

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.

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| MCP Name | CalOptima |
| MCP County | Orange |
| 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 | 300 |
| 2. ECM Provider Capacity Building | Minimum of 20% | 200 | 0 |
| 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*

N/A

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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 | |
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| <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>1. Members experiencing homelessness are identified through ICD-10 coding on claims and encounters and through addresses that suggest a member may be experiencing homelessness.</p> <p>2. High utilizers are identified by reviewing multiple six-month windows to identify members who have had the following:</p> <ul style="list-style-type: none"> a. 5+ outpatient/ER visits b. 3+ unplanned hospital inpatient c. 3+ SNF stays <p>3. SMI/SUD members are identified through ICD-10 coding on claims and encounters as well as data provided by the county Behavioral Health Services (BHS).</p> <p>4. CalOptima does not have a mechanism to identify incarcerated members and are working with the OC Correctional Health Services (CHS) to create a referral process.</p> <p>Members in 1 and 2 are currently assigned to their health network acting as an ECM Provider. Members in 3 and 4 are assigned to the OC Health Care Agency (HCA).</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</p> | <p>The ECM Providers currently have the capability to exchange care plans and clinical documents with other care team members, however it is manual and time consuming (i.e., fax and secure email). CalOptima will take the following steps to increase ECM Provider capabilities:</p> <ul style="list-style-type: none"> 1. CalOptima will use incentive payments to develop CalAIM Connect, which will allow ECM providers to securely view, share and receive care plans with providers and other care team members. The CalAIM Connect system will be built to securely interconnect with multiple systems to allow referrals, authorizations, sharing of care plans, and clinical documentation for providers in the community. 2. CalOptima will develop a training program, register providers, and continue to |

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| <p>with other care team members <i>100 word limit</i></p> | <p>enhance and support the new system. 3. CalOptima will also use the incentive payments to gather information from the hospital activities such as admissions, transfers, and discharges to notify the ECM providers to further enhance the members care during hospital events.</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 generate and manage a patient care plan <i>100 word limit</i></p> | <p>Currently, all but one ECM Providers have access to a certified EHR technology or a care management documentation system that can generate and manage a patient care plan. CalOptima will take the following steps to improve the sharing information to improve the outcomes of members receiving ECM services:</p> <ol style="list-style-type: none"> 1. Provide funding to the ECM provider who needs an EHR system. 2. Assist the ECM Provider with setup and configuration. 3. Provide funding to all ECM Providers to interconnect their EHR/CM to the CalAIM Connect system to share information as necessary and appropriate among ECM Provider care teams. |
| <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</p> | <p>Currently, 2 of the 13 ECM Providers have the capability or access to submit a claim or invoice to CalOptima. CalOptima will take the following steps to increase this capability/access:</p> <ol style="list-style-type: none"> 1. Provide funding to ECM Providers to enhance their current systems to submit claims. 2. Provide technical assistance to ECM Providers to use a clearing house to submit claims. 3. Build invoice and claims submission processes for ECM Provider to use in the CalAIM Connect system. 4. Assign dedicated CalOptima claims and encounters staff to work with ECM Providers to submit claims and invoices correctly. |

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| <p>a compliant encounter to DHCS <i>100 word limit</i></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 sharing, capabilities among physical health, behavioral health and social service providers <i>100 word limit</i></p> | <p>CalOptima and the county have established an interagency workgroup on homelessness that includes Social Services, Behavioral Health Services, Public Health, Correctional Health Services, and Orange County Community Resources. This group will define how coordination of care across the systems will function, including sharing of data, to promote better outcomes for members. This collaboration provides a forum to explore opportunities for the CalAIM Connect system to interconnect with other county agency systems to allow data integration and electronic data sharing capabilities.</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</p> | <p>One way that CalOptima will leverage the existing WPC infrastructure is by building on the WPC Connect system. The CalAIM Connect system uses the platform and referral processes already built in WPC Connect and enhances it by modifying the referral and authorization model to comply with CalAIM’s closed-loop referral system requirement. It also expands the provider types that use the system. Building upon the WPC infrastructure CalOptima will be able to improve data sharing within the system for the community providers, Behavioral Health Services, and physical health case managers.</p> <p>Further, CalOptima contracted with the former WPC Lead Entity staff to assist with coordination of care through the transition to ensure a smooth transition for members.</p> |

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| physical health providers <i>100 word limit</i> | |
| 7. Any additional Information on Delivery System Infrastructure Gaps in County <i>100 word limit</i> | There are many systems used throughout the county organizations, such as Coordinated Entry System, Homeless Management Information System, County 211 referral system and Managed Care systems. These systems store information at the member level such as clinical notes, care plans, referrals, and social needs. The systems do not communicate and contain duplicate information. By use of the incentive payments CalOptima will coordinate technical efforts with the agencies to reduce the duplication and systematically share data through a common hub, CalAIM Connect. The goal to integrate delivery systems will ensure there is no wrong door. |

Narrative Measures for Priority Area 2: ECM Provider Capacity Building

Gap-Filling Plan

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| 1.2.5 Measure Description | <i>Mandatory 70 points</i> |
| <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. | |

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(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 | |
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| <p>1. Describe approach to address identified gaps in ECM Provider capacity for Program Year 1 Populations of Focus and proposed targets, of at least 20% improvement, to address gaps <i>100 word limit</i></p> | <p>The following gaps have been identified and the plans to address them:</p> <ul style="list-style-type: none"> • Gap: In-person service delivery for homeless individuals <ul style="list-style-type: none"> ○ Plan: ECM Providers will utilize community resources such as County Outreach and Engagement team and other community-based organizations • Gap: Lack of community-based ECM Providers <ul style="list-style-type: none"> ○ Plan: CalOptima will increase community-based ECM Providers, such as FQHCs, Community Clinics, and Wellness Centers • Gap: Insufficient number of FTEs to meet expected demand for all POFs. <ul style="list-style-type: none"> ○ Plan: CalOptima will financially incentivize ECM providers to expand their workforce that are qualified to work with homeless individuals and families. CalOptima will also solicit community-based organizations with experience in managing homelessness at the individual and family levels to become ECM providers. • Gap: Unknown ECM provider workforce demands for future POFs <ul style="list-style-type: none"> ○ Plan: CalOptima will contract with community-based ECM Providers that can serve future POFs. |
| <p>2. Identify ECM workforce, training, and TA needs in county, including specific cultural</p> | <p>The ECM Providers will need to provide specific cultural competency trainings as it relates to the POF to their workforce. CalOptima will develop and provide CalAIM ECM and Community Supports-specific training and TA. This training program will be used by the community as well providers and hospitals. These trainings will be based on best practices and expertise from community providers that service POFs.</p> |

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| <p>competency needs by county <i>100 word limit</i></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>Recruiting will focus on staff who have experience with specific POFs and have knowledge in areas relating to behavioral health, homelessness, and extensive county-specific community resource knowledge as well as bilingual skill sets. Emphasis will be placed upon shared experiences, effective communication, and follow through to cultivate trust.</p> <p>The approach to expanding ECM Provider workforce will include utilizing community-based organizations, recruiting from higher education programs, and potentially former participants of community programs that have shared or lived experience.</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>In addition to the POF-specific trainings, the following training will be provided as part of workforce development and to address identified trends in oversight: An overview of CalAIM, Onboarding, FWA, Referrals, Authorizations, Coding/Billing, Cultural Competency, Disability Awareness, and HIPAA.</p> <p>CalOptima will partner with the county and health networks to build and deliver these specialty trainings for best practices. CalOptima plans to make these trainings available online through a Learning Management System (LMS).</p> |
| <p>5. Describe strategy to ensure ECM Providers are successfully engaging with hard to reach Populations of Focus, including homeless and justice involved</p> | <p>For members experiencing homelessness, ECM providers will have access to CalOptima’s Homeless Response Team, Clinical Field Teams, and the County Outreach and Engagement field team.</p> <p>For members transitioning from incarceration, CalOptima, county WPC LE, and the county Correctional Health Services (CHS) will work together to engage and connect members to ECM.</p> |

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| populations, among others <i>100 word limit</i> | |
| 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> | CalOptima is actively engaging with the Behavioral Health Services and the Correctional Health Services as well as the Social Services Agency in an interagency workgroup to meet weekly to collaborate on engaging with the homeless and justice-involved populations. CalOptima will leverage the current initiatives and resources from the County like their Outreach and Engagement team to continue the work that they have done in the past. Through these weekly workgroups, CalOptima and its county partners will develop processes and referral pathways for members recently released from incarceration. |
| 7. Describe approach to build, develop, or invest in the necessary behavioral health workforce to support the launch of ECM <i>100 word limit</i> | CalOptima contracts with Behavioral Health Services to provide services to members. CalOptima and Behavioral Health Services will invest in the ECM workforce to enable better integration into care teams through training and use of CalAIM Connect. |

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Community Partners

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| 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 | |
| <p>1. Describe the landscape in the county of:</p> <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 county behavioral health networks <p><i>100 word limit</i></p> | <ul style="list-style-type: none"> a. Current ECM Providers are HHP CB-CMEs to minimize disruption in care. CalOptima is engaging community-based entities, including FQHCs, to provide ECM services. b. A variety of faith-based groups exist in Orange including, Lutheran Services and Volunteers of America with whom CalOptima has already partnered with to provide services. c. Many CBOs serve CalOptima members in various capacities including coordinating care, family resources, basic needs, counseling, and job coaching. Examples include Families Forward and Family Solutions Collaborative. d. Examples include Orange County Behavioral Health Services, BeWell OC, OC Links Referral line, Full-Service Partnerships, and Regional Center of OC. |
| <p>2. Describe approach to foster</p> | <p>CalOptima will outreach to and engage with all of the organizations listed above. The goal will be for these organization to not only help identify and outreach to members and individuals</p> |

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| <p>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>who may benefit from ECM and Community Supports services but for CalOptima to support organizations interested in building ECM provider capacity. CalOptima will offer MOUs or letters of agreements to ensure members can access services with the most appropriate provider possible. In order to continue to understand member and community needs as well as adjust the approach to care and outreach, CalOptima also will host quarterly stakeholder meetings to engage interested organizations.</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 <i>100 word limit</i></p> | <p>Homeless: CalOptima's Homeless Response Team will provide care coordination to members in permanent supportive housing providers to ensure access to care</p> <p>High Utilizers: CalOptima will enroll identified members in a multidisciplinary diabetes program that will include medically tailored meals and remote monitoring of blood sugar levels.</p> <p>SMI: CalOptima will collaborate with County Behavioral Health Clinics to support real time, direct referrals of members with SMI and diabetes to CalOptima for care coordination.</p> <p>SUD: CalOptima will collaborate with Behavioral Health Services to identify members and support Medication-Assisted Treatment</p> <p>Justice-Involved: CalOptima will collaborate with County and Community Based Organizations to identify inmate health conditions prior to release, facilitate primary care provider relationship and referrals to community-based care.</p> |

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Tribal Engagement

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| 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> | While Orange County does not have Indian Health Services, there are community-based organizations dedicated to serving the American Indian, Alaskan Native, and Native Hawaiian communities of Orange County. CalOptima will be engaging these community-based organizations to support and promote ECM services. For example, CalOptima is engaging Southern California Indian Council and Walking Shield and will continue to develop the relationship. | |
| 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> | CalOptima is reaching out to local tribal community organizations to understand which Tribal services and which providers are being accessed by members. CalOptima will leverage Community Supports and ECM Providers' established relationships to engage these providers and pursue formal relationships to ensure that members in the county who use Tribal services have improved access to these providers. | |
| 3. Describe plan to develop provider capacity and ECM services for members <i>100 word limit</i> | As CalOptima engages these organization that serve this population, we will explore opportunities to contract as ECM providers. If an organization is not willing or unable to functions as an ECM provider, CalOptima will still partner with the organization to ensure that members who would benefit from ECM services are identified and referred to CalOptima. | |

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

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| 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 racial and ethnic groups that disproportionately experience homelessness in Orange County are: 1. Black 2. Alaskan Native or American Indian 3. Samoan 4. White | |
| 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> | CalOptima will work on improving outreach and engagement to those disproportionately experiencing homeless by funding ECM Providers to increase efforts to recruit and hire outreach staff with diverse backgrounds including experiencing serving individuals who fall under the POFs and are Black/African American or the other racial and ethnic groups disproportionately experiencing homelessness. CalOptima will explore opportunities to heat map areas in the county to understand where these individuals are and to inform more focused and strategic outreach and engagement. Improvement in CalOptima’s ability to identify POFs will inform the type of staff expertise needed. CalOptima will also explore and promote best practices that will allow the recruitment and hiring of individuals with lived experience. | |

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Engagement for Key Population of Focus: Individuals Transitioning from Incarceration

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| 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 following are the top racial and ethnic groups that are incarcerated in the County of Orange: 1. Hispanic/Latino 2. White 3. Black/African American 4. Asian |
| 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> | CalOptima will work on improving outreach and engagement to those disproportionately experiencing transitions from incarceration by increasing efforts to recruit and hire outreach staff with diverse backgrounds including experiencing serving individuals who fall under the POFs and are Black/African American or other racial and ethnic groups. CalOptima will work with community-based organizations such as Project Kinship and existing county programs such as Jail-to-Community Reentry Program to improve identification and earlier outreach and engagement. As CalOptima’s ability to identify POFs improves, it will inform the type of expertise needed when recruiting and hiring. CalOptima will also explore and promote best practices that will allow the recruitment and hiring of individuals with lived experience. |

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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> |
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| <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> | | |
| MCP Submission | | |
| <p>1. Describe 3-4 identified gaps or limitations in Community Supports (ILOS) coverage within the county. If the Community Supports (ILOS)</p> | <ul style="list-style-type: none"> 1. Housing Service: Lack of adequate staffing to provide housing services through the entire county service areas. 2. Housing Services: Limitations include lack of housing in OC, high-cost rent, reluctant landlords to hold housing as clients work to receive housing vouchers. These limitations run the risk of members not being able to find and sustain housing. 3. Recuperative Care: Lack of adequate medical equipment, transportation, and technology infrastructure to support care plans and sharing of information | |

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| <p>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>CalOptima will continue to identify gaps and determine expected demand as it works to make additional Community Supports available.</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>CalOptima implemented Recuperative Care, Housing Navigation, Housing Deposits, and Housing Sustainability as of January 1, 2022.</p> <p>In July 2022 CalOptima plans to offer, at minimum, Sobering Centers, Short Term Post Hospitalization housing, Day Habilitation, Medical Tailored Meals, and Personal Care Homemaking to compliment the whole person care approach for CalAIM.</p> <p>CalOptima will offer all Community Support services by January 2023.</p> |
| <p>3. Identify Community Supports (ILOS) Provider capacity and MCP oversight capability gaps and plan to address gap</p> | <p>The four Community Supports that CalOptima has implemented will require investment in workforce as well as facility expansion to increase capacity. CalOptima’s oversight will need to expand workforce and training to ensure the Community Support providers can maintain the levels of members receiving the services.</p> <p>CalOptima will formalize its oversight process for Community Supports providers. CalOptima will add dedicated staff to support oversight functions.</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>with a gap closure of 20% <i>100 word limit</i></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>Community Supports will need training to work with a managed care plan and the processes for providing services as a contracted provider. Additionally, Community Supports providers will need training and TA to coordinate with other types of providers (i.e., physical health, mental health) in the county.</p> <p>To clarify, CalOptima will invest in internal staff training as well as external Community-Based Organizations equipped in supporting and developing training focused on cultural competency and TA. These trainings will be based on best practices and expertise from community-based providers that service members who are disproportionately affected by homelessness, chronic homelessness, or those at risk of homelessness.</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>CalOptima will require Community Support providers to participate in training during onboarding, annually, and periodically when significant changes occur. CalOptima expects Community Supports providers to onboard new staff with training materials provided by CalOptima.</p> <p>CalOptima will create a training program specific to each POF which can be used by the community as well providers and hospitals. These trainings will be based on best practices and expertise from community providers that service the active POFs. The training will also include an overview of CalOptima policies and procedures, CalAIM, FWA, Referrals, Authorizations, Coding/Billing, Cultural Competency, Disability Awareness, and HIPAA.</p> |
| <p>6. Plan to establish programs to support Community Supports (ILOS) workforce recruiting and hiring,</p> | <p>CalOptima will provide financial incentives for Community Support providers to take a proactive and varied approach to staff recruitment and development. This approach aims to be multifaceted to ensure diversification of staff cohorts. Routine channels of staff recruitment will include external outreach modalities, such as communal based, in-person job fairs (arranged at colleges, churches, etc.); digital recruitment hubs, various schools,</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>programs, and other organizations. Community Support provider will also be incentivized to conduct extensive internal staff development guided by routine performance reviews.</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>CalOptima is actively engaging with the Behavioral Health Services and the Correctional Health Services as well as the Social Services Agency in an interagency workgroup to meet weekly to collaborate on engaging with the homeless and justice-involved populations. CalOptima will leverage the current initiatives and resources from the County like their Outreach and Engagement team to continue the work that they have done in the past. Through these weekly workgroups, CalOptima and its county partners will develop processes and referral pathways for members recently released from incarceration.</p> |

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Tribal Engagement

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| 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> | While Orange County does not have Indian Health Services, there are community-based organizations dedicated to serving the American Indian, Alaskan Native, and Native Hawaiian communities of Orange County. CalOptima will be engaging these community-based organizations to support and promote Community Supports services. For example, CalOptima is engaging Southern California Indian Council and Walking Shield and will continue to develop the relationship. | |
| 2. Outline a plan to establish a strategic partnership including any plans for formalization such as a MOU | CalOptima is reaching out to local tribal community organizations to understand which Tribal services and which providers are being accessed by members. CalOptima will leverage Community Supports and ECM Providers' established relationships to engage these providers and pursue formal relationships to ensure that members in the county who use Tribal services have improved access to these providers. | |

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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> | As CalOptima engages these organization that serve this population, we will explore opportunities to contract as Community Supports Providers. If an organization is not willing or unable to functions as an ECM Provider, CalOptima will still partner with the organization to ensure that members who would benefit from Community Supports services are identified and referred to CalOptima. |

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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

CalOptima is the single plan in Orange County. CalOptima will leverage the WPC Connect infrastructure to create CalAIM Connect. The CalAIM Connect system will enhance the referral and authorization model and improve data sharing and care coordination amongst community providers, Behavioral Health Services, Correctional Health Services, and physical health case managers. Providers throughout the county will be able to securely access member information including referrals, authorizations, care management plans as well as communicating with other providers to identify and outreach to members where they are and as soon as possible.

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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*

CalOptima is the single plan in Orange County. CalOptima contracts with the county to provide ECM for the SMI/SUD population. Through the interagency workgroup which includes the WPC Lead Entity, CalOptima will contract with appropriate community-based organizations, such as FQHC, Community Clinics, and Wellness Centers, as ECM providers to build capacity for both current and future POFs. Furthermore, CalOptima will build upon our current compliance and oversight program to include ECM providers.

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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 minutes, 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*

CalOptima is the single plan in Orange County. CalOptima contracts with the WPC Lead Entity to continue coordination of services with the Community Supports providers. CalOptima leveraged those arrangements to directly contract with the Community Supports providers the county used for the WPC pilot. CalOptima will be working with other organizations, such as Family Solutions Collaborative (collaborative comprised of 24 provider partners that specifically work with families experiencing homelessness) to add capacity for Community Supports. Additionally, CalOptima will expand its network for current Community Supports services in Spring 2022 and will offer all 14 Community Supports services no later than January 1, 2023.