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	Community Health Group
MCP County	San Diego
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	100
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	100
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*
N/A

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*	1: Homeless o CHG identifies this population by using data from DHCS 834, San Diego County, 2-1-1, CHG member profiles, self-reported, and specific P.O. boxes associated with homelessness. 2: High utilizers o To identify high utilizers CHG uses CPT codes, HCPCS codes and Rev codes to identify members who have been admitted to the hospitals, triaged in emergency rooms and admissions into skilled nursing facilities. 3: SMI/SUD o To identify members who have an SMI or SUD diagnosis CHG uses ICD-10 diagnosis codes and/or data received from DHCS which flags members who have received SMI services at the county.
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. Conduct needs assessment and determine the Electronic Health Record platform used by each ECM Provider through a survey. 2. Identify any gaps preventing ECM Providers from electronically exchanging care plan information and clinical documents with other care team members. 3. Implement an ECM Provider Portal which allow ECM Providers to electronically exchange care plan information and clinical documents with other care team members and providers. 4. Clarification of Step 4: CHG will enhance the existing ECM provider portal to allow ECM Providers to create care plans within the ECM portal by entering data directly into the care planform.
3. Describe 3-4 concrete steps the MCP will take to increase, by at least 20%, ECM Provider access to certified EHR	1. Determine the EHR platform used by each ECM Provider. 2. Identify any gaps preventing ECM Providers access to certified EHR technology or a care management documentation system. 3. If the ECM Provider does not have the ability to generate and manage a patient care plan, CHG will work with their EHR or Care Management system vendor to develop the ability to generate a patient care plan.

technology or a care management documentation system able to generate and manage a patient care plan *100 word limit*	4. If ECM Provider does not have access to a certified EHR or Care Management system, CHG will assist the ECM Provider to obtain access to a certified EHR or Care Management system.
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*	1. Determine the ECM Provider's ability to submit a claim or invoice to CHG. 2. Identify gaps preventing the ECM Provider's ability 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 necessary information for the MCP to submit a compliant encounter to DHCS. 3. If the ECM Provider does not have the ability submit a claim to CHG to submit a compliant encounter to DHCS, CHG will assist the ECM Provider in using Office Ally, a full-service clearinghouse.
5. Describe approaches for collaborating with, Social Services, County Behavioral Health, and County/Local Public Health Agencies	Through the HSD and 211 CIE San Diego platform partnerships, CHG will collaborate, with providers and San Diego County to improve data sharing and integration using best practices. Efforts include: 1) Collecting a current state of data exchange within San Diego County, including, HIEs, HMIS, justice involved systems, behavioral health, foster care and other datasets critical to supporting whole person care; 2) collaborating on a process to modernize data sharing agreements; 3) collaborating on a county-wide multi-year roadmap

within the county to improve data integration and electronic data sharing, capabilities among physical health, behavioral health and social service providers *100 word limit*	to achieve integration; and 4) identifying sources of funding that can be braided together to support the requisite levels of integration.
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*	CHG collaborated with the WPC Lead Entities to leverage existing WPC infrastructure in San Diego County to support successful transition of the populations. Activities include but are not limited to establishing processes for data exchange and eligibility through the transition as well as notifications to partner entities, enrollees, and the public of the transition. We will continually engage providers to improve data integration jointly with our plan, county, provider, and CBO partners through HSD and the San Diego CIE, to collectively identify gaps and opportunities including those related to the justice involved population transitions, identified as a priority.
7. Any additional Information on Delivery System Infrastructure Gaps in County *100 word limit*	Plans will invest heavily in technology infrastructure to allow for data sharing and standard billing processes. The county CIE needs to become HITRUST certified and include justice involved and child welfare datasets. Certain CS would benefit from having licensed nursing, administrative and behavioral health staff positions to serve the POF's and to be able to perform information sharing with the ECM and billing and authorization support. We see a future, where the Plans, County and the State look at upstream solutions for increasing the number of people choosing these professions to overcome current and future shortages of licensed staff.

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	With the existing Health Homes Providers and with the CBO's who operate as Lead Entities in San Diego for Whole Person Wellness (Exodus and PATH) continuing on with our plan as ECM providers our current Provider capacity in year one meets current projected enrollment. Additionally, ECM providers who have deep experience with each Population of Focus have been contracted.

Program Year 1 Populations of Focus and proposed targets, of at least 20% improvement, to address gaps *100 word limit*	
2. Identify ECM workforce, training, and TA needs in county, including specific cultural competency needs by county *100 word limit*	CHG has partnered with our HSD plans to survey providers to identify infrastructure needs and are continuing to discuss workforce and training supports needed for the community-based providers. We will help providers understand what services will be provided under CS and how they intersect with ECM, Person Centered Care Planning, Motivational Interviewing, Trauma Informed Care, working with people transitioning from incarceration. Continue HSD Provider Trainings, which will include specific cultural competency, with at least two trainings per year.
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*	CHG will work with ECM providers to help train Community Health Workers (CHW)/Promotoras de Salud (Promotoras) and other staff to conduct outreach and engagement for Enhanced Care Management (ECM). CHG also contracted a Community Health Workers/Promotoras trainer to provide training and capacity building for staff responsible for outreaching and engaging members eligible for ECM. CHG's Health Education Manager along with other CHG will coordinate training, capacity building, and serve as a resource for hiring Community Health Workers/Promotoras for ECM providers. CHG will work with the San Diego County Promotores Coalition to link ECM providers to established networks of CHWs/Promotoras.
4. Describe approach to develop and administer an MCP training and TA program for ECM Providers	Through our comprehensive provider certification process we have developed an understanding of the areas in which providers need, and would like, to receive training. In collaboration with our HSD plans we facilitated the CalAIM kickoff event with DHCS on 10/22/21 with over 220 attendees. The HSD model of trainings and TA, which has existed since 1998, will facilitate our ability to develop additional, relationships with providers and engage providers that will add value to our Enhanced Care Management network. Working

100 word limit	with our plan partners we will ease the burden on providers needing to attend multiple trainings.
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*	CHG has provided training on outreach methods for population of focus such as homeless and justice involved. CHG will hold additional trainings for specific ECM providers who might be struggling to engage members in this population of focus. To support ECM providers in outreaching to and engaging ECM eligible members, CHG is supporting the hiring and training of Community Health Workers (CHWs) and/or Promotoras de Salud (Promotoras) among ECM providers. CHWs/Promotoras are individuals who reflect the populations they serve or work with who share similar if not the same lived experiences.
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 *100 word limit*	Through HSD which meets multiple times monthly, CHG and our plan, county, provider, and CBO partners ensures involvement of key stakeholders, including but not limited to, county social services, county behavioral health, public healthcare systems, county/local public health jurisdictions, CBOs, correctional partners, housing continuum, 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.
7. Describe approach to build, develop, or invest in the necessary	We are committed to partnering to address the statewide, systemic issue of behavioral health workforce shortages. CHG has surveyed our ECM behavioral health providers to understand workforce needs, and gaps. Local discussions will continue to understand how to best support behavioral health workforce development with our partners. We will also conduct

behavioral health workforce to support the launch of ECM *100 word limit*	environmental scans to identify efforts already in place to ensure non-duplication of efforts. These discussions will inform our behavioral health workforce investment approach. We will rely on the collaborative facilitator to continue these efforts with the behavioral health providers related to populations of focus coming on in 2023.

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*	There are 18 federally recognized Tribal Nation Reservations and 17 Tribal Governments and 4 Indian health centers serving members in San Diego County, who use tribal services and may need ECM supports. CHG is proud to engage with Tribal providers in the county]. We have approximately 850 CHG members who are identified as Native American. We have contracts with three of the four Indian Health Centers in San Diego County. We will continue outreach and engagement efforts to prospective tribal partners while also ensuring policies and procedures promote access to the program for all members.
2. Outline a plan to establish a strategic partnership including any plans for formalization such as a MOU or other agreements *100 word limit*	The four Indian Health Centers have been offered ECM and Community Supports contracts and have chosen not to contract for ECM or CS services at this time. This will be revisited at a later date as the program progresses.

3. Describe plan to develop provider capacity and ECM services for members *100 word limit*	CHG has been engaged with plan partners, county partners, providers, and CBOs to address identified gaps in ECM provider capacity in San Diego County, which have been informed through provider capacity surveys and ongoing provider engagement. Through our formalized, transparent process, we will continue active local-level discussions to minimize duplication of efforts. Strategies include continually evaluating network and contracting opportunities; collaborating with plan and county partners to enhance workforce development and pipeline; providing technical assistance and training; and supporting providers in expanding their footprint. These approaches will help develop capacity and ECM services that will support members accessing Tribal services.

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*	Based on data including the San Diego Regional Task Force analysis dashboard who is part of HSD has identified the following racial and ethnic groups that disproportionately experience homelessness in San Diego County: 1. Native American/Alaskan Native 2. Asian 3. Black or African American
2. Describe approach to improve outreach and engagement by	CHG will support ECM providers in hiring and training Community Health Workers (CHWs)/Promotoras de Salud (Promotoras) to improve outreach and engagement of

at least 20% to Black/African American and other racial and ethnic groups who are disproportionately experiencing homelessness *100 word limit*	race/ethnicity groups disproportionately experiencing homelessness. Since CHWs/Promotoras are peers of the populations they serve, they can outreach and engage homeless ECM members by leveraging their share lived experiences to build relationships with homeless members to engage them with health services.

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*	• The limitation to providing CS services within San Diego County include: 1) Central data sharing platform to include all provision of services. This gap affects all community supports (CS) services. 2) Lack of affordable housing. This gap affects the CS services related to housing navigation, housing tenancy and housing deposits. 3) Lack of BH providers. This gap affects the day habilitation CS services and housing tenancy and sustaining services. 4) Impact of COVID-19 on the workforce. This gap affects all CS services. • The gaps will not hinder the ability to provide CS services county wide.
2. Describe the plan to increase number and/or reach of Community Supports (ILOS) offered in January 2022 or July 2022 *100 word limit*	CHG is offering 14 CS services. CHG will implement provider trainings to assist FQHC's and other stakeholders to conduct effective outreach activities promoting CS services. CHG promotes CS services via member and provider newsletter articles and the CHG website. As the leader of the Healthy San Diego CalAIM workgroup we are working with Corporation for Supportive Housing to develop a training program to promote appropriate referrals for CS services. CHG has already started to proactively target members who need asthma remediation, medically tailored meals, home modifications and members in the need of transition from skilled nursing facilities to the community.

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

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*	One of CHG's oversight capability gaps is the lack of a data sharing platform with all CS providers. CHG's plan is to make relevant data available in CHG's ECM provider portal. CHG contracted CS providers will have secure access to CHG's provider portal with relevant member information related to CS services, authorizations, claims, and assessments/plans. By giving the CS providers access to enter data into the CHG provider portal, CHG will be able to monitor the compliant provision of CS services.
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*	CHG has partnered with our plan partners and HSD to survey providers to identify infrastructure needs and are continuing to discuss workforce and training supports needed for the community-based providers. We will help providers understand what services will be provided under CS and how they intersect with ECM, Person Centered Care Planning, Motivational Interviewing, Trauma Informed Care, working with people transitioning from incarceration. Continue HSD Provider Trainings, which will include specific cultural competency, with at least two trainings per year.
5. Plan to develop and administer a training and TA program for Community Supports (ILOS) Providers *100 word limit*	Through our comprehensive provider certification process we have developed an understanding of the areas in which providers need, and would like, to receive training. In collaboration with our HSD plans we facilitated the CalAIM kickoff event with DHCS on 10/22/21 with over 220 attendees. The HSD model of trainings and TA, which has existed since 1998, will facilitate our ability to develop additional, relationships with providers and engage providers that will add value to our CS network. Working with our plan partners we will ease the burden on providers needing to attend multiple trainings.
6. Plan to establish programs to support Community Supports (ILOS) workforce	CHG has been engaged with plan partners, county partners, providers, and CBOs to address identified gaps in CS provider capacity in San Diego County, which have been informed through ongoing provider engagement. Through our formalized, transparent process, we will continue active local-level discussions to minimize duplication of efforts.

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*	Strategies include continually evaluating network and contracting opportunities; collaborating with plan and county partners to enhance workforce development and pipeline; providing technical assistance and training; and supporting providers in expanding their footprint. These approaches will help develop capacity and CS services that will support members accessing Tribal services.
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*	Through HSD which meets multiple times monthly, CHG and our plan, county, provider, and CBO partners ensures involvement of key stakeholders, including but not limited to, county social services, county behavioral health, public healthcare systems, county/local public health jurisdictions, CBOs, correctional partners, housing continuum, CS providers and others to achieve the above activities.

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*	There are 18 federally recognized Tribal Nation Reservations and 17 Tribal Governments and 4 Indian health centers serving members in San Diego County, who use tribal services and may need ECM supports. CHG is proud to engage with Tribal providers in the county. We have approximately 850 CHG members who are identified as Native American. We have contracts with three of the four Indian Health Centers in San Diego County. We will continue outreach and engagement efforts to prospective tribal partners while also ensuring policies and procedures promote access to the program for all members.
2. Outline a plan to establish a strategic partnership including any plans for formalization such as a MOU	The four Indian Health Centers have been offered ECM and Community Supports contracts and have chosen not to contract at this time. This will be revisited at a later date as the program progresses.

or other agreements *100 word limit*	
3. Describe plan to develop provider capacity and Community Supports (ILOS) services for members *100 word limit*	CHG has been engaged with plan partners, county partners, providers, and CBOs to address potential limitations in CS provider capacity in San Diego County, which have been informed through ongoing provider engagement. Through our formalized, transparent process, we will continue active local-level discussions to minimize duplication of efforts. Strategies include continually evaluating network and contracting opportunities; collaborating with plan and county partners to enhance workforce development and pipeline; providing technical assistance and training; and supporting providers in expanding their footprint. These approaches will help develop capacity and CS services that will support members accessing Tribal services.

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*
CHG, HSD and our plan partners are engaging with an external facilitator to formalize a collaborative approach to support a successful and sustainable CalAIM implementation. In working with other MCPs through the HSD CalAIM Incentive Payment Program taskforce to identify opportunities to expand ECM & CS Provider capacity in San Diego County and to leverage and expand existing capacity. Capacity expansion activities to date have included joint discussions and presentations with the county, providers, and CBOs, trainings and others. Please see attached documentation demonstrating these good faith efforts to collaborate.

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*
CHG, HSD and our plan partners are engaging with an external facilitator to formalize a collaborative approach to support a successful and sustainable CalAIM implementation. In working with other MCPs through the HSD collaborative to identify opportunities to expand ECM Provider capacity in San Diego County and to leverage and expand existing capacity. Capacity expansion activities to date have included joint discussions and presentations with the county, providers, and CBOs; trainings; and others.

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*	
CHG, HSD and our plan partners are engaging with an external facilitator to formalize a collaborative approach to support a successful and sustainable CalAIM implementation. In working with other MCPs through the HSD CalAIM Incentive Payment Program taskforce to identify opportunities to expand CS Provider capacity in San Diego County and to leverage and expand existing capacity. Capacity expansion activities to date have included joint discussions and presentations with the county, providers, and CBOs; trainings and others. Please see attached documentation demonstrating these good faith efforts to collaborate.	