Narrative summary that outlines landscape of Providers, faith-based groups, community-based organizations, and county behavioral health care providers and county behavioral health networks 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.	
MCP Submission	
1. Describe the landscape in the county of: a. ECM b. Providers c. Faith-based groups d. Community-based organizations e. County behavioral health care providers and county behavioral health networks *100 word limit*	
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 *100 word limit*	
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 of at least five identified health disparities *100 word limit*	

Tribal Engagement

1.2.7 Measure Description *Mandatory 30 points*	
Narrative summary that outlines landscape of Tribes, Tribal providers used by members in the county, and members in the county who use Tribal services, 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	
MCP Submission	
1. Outline the landscape of Tribes, Tribal providers, and members in the county who use Tribal services and will need ECM supports *100 word limit*	The Plan currently contracts with Community Health Center Network (CHCN) for ECM services, which includes the Native American Health Center, an Urban Indian Health Project, serving American Indians, Alaska Natives, and residents of the surrounding communities, with respect for cultural and linguistic differences. Currently, there are 5 members who identify as Native American/Alaska Native and have transitioned to ECM services on 1/1/2022. There are 98 members who are eligible and assigned to Native American Health Center for ECM services.
2. Outline a plan to establish a strategic partnership including any plans for formalization such as a MOU or other agreements *100 word limit*	AAH currently has a contract with CHCN as an ECM Provider, which includes the Native American Health Center. Currently, 98 members are assigned to Native American Health Center for ECM services. AAH will monitor the access to ECM services by Native American members to determine if additional MOUs/agreements will be required to support this population.
3. Describe plan to develop provider capacity and ECM services for members *100 word limit*	The Plan currently contracts with Community Health Center Network (CHCN) for ECM Services, which includes the Native American Health Center. AAH will monitor the capacity of Native American Health Center as an ECM Provider and address any capacity needs by exploring the potential offering of the following services:

	• New hire training and onboarding program leveraging and tailoring existing work completed with WPC • Supplemental funding during the onboarding/ramp up process for new hires for the first 60-90 days • Explore partnerships and opportunities to develop future ECM workforce (e.g., develop Community Health Workers (CHW) apprenticeship program with community college)

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

1.2.9 Measure Description *Mandatory* *30 points*	
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	
MCP Submission	
1. Identify and describe top 3 – 4 racial and ethnic groups that are disproportionately experiencing homelessness in the county *100 word limit*	In Alameda County, Black/African American groups disproportionately experience homelessness at 47%, but only represent 11% of the general population in the county. White groups follow second at 31%, with Latinx/Hispanic and Multiple Races/Other groups experiencing homelessness at 17% and 14%, respectively. Of those individuals experiencing homelessness in Alameda County, the majority were male (61%), ages 25-59 years old (73%), and reported the following top health conditions: psychiatric/emotional conditions (39%), alcohol and drug use (30%), post-traumatic stress disorder (30%), chronic health problems (26%), and physical disability (24%).
2. Describe approach to improve outreach and engagement by at least 20% to	ECM provider contracts are structured to prioritize engagement strategies including a tiered outreach payment structure (i.e. street outreach is reimbursed at a higher rate) and a tiered engagement risk-stratification and payment structure. AAH will continuously review tiering logic to evaluate risk-stratification effectiveness and adjust as needed.

Black/African American and other racial and ethnic groups who are disproportionately experiencing homelessness *100 word limit*	AAH will also work with transitional and permanent housing providers, homeless service providers, housing agencies, HCSA, and Corporation for Supportive Housing to provide education and TA on housing navigation/tenancy supports and training on best engagement practices. Diversity and equity utilization metrics will be analyzed to identify disparities, which will shape future provider training needs.

Engagement for Key Population of Focus: Individuals Transitioning from Incarceration

1.2.10 Measure Description *Optional* *Report on One Optional Measure in ECM Provider Capacity Building Priority Area to Earn 30 Points*	
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.	
MCP Submission	
1. Identify and describe top 3 – 4 racial and ethnic groups that are incarcerated in the county *100 word limit*	
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 *100 word limit*	

Narrative Measures for Priority Area 3: Community Supports (ILOS) Provider Capacity Building & Take-Up

Gap-Filling Plan

1.3.5 Measure Description *Mandatory* *80 points*
Submission of a narrative Gap-Filling plan describing: (1) Identified gaps or limitations in Community Supports (ILOS) coverage within county (2) Plan to increase number and/or reach of Community Supports (ILOS) offered in January 2022 or July 2022 (3) Identified Community Supports (ILOS) Provider capacity and MCP oversight capability gaps and plan to address gaps (4) Identified Community Supports (ILOS) workforce, training, TA needs in region / county, including specific cultural competency needs by region/county (5) Plan to develop and administer a training and TA program for Community Supports (ILOS) Providers (6) Plan to establish programs to support Community Supports (ILOS) workforce recruiting and hiring, including incentives for Community Supports (ILOS) Providers to hire necessary staff Gap-Filling Plan narrative should include approach for collaborating with other entities, including but not limited to, county social services, county behavioral health, public healthcare systems, county/local public health jurisdictions, community based organizations (CBOs), correctional partners, housing continuum, Community Supports (ILOS) providers, and others to achieve the above activities, improve outreach to and engagement with hard to reach individuals and reduce underlying health disparities.

MCP Submission	
1. Describe 3-4 identified gaps or limitations in Community Supports (ILOS) coverage within the county. If the Community Supports (ILOS) Provider network/capacity will not reasonably allow for county-wide provision of Community Supports (ILOS) to all eligible Members in the county at the time of implementation, please provide a brief explanation.[1] *100 word limit*	AAH is electing to offer 6 of the 14 pre-approved Community Supports options on January 1, 2022: 1. Housing Transition Navigation Services 2. Housing Deposits 3. Housing Tenancy and Sustaining Services 4. Recuperative Care (Medical Respite) 5. Asthma Remediation 6. Medically Supportive Food/Meals/Medically Tailored Meals Preliminary discussions with community partners indicate no geographic limitations for these 6 Community Supports (ILOS) services. AAH will offer Asthma Remediation for children through age 18 only on 1/1/2022. AAH will assess the need and available network within 6 months to develop a plan and timeline for coverage of adults.
2. Describe the plan to increase number and/or reach of Community Supports (ILOS) offered in January 2022 or July 2022	AAH will develop a process to monitor access and availability for Community Supports offerings. Should the need for more capacity be identified, AAH will initiate inquiry and contracting activities with additional and/or existing entities to ensure adequate coverage and access. AAH will explore other alternative strategies to increase reach, such as facilitating the use of the transportation benefit to access services. Organizations who have expressed interest via AAH's ECM/CS Interest Form will be prioritized for outreach to participate as a CS provider and complete a readiness assessment.

[1] This submission should align with information submitted in the ECM and Community Supports (ILOS) Model of Care Template.

100 word limit	
3. Identify Community Supports (ILOS) Provider capacity and MCP oversight capability gaps and plan to address gap with a gap closure of 20% *100 word limit*	AAH will develop a strategy and process to monitor and increase CS provider capacity, as appropriate, including the following: • Set provider capacity thresholds to measure and identify potential capability gaps • Monthly evaluations of CS Provider reports to determine capacity adjustments • Diversity and equity utilization metrics will be analyzed and compared against AAH's overall population, which will determine any modifications needed to the CS offerings. • Regularly review cultural/linguistic needs and provider capacity compared to provider attributes
4. Identified Community Supports (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% *100 word limit*	AAH has conducted 14 Listening Sessions with community-based providers, as well as one public stakeholder meeting. Findings from these sessions have indicated the following county-specific needs: • Sustainability of existing programs and the transition process for currently enrolled members in WPC/HHP • Financial support to improve CS technological capabilities • Financial support to expand CS staffing and training • TA in understanding billing and data requirements • Recommended CHR/SHIE implementation and expansion • Consistency between AAH and Anthem on data and reporting requirements • Diversity and equity utilization metrics will be analyzed to identify disparities, which will shape future provider workforce and training needs
5. Plan to develop and administer a training and TA program for Community Supports (ILOS) Providers *100 word limit*	AAH will implement learning opportunities for CS Providers allowing the TA topics to be tailored to their needs. A TA Action Plan will be developed to strengthen the collaborative relationship with CS Providers by creating a plan that is localized and based upon current skills and competencies of the CS Providers. The TA Action Plan will include training tools for providers, learning collaboratives that promote peer learning through in-person/virtual trainings. Materials will also be provided on the AAH Provider Portal and included in the Provider newsletter.

	AAH internal staffing requirements to administer, develop, and support CS programs will be identified.
6. Plan to establish programs to support Community Supports (ILOS) workforce recruiting and hiring, including incentives for Community Supports (ILOS) Providers to hire necessary staff, and increase Community Supports (ILOS) workforce by at least 20% *100 word limit*	AAH will conduct a gap analysis with CS Providers and the community to bridge the workforce gap and address capacity needs. Based upon the analysis, AAH will explore offering the following services: • New hire training and onboarding program that may be tailored to CS service • Supplemental funding during the recruiting/onboarding/ramp up process for new hires for the first 60-90 days based on the needs of the CS service • Explore skills development training through partnerships with local training programs (e.g., cultural sensitivity training, train the trainer programs) AAH will also assess internal staffing requirements to administer, develop, and support CS programs.
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 *100 word limit*	HCSA is the contracted CS Provider for four (4) of the six (6) CS services being offered in January 2022; AAH will coordinate these CS services and provider capacity through standing monthly meetings with HCSA. AAH will implement periodic provider learning collaboratives opportunities, including HCSA, to discuss/address workforce, training, and TA needs. AAH will build upon the framework accomplished under WPC to establish a county-wide Governance Committee to provide a collaborative forum for monitoring the activities of AAH CalAIM program. AAH will explore inclusion of SSA and ACBH in standing meetings, as applicable/appropriate.

Tribal Engagement

1.3.6 Measure Description *Mandatory 20 points*	
Narrative summary that outlines landscape of Tribes, Tribal providers in the county, and members in the county who use Tribal services 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 Community Supports (ILOS) services for members of Tribes	
MCP Submission	
1. Outline the landscape of Tribes, Tribal providers, and members in the county who use Tribal services and you anticipate will use Community Supports (ILOS) *100 word limit*	The Plan currently contracts with Community Health Center Network (CHCN) for ECM and medical services, which includes the Native American Health Center, an Urban Indian Health Project, serving American Indians, Alaska Natives, and residents of the surrounding communities, with respect for cultural and linguistic differences. There are 6 members identified as Native American/Alaska Native transitioning to CS services from WPC.
2. Outline a plan to establish a strategic partnership including any plans for formalization such as a MOU	AAH has outreached to Native American Health Center to determine if it is interested in offering CS Services. At this time, Native American Health Center would like to focus on being an ECM provider. AAH will continue to explore and discuss with Native American Health Center opportunities to provide CS services in the future.

or other agreements *100 word limit*	
3. Describe plan to develop provider capacity and Community Supports (ILOS) services for members *100 word limit*	AAH will explore how it can utilize the knowledge and understanding that Native American Health Center has on serving Tribal members to ensure that culturally appropriate care is provided by CS providers. AAH will continue to review and discuss with Native American Health Center opportunities to provide CS services in the future.

Collaboration with Other MCPs

1.1.7 Delivery System Infrastructure Building Measure Description *Mandatory 20 points*
Submission of a narrative describing how the MCP will collaborate with all MCPs in the county to enhance and develop needed ECM/ Community Supports (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 Community Supports (ILOS) capacity building approaches
MCP Submission *100 word limit*
To provide consistency for providers: • AAH will explore Anthem's use of a 3rd party vendor/portal that is used to enter claim data, exchange files and communications. • AAH and Anthem will collaborate on member level reporting required of ECM Providers to utilize a uniform format • Explore activities to increase CHR utilization with Anthem AAH, Anthem and HCSA will collaborate on data extracts produced by the SHIE to provide consistency with data exchange. AAH is also working with Anthem to execute an MOU that supports collaboration on ECM/CS infrastructure enhancement and development.

1.2.8 ECM Provider Capacity Building Measure Description *Mandatory 10 points*
Submission of a narrative describing how the MCP will collaborate with all 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
MCP Submission *100 word limit*
AAH and Anthem has and will continue to collaborate on: • Stakeholder/community listening sessions • Development and joint evaluation of a single ECM Provider Certification tool AAH continues collaborating with Anthem during regular meetings on: • Minimizing the burdens for ECM Providers regarding file submission, oversight requirements, and volume of file requests • Establishment of a county-wide Governance Committee • Identifying opportunities for collaboration with community partners on ECM Provider capacity Regular meetings with AAH, Anthem, HCSA, and ACBH to collaborate on SMI/SUD eligibility and processes will continue. AAH is also working with Anthem to execute an MOU that supports collaboration on ECM/CS capacity expansion.

1.3.7 Community Supports (ILOS) Provider Capacity Building and Community Supports (ILOS) Take-Up Measure Description *Mandatory* *50 points*
Submission of a narrative describing how the MCP will collaborate with all MCPs in the county to leverage and expand existing WPC capacity and support ongoing Community Supports (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 Community Supports (ILOS) capacity building approaches
MCP Submission *100 word limit*
AAH and Anthem has and will continue to collaborate on: • Stakeholder/community listening sessions • Development and joint evaluation of a single CS Provider Certification tool AAH will be expanding its regular meetings with Anthem to: • Allow for discussion on how to minimize burdens for CS Providers regarding file submission, oversight requirements, and volume of file requests • Develop a process to identify and monitor access and availability for CS offerings/capacity in the county and community partner collaboration • Establishment of a county-wide Governance Committee AAH is also working with Anthem to execute an MOU that supports collaboration on ECM/CS capacity expansion.