

**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.

<b>MCP Name</b>	CenCal Health
<b>MCP County</b>	San Luis Obispo County
<b>Program Year (PY) / Calendar Year (CY)</b>	Program Year 1 / Calendar Year 2022

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

<b>Priority Area</b>	<b>Percentage of Points Allocated to Each Priority Area</b>	<b>Points Needed to Earn Maximum Payment 1</b>	<b>MCP Discretionary Allocation of Remaining 300 points (MCP to enter point values in cells below)</b>
<b>1. Delivery System Infrastructure</b>	Minimum 20%	200	150
<b>2. ECM Provider Capacity Building</b>	Minimum of 20%	200	125
<b>3. Community Supports (ILOS) Provider Capacity Building and Community Supports (ILOS) Take-Up</b>	Minimum of 30%	300	25
<b>4. Quality</b>	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
<b>Total Points</b>		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**

CenCal Health wishes to allocate 70 unearned points to priority area 1 and/or 2.

(Area 1 – 30 points) Strengthening a shared platform for data and case management information is a priority in this program. Without the historical benefit of an HIE, investments will be required in order to develop a system of shared information that benefits members who are receiving enhanced case management and/or community supports.

(Area 2 – 40 points) Identification of group 1's POF have identified potential ECM members. However, no indicator exists that allows for individuals who are at risk of homelessness to be identified. Additional efforts and funding towards identifying these members and integrating them into ECM and various community-based supports in order to prevent homelessness should be enhanced. Identification of potential community partners, screening tools and outreach to further identify these members needs to be undertaken.

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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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<b>MCP Submission</b>	
<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>CenCal Health has preliminarily identified both ECM and CS service providers to initiate services and outreach starting July 1, 2022. “Underserved” includes a diverse segment of the Medi-Cal population. CenCal Health intends on looking at the underserved in different ways. First, there are those populations who are disenfranchised, impoverished, persons of color and underrepresented populations in receiving quality healthcare. Secondly, CenCal Health will be looking at rural and remote areas of the County to ensure that ECM and other under-served members are not overlooked. Data analysis, when combined with demographic and geographic information, will assist in identifying these members.</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>Unlike previous WPC health systems, CenCal Health will just be starting a collaborative with local program providers to assess the ability to share existing health information and documents across provider disciplines. The vast majority of ECM proposed providers who start on July 1 have EHRs. The technical requirements and abilities to share information across provider disciplines will be explored. This will include: 1) Establishing a steering committee comprised of clinicians and ECM leadership; 2) Forming a Technical Workgroup to better understand technical capabilities and limitations; 3) Identify potential funding sources to help bridge information sharing barricades.</p>
<p>3. Describe 3-4 concrete steps the MCP will take to increase, by at least 20%, ECM Provider access to certified EHR technology or a care management documentation system able to</p>	<p>As part of CenCal Health's leadership in implementing CalAIM, specifically ECM and CS, CenCal Health has initiated conversations with providers. While the preliminarily identified providers, including county MHPs, have electronic health records and information management systems, there is a disparity in the platforms utilized and their ability to transmit various data elements into a constructive shared platform. A comprehensive assessment is required to fully determine what systems are present and their data transmission protocols and capabilities. The need for full assessment to determine data sharing capabilities needs to be undertaken after funding can be identified. Obtained funding will be utilized towards a shared EHR/care management platform that increases coordinated care management planning this unified platform can then be integrated with</p>

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<p>generate and manage a patient care plan  <i>100 word limit</i></p>	<p>other community partners, including CS providers, to encourage a broader community-wide approach to care management.</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>CenCal Health has modeled its initial ECM network with providers who have a depth of claim experience. However, CenCal Health is prepared to work with any future identified ECM providers who do not have claims experience by providing constructive training and access to online provider portals which allow for the submissions of claims. In addition, CenCal Health would assist any ECM provider in this situation by providing hardware needs, upfront training, ongoing reconciliation of submitted claims to ensure accuracy and repeated reviews conducted in a supportive manner to ensure that the provider is capturing not only the data but is receiving appropriate payments. CenCal Health would not reject a proposed provider because they did not have claims experience.</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 integration and electronic data</p>	<p>Currently, CenCal Health enjoys a strong relationship with these local entities. Better understanding the barriers to accurate cross-organizational information sharing will have to be undertaken. This approach will require executive leadership from the organizations to underscore the importance and need for accurate data and a Technical Workgroup to more carefully examine the barriers and processes which inhibit the sharing of accurate data across the organizations. Again, policy leadership is enhanced due to these agencies having a seat at the CenCal Health board.</p>

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<p>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>N/A. CenCal Health has not been previously afforded WPC infrastructure funding.</p>
<p>7. Any additional Information on Delivery System Infrastructure Gaps in County  <i>100 word limit</i></p>	<p>Obviously, CenCal Health has not been part of a WPC or HHP system. The initial approach by CenCal Health will be to utilize incentive payments to conduct analysis and of shared information system and needed improvements. While WPC health systems have had about four years to better understand their systems strengths and weaknesses, CenCal Health will now be able to provide assessments and improvements under the priority of ECM and CS programs.</p>

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

**Gap-Filling Plan**

<b>1.2.5 Measure Description</b>		<i>Mandatory 70 points</i>
<p>Submission of a narrative Gap-Filling plan demonstrating:</p> <ol style="list-style-type: none"> <li>(1) How the MCP will address identified gaps in ECM Provider capacity for Program Year 1 Populations of Focus.</li> <li>(2) Identified ECM workforce, training, TA needs in county, including specific cultural competency needs by county.</li> <li>(3) Plan for ECM Provider workforce recruiting and hiring of necessary staff to build capacity.</li> <li>(4) Approach for MCP to develop and administer an MCP training and TA program for ECM Providers.</li> <li>(5) Strategy to ensure ECM Providers are successfully engaging with hard to reach Populations of Focus, including homeless and justice involved populations, among others.</li> <li>(6) Approach to build, develop, or invest in the necessary behavioral health workforce to support the launch of ECM</li> </ol> <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>		
<b>MCP Submission</b>		
<p>1. Describe approach to address identified gaps in ECM Provider capacity for Program Year 1 Populations of Focus and proposed targets,</p>	<p>On July 1, 2022, CenCal Health and its local partners will begin the ECM and CS programs from “ground zero”. That is, without any upfront funding to "ramp up" for a July 1 start date. CenCal Health and its partners will both be learning as the programs develop.</p> <p>ECM providers previously identified, and with whom CenCal Health is currently having discussions, are a number of larger local community clinics and FQHCs. Not only do they cover a vast majority of CenCal Health's service area, but they also have a depth of staff who can provide services. These proposed ECM providers, also have a strong history of</p>	

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<p>of at least 20% improvement, to address gaps  <i>100 word limit</i></p>	<p>recruitment of staff who provide assistance to members. CenCal Health will provide oversight to ensure that case management ratios are appropriately maintained.</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>While the CenCal Health providers selected have significant experience in case management and working with our Medi-Cal members, CenCal Health is identifying a management-level employee that can facilitate the implementation of ECM with these identified providers. This manager (titled, "Manager, Community Health Strategies"), would hold a series of "convenings" that are designed to assist providers in fully understanding ECM expectations and requirements. In addition, this individual will assist ECM providers and their staff in understanding various expectations and requirements around nondiscrimination, equity and health disparities with focus on the specific cultural competencies of the ECM population and county. Technical assistance questions would be identified and SMEs would be brought in to these collaborative convenings so all providers can learn from the 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>Our ECM providers have a strong history of workforce recruitment and reflecting local demographics. These financially strong healthcare organizations have the ability to utilize existing and expand to new staff in order to ensure future staffing needs to serve CenCal Health ECM members.</p>
<p>4. Describe approach to develop and administer an MCP training and TA program for ECM Providers  <i>100 word limit</i></p>	<p>As part of a cooperative operational approach with the ECM providers, a continual focus on quality improvement, not just clinically, but in all areas of member-service delivery will be paramount. Our providers and CenCal Health understand the need to have good member outcomes comes from members trusting and feeling part of their care. Not only does this come from having technical competence, but it comes from ECM providers understanding that a trust must exist between the members and the ECM providers. Working with ECM providers ongoing training development and the development of an annual training plan will be important to ensure ECM provider competencies and performance.</p>



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<p>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></p>	<p>Continual analysis of provider data showing outreach activities and in-person visits will help CenCal Health understand and monitor the ECM Provider activities when combined with chart reviews a more complete understanding of activities undertaken by ECM providers for the mem- bers can be made.          Because our majority of ECM providers will be associated with local community clinics and FQHCs, many have a long history of working with the homeless and justice involved populations.</p>
<p>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></p>	<p>Beginning at the strategic and policy level, the directors for the departments reflected in this benchmark, serve on the CenCal Health board of directors. With ECM aside, CenCal Health is undertaking new strategic priorities which seek to eliminate health disparities, serve the under- served, reduce inequities and recognize inherent racial biases in our health systems. With this strategic view coming from the CenCal Health board, functional areas within CenCal Health are aligning their operational priorities to reflect these strategies. CenCal Health's Popu-lation Health Management, will lead these efforts and ensure that internal departments are aligned; especially our ECM Program.</p>
<p>7. Describe approach to build, develop, or invest in the necessary behavioral health workforce to</p>	<p>CenCal Health, effective 1 January 2022, brought behavioral health services into the organiza- tion. Previously, CenCal Health provided behavioral health services through a delegated model.          A primary goal of self-administering this program was to enhance CenCal Health's ability to fully integrate behavioral health and physical health services. In addition, CenCal Health has had a strong relationship with our partnering County behavioral health departments. ECM will</p>

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support the launch of ECM <i>100 word limit</i>	strengthen that relationship through continuing collaborative meetings, case reviews and sharing of data. Our partnership is reflected in the SLO County Health Services Agency, which includes behavioral health, serving on our board.
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**Community Partners**

<b>1.2.6 Measure Description</b>	
<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.	
<b>MCP Submission</b>	
1. Describe the landscape in the county of: <ul style="list-style-type: none"> <li>a. ECM</li> <li>b. Providers</li> <li>c. Faith-based groups</li> <li>d. Community-based organizations</li> <li>e. County behavioral health care providers and county behavioral</li> </ul>	<p>CenCal Health is still having dialogue with various community entities, in anticipation of a July 1, 2022, startup, the final model has not have been fully developed.</p> <p>CenCal Health’s service area has small urban areas with large amounts of semi-rural, rural and remote areas. Preliminary models have CenCal Health working with local community health pro- viders to also provide ECM services. These providers have the depth of resources needed to ex- pand to meet ECM case numbers. Conversations are occurring with various CBOs, hospitals and other potential providers but have not been fully developed.</p> <p>The current fabric of service providers includes Faith-based community groups who provide a wide variety of services such as feeding programs, inclement weather sheltering, transitional sheltering, counseling and other services. Identified potential ECM providers already have relationships with these faith-based groups due to the existing membership demographics and homeless status. Further integration of these groups into case management and support services is a priority.</p> <p>As mentioned previously, relationships with our County partners is very strong. Not only do they serve on our Board of Directors, but our integration of behavioral health back into CenCal</p>

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<p style="text-align: center;">health networks 100 word limit</p>	<p>Health, seeks to ensure a stronger relationship and bridge the physical and behavioral health treatment needs.</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 100 word limit</p>	<p>Given that CenCal Health has not had a WPC or HHP program, it realizes that broadening community partnerships will be essential. Collaborating with a wide variety of CBOs who serve the homeless, various food programs, persons with mental illness and various providers of housing services will be just some of the entities CenCal Health must engage. However routine meetings to foster communication, identify gaps in service and identify potential areas to expand, or critical.</p> <p>CenCal Health has a very strong history of partnerships in the community. From its reserves, CenCal Health has spent millions of dollars to ensure that all community members could benefit from its local presence. Money towards feeding programs, non-Medi-Cal health programs and other benefits to our communities has been a hallmark of CenCal Health’s local philanthropic leadership. The ability to expand the services formally integrate them into the local Medi-Cal program is of significant interest to CenCal Health and the community.</p>
<p>3. Describe the strategy for closing identified health disparities with at least one strategy for each population of focus that will go live in the County in 2022, for a total of at least five identified health disparities 100 word limit</p>	<p>CenCal Health will have a total of three Populations of Focus (POF) going live in San Luis Obispo County on July 1st 2022; Individuals and Families Experiencing Homelessness, High Utilizer Adults, and Adults with SMI/SUD.</p> <p>CenCal Health has provided funding through its reserves to various field health programs that serve the homeless. ECM will strengthen these programs through coordinated regular meetings in case management conferences. Further, CenCal Health will look work with ECM Providers to identify individuals who are at risk for becoming homeless, addressing health disparities that exist or are heightened as a result of homelessness.</p> <p>CenCal Health will work with ECM providers to build strategies to decrease high utilization, as see in the “High utilizer adult” population. Through the ECM program, these members will find a strengthened relationship between CenCal Health’s comprehensive case management program and the ECM providers. This relationship will allow for a deeper examination of</p>

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	<p>barriers to increased health outcomes and access to care as well as innovative strategies within a member’s care plan. Because our preliminary model involves our larger community clinics, CenCal Health will be able to coordinate case management and meet on a regular schedule with ECM providers to ensure services are being provided at appropriate sites of care. Further, addressing the health disparity of access with be examined as further areas of opportunity are identified from ECM and CenCal Health case management collaboration.</p> <p>ECM provided by our partnering behavioral health departments will be further strengthened by CenCal Health’s integration of BH from a delegated model to an internally managed model. Cen-Cal Health’s BH Director has already developed a relationship through this new integrated program that will further be enhanced with ECM and routine case conferences to ensure fluidity between programs as members move out of SMI and SUD.</p>
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**Tribal Engagement**

<b>1.2.7 Measure Description</b>		<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		
<b>MCP Submission</b>		
1. Outline the landscape of Tribes, Tribal providers, and members in the county who use Tribal services and will need ECM supports	CenCal Health is undertaking a process to ensure that all of its qualified members (identified in Title 22 § 55110 provision (b) as, "Indians") are allowed access to Indian Health Service (IHS) facilities. First, CenCal Health Administration will ensure that its Claims Department is promptly paying for any and all claims submitted on behalf of its qualified members from any IHS facility. CenCal Health, utilizing APL 21-008, Attachment 2, has determined that there are no IHS facilities in any of the surrounding counties.	

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<p><i>100 word limit</i></p>	<p>Importantly, CenCal Health will run a claims history to identify any IHS facilities who have billed for member services. Based on data collected, CenCal Health will initiate a dialogue with those facilities to ensure member care and, if indicated, determine the need for a provider agreement. 310 Tribal members have been identified in SLO County. 3 of those members use the Santa Ynez Tribal Clinic. Only three self-identified tribal members that are thus-far identified as a POF been ID'd as living in SLO County.</p>
<p>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></p>	<p>No other Tribal Clinics were identified in the region. CenCal Health is open and willing to engage any IHS facility that is readily or repeatedly utilized by CenCal Health members. The one Tribal clinic in CenCal Health's area is already under contract.</p>
<p>3. Describe plan to develop provider capacity and ECM services for members  <i>100 word limit</i></p>	

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

<b>1.2.9 Measure Description</b>		<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		
<b>MCP Submission</b>		
1. Identify and describe top 3 – 4 racial and ethnic groups that are disproportionately experiencing homelessness in the county <i>100 word limit</i>	Research into the 2019 Point in Time Count (PIT) (the most recent PIT found with demographic information) revealed that 72% reported themselves as White; 28% Latinx/Hispanic; and, 16% as multi-racial. CenCal Health has a strong relationship with local homeless shelter, field medicine and clinic medicine providers. ECM will further enhance our relationship by formalizing a structure of addressing homeless healthcare. Finally, the director of the Health Services Agency, which oversees the social services department responsible for the PIT, sits on the CenCal Health.	
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 local and County governments, in combination with local advocates, have established a strong network bond that cooperate in various attempts to provide services. Identification of any group that disproportionately experience homelessness can be addressed in the routine meetings and forms that occur throughout the service area. Local advocates and constituents that represent particular demographics are also valuable members of the community who can assist CenCal Health in addressing emerging homeless issues amongst disproportionate populations.	

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

<b>1.2.10 Measure Description</b>	
<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.	
<b>MCP Submission</b>	
1. Identify and describe top 3 – 4 racial and ethnic groups that are incarcerated in the county <i>100 word limit</i>	
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>	

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

**Gap-Filling Plan**

<b>1.3.5 Measure Description</b>	<i>Mandatory 80 points</i>
<p>Submission of a narrative Gap-Filling plan describing:</p> <ul style="list-style-type: none"> <li>(1) Identified gaps or limitations in Community Supports (ILOS) coverage within county</li> <li>(2) Plan to increase number and/or reach of Community Supports (ILOS) offered in January 2022 or July 2022</li> <li>(3) Identified Community Supports (ILOS) Provider capacity and MCP oversight capability gaps and plan to address gaps</li> <li>(4) Identified Community Supports (ILOS) workforce, training, TA needs in region / county, including specific cultural competency needs by region/county</li> <li>(5) Plan to develop and administer a training and TA program for Community Supports (ILOS) Providers</li> <li>(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</li> </ul> <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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<b>MCP Submission</b>	
<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.<sup>1</sup>  <i>100 word limit</i></p>	<p>CenCal Health continues to explore various CS opportunities. Historically, CenCal Health has provided funding for meals to food or nutrition challenged community members and recuperative care to assist predominately homeless people with their transition from surgical or hospital utilization into wrap-around services and, hopefully, transitional residency. Both these programs, solely funded by CenCal Health, have been challenged with adequate funding and geographic coverage. As we look to expand our CS opportunities, CenCal Health is also in discussions with a community-based homeless shelter and sobering center provider.  It is hoped that CS funding will assist CenCal Health and expanding its food program and recuperative care programs. Program expansion into underserved areas will be a primary focus as the program is initiated in July.</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>CenCal Health has proposed meals and recuperative care as its starting point. It is also in discussions to offer sobering center services that seek to intervene with members experiencing SUD and other population of focus issues such as homelessness. Particularly with the sobering center services, CenCal Health will be exploring the ability to expand those services from a starting point in northern Santa Barbara County with a goal of expanding into San Luis Obispo County. The current provider operates other locations within the service area. Future expansion by CenCal Health to support those services is being explored.</p>

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

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	Again, CenCal Health does not have a WPC or HHP history to fully understand expansion possibilities and gaps based on historical utilization.
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>	These areas are currently being explored in CenCal Health’s program implementation assessment. Because CenCal Health has not been managing a WPC or HHP historical data and evaluations seeking to expand services is not available. CenCal Health has been funding meals and recuperative care programs with its own limited financing. Constraints have existed because of non-Medi-Cal financing
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>	Similar to the ECM efforts, CenCal Health understands that pre-implementation orientation and training is critical. With CS, CenCal health is partnering with CBOs who provide the services rather than the already system-integrated clinic providers. As such, emphasis will be placed on TA where the CS providers may not be as adapt and knowledgeable in technical areas such as billing and claims. In addition, CenCal Health's Provider Services Department routinely provides orientation to new providers regarding cultural competency and provider requirements around member accommodations. While the selected CBOs have the background working with local government, CenCal Health is preparing and implementation program that will ensure full expectations and requirements are understood.
5. Plan to develop and administer a training and TA program for Community Supports (ILOS) Providers <i>100 word limit</i>	As part of the CS implementation, CenCal Health will have a management representative who will oversee all aspects of the CS program. This manager will be responsible for ongoing and timely meetings with CS providers. These meetings are meant to ensure individual and group performance, address any operational or technical issues and work with the providers to identify training needs. This will be an ongoing effort with the expectation that providers are meeting member needs and performing in accordance with their written agreement.
6. Plan to establish programs to support	The anticipated CS providers have been providing the services and have maintained an effective workforce. CenCal Health understands the need to have an effective workforce

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<p>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%  <i>100 word limit</i></p>	<p>providing uninterrupted CS services. CenCal Health will work with individual providers to explore reasonable ways that CenCal Health can assist with recruitment costs such as employment ads or engaging professional employment agencies.</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>As mentioned in the ECM portion of this template, CenCal Health maintain strong relationships with all of these local public agencies. CenCal Health’s Board of Directors includes many of these public entities’ executive leadership. Particularly with the Social Services De- partment, further exploration into gaps in wraparound services can be explored. CenCal Health’s new strategic visions look to decreasing inequities in the health care system. Those inequities are inherently addressed through routine and ongoing meetings with these public entities and other community collaborators. CenCal Health will seek to strategically address these issues through routine policy level conversations that drive organizational action.</p>

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**Tribal Engagement**

<b>1.3.6 Measure Description</b>	
<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	
<b>MCP Submission</b>	
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>	310 tribal members have been identified for this county. CenCal Health has an active clinic agreement with the Tribal clinic in Santa Barbara County. This agreement provides for tribal members living in San Luis Obispo County who want service at the Chumash Tribal Clinic. SLO County has 310 self-identified tribal members. Of this, three members obtain their health care at the Chumash Clinic. The other 307 members in SLO County receive their care at various clinics and PCPs in SLO County. Currently conversations/ negotiations are occurring to have the Tribal clinic participate in any and/or all ECM and CS services possible. Tribal member needs will be considered in the abilities of the Tribal clinic (or other identified Tribal clinics) to provide those services.
2. Outline a plan to establish a strategic partnership including any plans for formalization such as a MOU	CenCal Health has a strong relationship with the tribal clinic located in Santa Barbara County. There is not a clinic in SLO County, nor are there any IHS facilities in the surrounding counties. CenCal Health intends on reviewing member billing data to determine if other tribal members are receiving care at an IHS clinic located out of CenCal Health's service area. IF a member is identified as being served out of the current service area, CenCal Health will work with the IHS facility to ensure that the member receives services, including ECM services, at that clinic.

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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>	<p>As previously discussed, CenCal Health intends on managing the CS programs with the providers. Membership trend identification and anticipation of CS member needs will be an established part of the program management. Changing demographics, community economics and other factors, should take into account on a routine and ongoing basis programmatic changes. For example, a worsening economic condition may increase the dependence on a particular CS. Managing programs is not just about performance today. Rather, it is looking at statistical and demographic information to anticipate programmatic need changes.</p>

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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**

CenCal Health has not been a WPC (or HHP) health plan. CenCal Health, as a County Organized Health System (COHS), is the sole Medi-Cal MCP in the County. As such, this places CenCal Health in an advantageous role of leading Medi-Cal health efforts in the service area. CenCal Health can focus on improving data sharing amongst health providers, government entities and community based CBOs. As a COHS, CenCal Health can call together various entities and form collaborative partnerships with measurable objectives and strategies to evaluate gaps in healthcare, wraparound services and explore various SDOH that need to be addressed. The uniqueness of being a COHS cannot be overstated. Outreach to members and developing collaborative partnerships are achievable without conflict or perceptions of trying to obtain a competitive advantage. CenCal Health is prepared to align the community with CenCal Health's strategic views of improving healthcare through reduction of gaps in service, reducing health inequities and more deeply addressing the needs of the disenfranchised residents we serve.

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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*

CenCal Health is a County Organized Health System (COHS). As the only MCP operating in both Santa Barbara and San Luis Obispo counties, there is not collaboration with another Medi-Cal MCP within the service area. In addition, CenCal Health did not participate in the WPC. However, CenCal Health is working with local governments and CBOs in championing ECM and CS. Local government representatives occupy several seats on the CenCal Health board of directors. As such, a cooperative relationship existed and although there is not another MCP or pre-existing WPC, the local community is supportive of CenCal Health's entry into ECM and CS.

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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*

CenCal Health is a County Organized Health System (COHS). As such, CenCal Health is able to focus its attention on member services alone. As the only MCP, CenCal Health did not participate in the WPC and therefore cannot leverage or expand existing WPC capacity to support ongoing CS. However, CenCal health enjoys strong relationships local government and other community-based organizations that recognize, as a COHS, CenCal Health is the sole lead entity and is working with them to support ECM and CS..