

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	AIDS Healthcare Foundation dba PHC California
MCP County	Los Angeles
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	200
2. ECM Provider Capacity Building	Minimum of 20%	200	110*
3. Community Supports (ILOS) Provider Capacity Building and Community Supports (ILOS) Take-Up	Minimum of 30%	300	0
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.

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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

The Plan would like more than 300 points to be allocated to the Delivery System Infrastructure and ECM Provider Capacity Building. The Plan has invested into building its Delivery System Infrastructure to ensure that as its own ECM Provider the Plan is able to generate and manage care plan information and DHCS compliant reporting. The Plan would like an additional 200 points to be allocated for a total of 400 points for the Delivery System Infrastructure and an additional 110 points* to be allocated for a total of 310 points to be allocated to the ECM Provider Capacity Building as the Plan is only offering 5 CS in 2022.

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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	
<p>1. Describe approach to identify top 3-4 underserved populations in County and the ECM providers they are assigned to <i>100 word limit</i></p>	<p>The MCP uses data from Los Angeles County Department of Health Services (DHS) for WPC utilization, the MCP’s own enrollee care management and claims/encounter data, and patient medical record data to identify underserved populations. (Because the MCP is an AIDS-specialty plan, it has been providing care management services to all of its enrollees since the inception of the plan. The majority of the MCP’s PCP network is comprised of AHF Healthcare Center PCPs.) The MCP performs initial health assessments, annual reassessments and periodic reassessments of all enrollees. During these assessments and contacts with care management staff, the plan documents enrollees’ social determinants of health (SDOH), which align with DHCS’s ECM populations of focus.</p>
<p>2. Describe 3-4 concrete steps MCP will take to increase, by at least 20%, ECM Provider capabilities to electronically exchange care plan information and clinical documents with other care team members <i>100 word limit</i></p>	<p>The MCP is approved by DHCS to be the ECM Provider for its enrollees. The MCP already collects and exchanges enrollee-level care management data with its care management team and PCPs through its existing care management application, eQSuite. Enrollee care plan, health assessment, SDOH, contacts, and benefit utilization information is available to the MCP’s ECM team (care coordinators, RN Care Team Managers, community health worker and medical director). With vendor support, the MCP enhanced eQSuite’s care management module to meet ECM requirements. The MCP will enhance its PCP reporting to include ECM details for those enrollees enrolled in ECM.</p>
<p>3. Describe 3-4 concrete steps the MCP will take to increase, by at least 20%, ECM Provider access to certified EHR technology or a care management</p>	<p>The MCP is approved by DHCS to be the ECM Provider for its enrollees. The MCP already collects and exchanges enrollee-level care management data, including care plans, with its care management team and PCPs through its existing care management application, eQSuite. Enrollee care plan, health assessment, SDOH, contacts, and benefit utilization information is available to the MCP’s ECM team. The MCP already provides PCPs and enrollees with care plans that are generated from eQSuite. The MCP will enhance its PCP reporting to include ECM details for those enrollees enrolled in ECM.</p>

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<p>documentation system able to generate and manage a patient care plan <i>100 word limit</i></p>	
<p>4. Describe 3-4 concrete steps the MCP will take to increase, by at least 20%, ECM Provider abilities to submit a claim or invoice to an MCP or have access to a system or service that can process and send a claim or invoice to an MCP with information necessary for the MCP to submit a compliant encounter to DHCS <i>100 word limit</i></p>	<p>The MCP is approved by DHCS to be its own ECM provider. In preparation of the MCP being the ECM Provider, it set up a Billing Encounter Survey in its care management application, eQSuite, so that the information necessary to submit a compliant encounter to DHCS is ready for submission. The survey tool will document enrollee encounters by staff member role, i.e., clinician vs. non-clinician, and create encounters using the appropriate DHCS-approved HCPCS code and modifier by encounter type.</p>
<p>5. Describe approaches for collaborating with, Social Services, County Behavioral Health, and County/Local Public Health Agencies within the county to improve data</p>	<p>The MCP has been in contact with the Los Angeles County WPC Lead Entity (LE), Department of Health Services (DHS), to gather information on the MCP's enrollee utilization of WPC services. DHS provided two reports listing enrollee utilization thus far. Although DHS declined to contract with the MCP to be an ECM or Community Supports provider, the MCP continues to pursue DHS for WPC enrollee utilization information. The MCP intends to work with LA County Department of Mental Health to set up a means to exchange care management information on enrollees who are referred to the County for SMI/SUD services.</p>

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<p>integration and electronic data sharing, capabilities among physical health, behavioral health and social service providers <i>100 word limit</i></p>	
<p>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 <i>100 word limit</i></p>	<p>The MCP has been in contact with the Los Angeles County WPC Lead Entity (LE), Department of Health Services (DHS), to gather information on the MCP's enrollee utilization of WPC services. DHS provided two reports listing enrollee utilization thus far. Although DHS declined to contract with the MCP to be an ECM or Community Supports provider, the MCP continues to pursue DHS for WPC enrollee utilization information. The MCP intends to work with LA County Department of Mental Health to set up a means to exchange care management information on enrollees who are referred to the County for SMI/SUD services.</p>
<p>7. Any additional Information on Delivery System Infrastructure Gaps in County <i>100 word limit</i></p>	<p>The WPC LE in Los Angeles County declined to contract with the MCP to be an ECM or Community Supports provider. The MCP will continue contracting outreach to WPC-LE contracted providers for homeless support services, which are the services the WPC predominantly provided to MCP enrollees under the WPC.</p>

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Narrative Measures for Priority Area 2: ECM Provider Capacity Building

Gap-Filling Plan

<i>Mandatory 70 points</i>	
<p>1.2.5 Measure Description</p> <p>Submission of a narrative Gap-Filling plan demonstrating:</p> <ol style="list-style-type: none"> (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 <p>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</p>	
MCP Submission	
<p>1. Describe approach to address identified gaps in ECM Provider capacity for Program Year 1 Populations of Focus and proposed targets,</p>	<p>DHCS approved the MCP to the ECM Provider to its eligible enrollees. Because the MCP is an AIDS-specialty plan, it has been providing care management services to all of its enrollees since the inception of the plan. The MCP has an existing Care Management Department. The MCP does not have identified gaps in ECM Provider capacity for Program Year 1 Populations of Focus and proposed targets. The MCP is fully staffed with RN care managers, LVN care partners, care coordinators, medical social workers, and community health workers to meet the needs to the populations of focus and the proposed targets.</p>

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<p>of at least 20% improvement, to address gaps <i>100 word limit</i></p>	
<p>2. Identify ECM workforce, training, and TA needs in county, including specific cultural competency needs by county <i>100 word limit</i></p>	<p>The MCP is its own ECM Provider. Care Management leadership and the MCP’s Health Education Manager collaborates to develop training curriculum for Care Management staff and conducts training face to face, through conference calls and/or via web applications, online modules and electronically via email or fax. The training curriculum includes the ECM model, roles of Care Management staff in the ECM model, populations of focus, logging ECM contracts with enrollees, enrollee outreach for ECM enrollment, referring for ILOS/Community Support services, etc. The MCP’s Health Education Manager also provides cultural competency training.</p>
<p>3. Describe plan for ECM Provider workforce recruiting and hiring of necessary staff to build and increase capacity by at least 20% <i>100 word limit</i></p>	<p>The MCP currently has sufficient staff provide ECM services to eligible enrollees – the MCP has RN care managers, LVN care partners, community health workers, care coordinators, and medical social workers to provide care and meet the needs of the MCP’s ECM members. Should the MCP require additional care management staffing to meet the needs of a growing ECM population, the MCP shall recruit and hire staff. Based on the projected ECM member population, the MCP has the sufficient staffing. The MCP is an AIDS-specialty plan that follows a model of care. Care Management is a required component of the MCP since its inception. The MCP has an established and fully staffed Care Management department to provide services to all of its Medi-Cal enrollees.</p> <p>Should the need arise, the MCP will recruit and hire qualified staff such as nurses and community health workers who have had prior experience working with the PLWHA and underserved populations.</p>
<p>4. Describe approach to develop and administer an MCP training and TA program for ECM Providers</p>	<p>The MCP is its own ECM Provider. Care Management leadership and the MCP’s Health Education Manager collaborates to develop training curriculum for Care Management staff and conducts training face to face, through conference calls and/or via web applications, online modules and electronically via email or fax. The training curriculum includes the ECM model, roles of Care Management staff in the ECM model, populations of focus, logging ECM contracts with enrollees, enrollee outreach for ECM enrollment, referring for ILOS/Community</p>

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<i>100 word limit</i>	Support services, etc. The MCP’s Health Education Manager also provides cultural competency training.
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 <i>100 word limit</i>	The MCP has identified approximately 140 potential ECM enrollees through internal data analysis that matches populations of focus attributes. In addition, the MCP accepts referrals from other providers (including PCPs), outside case managers and MCP enrollees. The ECM RN Care Team Manager or Community Health Worker will outreach the potentially eligible enrollee within five business days ECM eligibility identification or referral to confirm eligibility and obtain consent to enroll in ECM. If the ECM staff are unable to contact the member via telephone, mail, and/or email, the ECM staff will attempt at least one visit to the last known address of the member to locate the members within a thirty-day period.
6. Describe approaches for collaborating with, Social Services, County Behavioral Health, and County/Local Public Health Agencies within the county to achieve the above activities <i>100 word limit</i>	The MCP currently has contact with the local County Dept. of Public Social Services to assist with enrollee enrollment eligibility issues, and will continue the leverage the relationship to work collaboratively to assist ECM enrollees to maintain Medi-Cal eligibility. In addition, the MCP has an existing executed an MOU with LA County DMH for SMI and SUD services. The MCP intends to work with DMH to develop a means to exchange information on MCP enrollees who receive mental health services so they can be referred to ECM.
7. Describe approach to build, develop, or invest in the necessary	The MCP is contracted with Human Affairs International (HAI) (Magellan) for “mild to moderate cognitive impairment services.” HAI has adequate staffing to support the ECM launch. In fact, HAI currently provides mental health care management services to all

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behavioral health workforce to support the launch of ECM <i>100 word limit</i>	enrollees who access mental health services and consent to being enrolled in the mental health care management program.
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Community Partners

1.2.6 Measure Description	
<i>Optional</i> <i>Report on One Optional Measure in ECM Provider Capacity Building Priority Area to Earn 30 Points</i>	
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: <ul style="list-style-type: none"> a. ECM b. Providers c. Faith-based groups d. Community-based organizations e. County behavioral health care providers and 	<ul style="list-style-type: none"> a) The MCP is its own ECM provider, hence it does not need to relay on other entities to provide ECM services. Since the MCP’s inception in 1995 as an AIDS-specialty Medi-Cal primary care and case management plan, the MCP staffs a Care Management Department provides care management services to all enrollees based on severity level. b) The MCP has not worked with faith-based groups in part because of the demographics of the MCP’s census and the nature of the plan’s specialty. c) The MCP through its parent company, AIDS Healthcare Foundation (AHF), works with specialized affinity groups to better reach underserved populations and enhance our community partnerships. These affinity groups serve African-American, Latinx, LGBTQIA, transgender and other underserved communities. The also include AIDS service organizations. d) Enrollees in the MCP have access to Human Affairs International’s (HAI) (Magellan) provider network for services to address mild-to-moderate cognitive impairment. SMI and SUD needs are addressed by the Los Angeles County Department of Mental Health providers.

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<p>county behavioral health networks <i>100 word limit</i></p>	
<p>2. Describe approach to foster relationships with a subset of the organizations described above in 1. Approach should include at least quarterly meetings, and can potentially include and MOU or letter of agreement <i>100 word limit</i></p>	<p>Regarding community-based organizations, AIDS Healthcare Foundation (AHF) is affiliated with and supports African-American, Latinx, LGBTQIA, and transgender organizations. The primary agenda of these organizations is to advance public health policy. The MCP will explore opportunities with these organizations to collaborate to provide supports to MCP enrollees through ECM.</p> <p>The MCP has an existing MOU in place with LA County DMH for SMI and SUD.</p> <p>The MCP shall reach out to faith based groups through its affinity group, Black Leadership AIDS Crisis Coalition (BLACC). BLACC is an affinity group of AIDS Healthcare Foundation. The group was developed to create a coalition of Black-American cultural influencers and health advocates, that through the use of innovative, culturally relevant messaging and initiatives, are revolutionizing outreach to the Black American community and elevating the education and awareness of sexual health and wellness and bringing greater awareness to the social justice issues disproportionately impacting the health and wellness of Black Americans. One of the group’s main focus is working with faith-based organizations in the areas to build better trust and confidence with community members. BLACC is committed to increasing HIV/AIDS awareness, access to testing and care, and advocacy on behalf of African-American communities across our nation.</p>
<p>3. Describe the strategy for closing identified health disparities with at least one strategy for each population of</p>	<p>The majority of enrollees who are eligible for ECM are experiencing homelessness with many who also are diagnosed with serious mental illness and/or substance abuse disorder and/or are incarcerated and released into the community. The MCP has chosen to offer housing sustaining services and housing navigation services as Community Supports to close the homelessness disparity. Using its enrollee care management and WPC utilization data, the MCP has already identified enrollees who may be dealing with homelessness. The MCP is contacting these enrollees to determine ECM eligibility and consent to enroll in ECM.</p>

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<p>focus that will go live in the County in 2022, for a total of at least five identified health disparities <i>100 word limit</i></p>	<p>To address enrollees who are at risk for institutionalization – and the MCP has identified some non-homeless enrollees who fit this population of focus -- the MCP opted to provide personal care service and meal delivery service as additional ILOS/Community Supports services. The MCP will also order the aforementioned ILOS/Community Support services for enrollees who are in nursing home and wish to return to the community. At this time, the MCP has not identified any enrollees who are in this population of focus.</p> <p>For enrollees who are diagnosed with SMI and/or SUD, the MCP will coordinate with LA County Department of Mental Health to ensure enrollees are engaged with the plan's ECM program. There is an opportunity to improve communication and information exchange between DMH and the MCP to ensure enrollees are engaged with ECM and are following their care plans including actions directed by DMH providers.</p> <p>The MCP's contract with DHCS excludes children under the age of 21, hence any population of focus related to children and adolescents is not applicable.</p>
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Tribal Engagement

1.2.7 Measure Description		<i>Mandatory 30 points</i>
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 <i>100 word limit</i>	There are no DHCS-recognized Indian Health Centers (IHCs) or Tribal FQHCs in Los Angeles County (pursuant to DHCS APLs 17-020 & 21-008). The MCP currently does not have any members who have used tribal services or have requested to access tribal services in an adjacent county.	
2. Outline a plan to establish a strategic partnership including any plans for formalization such as a MOU or other agreements <i>100 word limit</i>	Should an enrollee request to access a DHCS-recognized IHC in an adjacent county, the MCP will contact the Tribal provider to establish an MOU, letter of agreement or other agreement as needed for the enrollee to access the clinic.	
3. Describe plan to develop provider capacity and ECM services for members <i>100 word limit</i>	Should an enrollee request to access a DHCS-recognized IHC in an adjacent county, the MCP will contact the Tribal provider to establish an MOU, letter of agreement or other agreement as needed for the enrollee to access the clinic. The MCP's ECM RN Care Team Manager would coordinate ECM services with the Tribal provider as needed for the member.	

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

1.2.9 Measure Description		<i>Mandatory</i> <i>30 points</i>
Submission of narrative plan describing how the managed care plan will improve outreach to and engagement with the following Population of Focus: "people experiencing homelessness or chronic homelessness, or who are at risk of becoming homeless with complex health and/or behavioral health conditions," with a focus on Black/African American and other racial and ethnic groups who are disproportionately experiencing homelessness		
MCP Submission		
1. Identify and describe top 3 – 4 racial and ethnic groups that are disproportionately experiencing homelessness in the county <i>100 word limit</i>	The top three racial and ethnic group that are disproportionately experiencing homelessness in Los Angeles County are Black/African American, Hispanic/Latinx, and American Indian/Alaska Native.	
2. Describe approach to improve outreach and engagement by at least 20% to Black/African American and other racial and ethnic groups who are disproportionately experiencing homelessness <i>100 word limit</i>	The MCP has and will continue to identify enrollees through care management and claims/encounter data, health assessment surveys, and patient EMR data and engage in outreach to ECM-eligible enrollees of racial and ethnic groups that are disproportionately experiencing homelessness. The MCP shall initiate multiple outreach attempts to engage the enrollee via telephone calls, mail, and/or email. Often, MCP’s Care Management team works to find and meet the enrollee in-person.	

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Engagement for Key Population of Focus: Individuals Transitioning from Incarceration

1.2.10 Measure Description	
<i>Optional</i>	
<i>Report on One Optional Measure in ECM Provider Capacity Building Priority Area to Earn 30 Points</i>	
Submission of narrative plan describing how the managed care plan will improve outreach to and engagement with the following Population of Focus: "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 <i>100 word limit</i>	The top three racial and ethnic groups that are disproportionately experiencing transitions from incarceration who have significant complex physical or behavioral health needs requiring immediate transition of services to the community in the county are Black/African American, Hispanic/Latinx, and American Indian/Alaska Native.
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 <i>100 word limit</i>	The MCP will to identify enrollees through plan enrollment eligibility data, care management data, health assessment surveys and care management contacts, and patient EMR data and engage in outreach to ECM-eligible enrollees of racial and ethnic groups that are disproportionately experiencing transitions from incarceration into the county. The MCP will also attempt to work with the Los Angeles County Sheriff's Department to identify enrollees who will be released. The MCP shall initiate multiple outreach attempts to engage the enrollee via telephone calls, mail, and/or email. Often, MCP's Care Management team works to find and meet the enrollee in-person.

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

Gap-Filling Plan

1.3.5 Measure Description	<i>Mandatory 80 points</i>
<p>Submission of a narrative Gap-Filling plan describing:</p> <ul style="list-style-type: none"> (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 <p>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.</p>	

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MCP Submission	
<p>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 <i>100 word limit</i></p>	<p>The MCP will to identify enrollees through plan enrollment eligibility data, care management data, health assessment surveys and care management contacts, and patient EMR data and engage in outreach to ECM-eligible enrollees of racial and ethnic groups that are disproportionately experiencing transitions from incarceration into the county. The MCP will also attempt to work with the Los Angeles County Sheriff's Department to identify enrollees who will be released. The MCP shall initiate multiple outreach attempts to engage the enrollee via telephone calls, mail, and/or email. Often, MCP's Care Management team works to find and meet the enrollee in-person.</p>
<p>2. Describe the plan to increase number and/or reach of Community Supports (ILOS) offered in January 2022 or July 2022 <i>100 word limit</i></p>	<p>Because of the MCP's small census (< 800) and small number of enrollees identified as ECM-eligible who will likely receive ILOS (< 100), the MCP has identified no gaps or limitations throughout our coverage area of LA County as this time. The MCP will monitor the Community Supports network via its Quarterly Geo Access as well as periodic review to ensure there are no gaps in Community Supports coverage.</p>

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

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<p>3. Identify Community Supports (ILOS) Provider capacity and MCP oversight capability gaps and plan to address gap with a gap closure of 20% <i>100 word limit</i></p>	<p>Based upon ILOS provider interest in contracting with the MCP, there are no noted gaps of concern at this time. The MCP will monitor the Community Supports network via its Quarterly Geo Access as well as periodic individual provider review to ensure there are no gaps in Community Supports coverage. Keep in mind that < 100 enrollees will likely be enrolled in ECM and be approved to receive ILOS services.</p>
<p>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% <i>100 word limit</i></p>	<p>MCP will include training information in its Provider Orientation process for any newly contracted and on-boarded ILOS providers. The orientation will include current plan processes, including how to submit claims or invoices and approved HCPCs code and modifiers, as well as specificities for cultural competency.</p>
<p>5. Plan to develop and administer a training and TA program for Community Supports (ILOS) Providers <i>100 word limit</i></p>	<p>The MCP confirms development of a training and TA program for Community Supports providers. The MCP will train the Community Supports providers on how to bill the MCP, how the authorization process works for the MCP in addition to providing other trainings such as cultural competency.</p>
<p>6. Plan to establish programs to support Community Supports (ILOS) workforce recruiting and hiring,</p>	<p>The MCP confirms establishment of programs to support Community Supports workforce recruiting and hiring. The MCP will monitor staffing capacity to ensure member access needs are met. Should the MCP's need for Community Supports services based on the ECM census create a hurdle for its current Community Supports providers to meet contract requirements, the MCP will collaborate with the Community Supports providers to assist</p>

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<p>including incentives for Community Supports (ILOS) Providers to hire necessary staff, and increase Community Supports (ILOS) workforce by at least 20% <i>100 word limit</i></p>	<p>them in staffing up to meet the demand for services. This support can include incentives, performance bonuses, etc.</p>
<p>7. Describe approach for collaborating with, Social Services, County Behavioral Health, and County/Local Public Health Agencies within the county to achieve the proposed activities <i>100 word limit</i></p>	<p>The MCP currently has contact with the local County Dept. of Public Social Services (DPSS) who assists with enrollee eligibility issues. The MCP will continue to collaborate with DPSS to address enrollee Medi-Cal eligibility concerns, which include those that affect ECM-eligible enrollees. In addition, the MCP has already executed an MOU with LA County DMH for SMI and SUD. The MCP intends to work LA County DMH to improve the exchange of enrollee information that improves Care Management engagement. (Note that LA County DHS opted to not contract with the MCP in the transition of WPC, nor would it establish an MOU with the MCP for other DHS public health-related services.)</p>

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Tribal Engagement

1.3.6 Measure Description		<i>Mandatory 20 points</i>
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) <i>100 word limit</i>	There are no DHCS-recognized IHCs or Tribal FQHCs in Los Angeles County. The MCP currently does not have any enrollees who use Tribal services.	
2. Outline a plan to establish a strategic partnership including any plans for formalization such as a MOU	Should an enrollee request the use of ILOS from a Tribal provider in an adjacent county and should the Tribal provider agree to provide such services to the enrollee in Los Angeles County, the MCP will establish a letter of agreement as needed to engage the provider for the enrollee.	

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or other agreements <i>100 word limit</i>	
3. Describe plan to develop provider capacity and Community Supports (ILOS) services for members <i>100 word limit</i>	Should an enrollee request the use of ILOS from a Tribal provider in an adjacent county and should the Tribal provider agree to provide such services to the enrollee in Los Angeles County, the MCP will establish a letter of agreement as needed to engage the provider for the enrollee.

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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

The MCP intends to contact the other Medi-Cal health plans in LA County, LA Care and Health Net, to offer its ECM services to provide care management services for their enrollees who have an HIV/AIDS diagnosis. The MCP has extensive experience and expertise provide care management services to the people living with HIV/AIDS (PLWHA) population.

In addition, for any new enrollees who join the MCP from one of the other LA County Medi-Cal health plans, the MCP will contact the health plan's ECM lead to ensure no loss of continuity of care for the ECM services the enrollee was previously receiving.

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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*

The MCP is the DHCS-approved ECM provider for the MCP's enrollees. The MCP is longtime expert delivering disease management and care management for Medicaid HIV/AIDS populations and will collaborate with other MCPs in Los Angeles County to make sure that they are aware of our ability to serve their members who have HIV/AIDS. The MCP is currently staffed to handle our ECM-eligible enrollees. Should other MCPs need our ECM services, the MCP can expand its capacity as needed.

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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*

The MCP is contracting with Los Angeles County ILOS providers who were contracted with the WPC LE, LA County DHS. These ILOS providers are being solicited by the LA County Medi-Cal MCPs for the same services. The MCP's ECM-eligible enrollee census is small. The MCP expects < 100 enrollees will require ILOS services. Regardless, the MCP has expressed to the ILOS providers that it is open to assist these providers in capacity building if necessary. At this time, the MCP does not foresee an ILOS capacity issue within its contracted network.

The MCP will contact the other MCPs in the County, LA Care and HealthNet, to offer collaboration in building ILOS provider capacity.