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	Kaiser Foundation Health Plan, Inc.
MCP County	San Diego County
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	
2. ECM Provider Capacity Building	Minimum of 20%	200	100
3. Community Supports (ILOS) Provider Capacity Building and Community Supports (ILOS) Take-Up	Minimum of 30%	300	200
4. Quality	Optional measures with values allocated to either ECM or Community Supports (ILOS)	N/A To be allocated to ECM or Community Supports (ILOS) based on measure	N/A To be allocated to ECM or Community Supports (ILOS) based on measure
Total Points		700	300

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

Option for MCP to request more than 300 points to be allocated at their discretion. Please describe (in the box below) the preferred allocation and reason if MCP is requesting allocation different from that above. *100 word limit*
Kaiser Permanente plans to offer four Community Supports services in San Diego County in 2022. As such, the Plan is eligible only to receive a maximum of 70 points for Measure 1.3.4 out of possible 80 points. On February 18, 2022, DHCS informed the Plan that due to the evaluation criteria for Measure 1.3.4, the Plan may request the differential be allocated to another measure. The Plan requests that the unearned 10 points under Measure 1.3.4 be reallocated to Measure 1.1.3.

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.	

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*	Kaiser Permanente (KP) has identified three underserved population of focus by analyzing its member populations. The three underserved populations of focus are: 1) Members experiencing homelessness 2) Members who have chronic comorbidities and are high utilizers 3) Members who suffer from severe mental illness and/or substance use disorder KP identifies the three underserved populations by using a data algorithm based on DHCS criteria to define the three underserved populations of focus. The algorithm is run regionally across all plan partners and counties. All members are assigned to KP as the Lead ECM Provider. KP will start with the CalAIM populations of focus and focus on members who fall in more than one category.
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) Kaiser Permanente as the lead ECM provider plans to integrate or gain access to external providers' care management system securely when possible and provides secure access to its care management system to external ECM care team members /providers as well. 2) KP is planning to receive critical care plan and clinical updates via proprietary batch files, if needed. 3) KP plans to use a combination of tools to share data securely with external care team members. Ideally, KP would like to import assessment and clinical care plan data to seamlessly have an integrated real time care plan with timely updates. 4) In future, KP will look to exchange care plan and clinical data through established HIE's via interoperability.
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	1) Kaiser Permanente as the lead ECM provider plans through a new KP Health Connect module, Compass Rose, to enhance internal ECM providers' access to KP's care management system, to add/review assessments, review/update care plans, progress notes, and submit encounters KP will provide necessary training to ECM providers on the use of Compass Rose. 2) For external care team members, KP care team members will be able to exchange care plan information and clinical documents through this platform.

	documentation system able to generate and manage a patient care plan *100 word limit*	3) KP will be using a combination of tools to share data securely with external care team members, including secure fax and SFTP (Secure File Transfer. Additional care plan updates provided by external care team members will be shared by phone, during case conference rounds, etc. 4) KP will look to provide data sharing and interoperability enhancements for other care team members outside of KP. The focus on data sharing will be to inform, develop and execute a comprehensive member specific care plan.
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*	Kaiser Permanente as the lead ECM Provider provides internal ECM providers with a care management system to process encounters. Internal services are processed as encounters. KP is working with our external care team members to be able to submit claims by ensuring they have all the necessary data elements required like NPI. For those external care members who are unable to send us claims, KP is making sure to convert and report utilization via 837P files on their behalf for services reimbursed via invoice (enhanced with simple proprietary spreadsheets submitted by providers that has key data elements to create an 837P). KP is ensuring that all claims are converted to capitated encounters and reported via the standard outbound encounter reporting process. KP will povide opportunities to obtain funding for external care team members to implement billing systems to ensure providers can submit encounter data automatically.
5.	Describe approaches for collaborating with, Social Services, County Behavioral Health, and County/Local Public Health Agencies	Through the Healthy San Diego (HSD) and 211 San Diego platform partnerships, Kaiser Permanente 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;

within the county to improve data integration and electronic data sharing, capabilities among physical health, behavioral health and social service providers *100 word limit*	3) collaborating on a county-wide multi-year roadmap 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*	Kaiser Permanente is collaborating with the Whole Person Care (WPC) lead entity 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*	Managed Care Plans in San Diego County 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	KP will regularly assess for training and staffing gaps and then develop and implement action plans to reduce the gap. This will also involve assessments of the effectiveness of ECM outreach activities.

	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*	KP has partnered with other Medi-Cal Managed Care Plans and HSD to survey providers to identify infrastructure needs and there are ongoing discussions on workforce and training needs 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*	If needed, KP will seek out staff to complement/add needed skill sets. It will be based on needs identified in the survey to providers outlined in the earlier response.
4.	Describe approach to develop and administer an MCP training and TA program for ECM Providers	KP will assess development and training needs of our ECM providers and our contractors. KP will support Healthy San Diego collaborative with support and technical assistance if needed to determine and develop training materials for frontline staff at community-based providers (CBPs). Training needs will be a standing item on monthly CBP and KP business meeting agendas. Through the collaborative group, we will continue local level discussions to

100 word limit	identify regional and/or statewide opportunities to collaborate on training and technical assistance needs to minimize burden on ECM providers.
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*	KP will review the results from outreach process and determine any patterns of members being unresponsive or unable to reach. Because of our integrated delivery system, KP will be able to leverage team members who already interact with members and encourage them to refer members to enroll.
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 will meet at least monthly, Kaiser Permanente and other managed care plans, county, provider, and CBO partners will ensure 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	KP is committed to partnering to address the statewide, systemic issue of behavioral health workforce shortages. Kaiser Permanente 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

behavioral health workforce to support the launch of ECM *100 word limit*	conduct 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
	Since 2020, Kaiser Permanente has been heavily engaged with our plan partners, county partners, providers, and CBOs to prepare for and support ECM and Community Supports implementation. We are in the process of engaging an external facilitator to formalize this robust, transparent stakeholder engagement process in 2022 and beyond. We will continually assess opportunities to enhance and develop needed ECM/Community Supports infrastructure, including certified EHR technology, care management document systems, closed-loop referral, billing systems/services, and onboarding/enhancements to health information exchange capabilities. Please see attached documentation demonstrating these good faith efforts to collaborate.
	KP is our own ECM Provider. We have established collaborative partnerships over the years with key organizations, stakeholders and attend various community work groups with CBOs. Our Care Management and Social Work department staff make routine referrals to CBOs. We also attend quarterly Member Advisory Committee (MAC) and Provider Advisory Committee (PAC) meetings which includes representation from CBOs

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*	Kaiser Permanente has longstanding relationships with many external ECM providers, faith-based groups, CBOs, and BH providers and networks in San Diego County, and we continually seek opportunities to build new relationships both informally and formally; in-services, community events and workshops; existing CBO/Community supports contracts, and CBO engagement. We participate in monthly HSD meeting, and quarterly meetings for MAC and PAC. Through HSD which will meet at least Monthly, KP, along with other managed care plans, county, provider, and CBO partners will ensure involvement of key stakeholders, including but not limited to, the organization and provider types listed above.
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	The Plan's strategy for closing health disparities for each Population of Focus is to identify and evaluate disparities through the differences in health outcomes and the root-cause of disparities among the target population. KP will work within the HSD collaborative to define the disparities with the largest gaps compared to other populations and develop specific strategies to address the disparity of the POF.

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 four tribal groups that comprise the Native American population in San Diego. As members are identified as being eligible for ECM, the Plan will confirm the member's status as a Native American. Among the Plan's membership in San Diego County, the Plan estimates fewer than 1/10 of one percent are tribal members. KP has a contract with Sycuan Medical Dental Center, which is a tribal health facility.
2. Outline a plan to establish a strategic partnership including any plans for formalization such as a MOU or other agreements *100 word limit*	KP is currently evaluating its strategy for engagement with tribal providers for ECM services. Among the Plan's current ECM Populations of Focus, the Plan has not identified any tribal members who meet the eligibility criteria for ECM. The Plan will enter into Letters of Agreements as needed to ensure that members who prefer to receive ECM services from tribal providers will have the ability to do so.

3. Describe plan to develop provider capacity and ECM services for members *100 word limit*	KP is committed to collaborating with the Healthy San Diego collaborative to support building provider capacity for ECM services in San Diego County.

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 4. Multiple Race 5. White
2. Describe approach to improve outreach and engagement by at least 20% to Black/African American and other racial and ethnic	KP will leverage our integrated delivery system to reach members where they are currently accessing care (i.e. ED or MD office) and let staff know they can refer members for ECM and Community Supports.

groups who are disproportionately experiencing homelessness *100 word limit*	

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*	Based on data including The San Diego County Sherriff's Department Jail Population Statistics, Kaiser Permanente has identified the following racial and ethnic groups with the highest incarceration rates in San Diego County: (1) Hispanic 44% (2) White 31% (3) Black or African American 20% (4) Other 5%
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	KP will engage with county partners and enforcement facilities to identify the confined population and coordinate outreach. For members who have been previously confined, they are eligible for ECM and Community Supports when they meet DHCS eligibility criteria. Currently, KP does not have line of sight to members who have transitioned from confinement to the public. Pursuant to recent DHCS guidance KP will make good faith efforts to identify members who have been justice involved.

experiencing transitions from incarceration settings in the county *100 word limit*	

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*	Due to the complexity of implementing Community Supports, KP intends to gradually increase the number of Community Supports available to members. KP will work with HSD to identify gaps and limitations county-wide. There are gaps in housing support in San Diego County. In San Diego County, there is a local nonprofit organization called the San Diego Regional Task Force on Homelessness (RTFHSD) that provides data and other information to San Diego County to inform policies and activities to address homelessness in the county. RTFSD estimates the number of people in San Diego County who are experiencing homelessness to be in the range of 8,600- 10,600. An effort to obtain a current count of the homeless in San Diego is scheduled for the end of February 2022. The RTFHSD released a Regional Community Action Plan to Prevent and End Homelessness in San Diego for public comment in the fall of 2021. As described on the RTFHSD website, the goal of this new proposed Regional Community Action Plan is to serve as a single unified vision and strategy that lifts all of the existing frameworks and adopted plans and aligns under a common regional direction. The version of Regional Community Action Plan that was released for public comment did not include an implementation plan as that will be determined once the plan is final. KP participates as a Community Partner and in the Healthy San Diego Collaboratives to support solutions adopted by the County.
2. Describe the plan to increase number and/or reach of Community Supports (ILOS) offered in January 2022 or July 2022 *100 word limit*	In 2022, KP is implementing Housing Navigation, Tenancy Supports, Recuperative Care and Medically Tailored Meals starting Jan. 1. Should the Plan be required to further expand its offering of Community Supports under its agreement with Healthy San Diego, the Plan will explore ways in which to do so by July 2022.

[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*	KP will work with HSD to identify Community Supports capacity and capability gaps. How to address identified gaps will be topics of Health San Diego Collaborative discussions. KP will conduct monthly business meetings to review Community Supports gaps and discuss provider capacity. If there is a need to increase capacity, KP will work with contracted entities to add team members
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*	KP will review systematic workforce needs in the county in collaboration with HSD. KP is prepared to provide additional training based on needs identified. KP leverages the existing relationships of our contracted entities to ensure the housing services provided are relevant to the community members.
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 KP has developed an understanding of the areas in which providers need, and would like, to receive training. In collaboration with the other plans in San Diego, a town hall introduction to CalAIM, ECM and Community Supports was facilitated on 10/22/2021 to ensure community providers in San Diego understand Enhanced Care Management benefit and Community Supports programs. Through this town hall, we will develop relationships with providers and engage providers that will add value to our Enhanced Care Management network.
6. Plan to establish programs to support Community Supports (ILOS) workforce	KP has collaborated with contracted CS Providers to understand their areas of expertise and their training needs throughout Year 1, KP will collaborate with the provider to determine and develop training materials for provider frontline staff. Training needs will be a standing item on monthly provider and KP business meeting agendas. Through the HSD

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*	collaborative group, we will continue local level discussions to identify regional and/or statewide opportunities to collaborate on training needs to minimize burden on CS providers.
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 will meet at least monthly, Kaiser Permanente and other managed care plans, county, provider, and CBO partners will ensure 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.

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 four tribal groups that comprise the Native American population in San Diego. As members are identified as being eligible for ECM, the Plan will confirm the member's status as a Native American. Among the Plan's membership in San Diego County, the Plan estimates fewer than 1/10 of one percent are tribal members. Kaiser Permanente has one contract with Sycuan Medical Center.
2. Outline a plan to establish a strategic partnership including any plans for formalization such as a MOU	The Plan is currently evaluating its strategy for engagement with tribal providers for ECM services. Among the Plan's current ECM Populations of Focus, the Plan has not identified any tribal members who meet the eligibility criteria for ECM. The Plan will enter into MOUs as needed to ensure that members who prefer to receive ECM services from tribal providers will have the ability to do so.

	or other agreements *100 word limit*	
3.	Describe plan to develop provider capacity and Community Supports (ILOS) services for members *100 word limit*	The Plan is committed to collaborating with the Healthy San Diego collaborative to support building provider capacity for ECM services in San Diego County. In San Diego, KP has one contract with Sycuan Medical Center. KP will continually evaluate network and contracting opportunities for Community Supports that will support Tribal and all Kaiser members; and collaborate with plan and county partners to enhance workforce development and pipeline. This could include providing technical assistance and training; and supporting providers (including IHFs) in expanding their footprint. These approaches will help develop capacity that will support Tribal members in accessing Community Supports 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*

Kaiser Permanente, 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 [IPP Steering Committee/Roundtable] to identify opportunities to expand Community Supports Provider capacity.

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*
Kaiser Permanente, 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 San Diego County Collaborative to identify opportunities to expand ECM Provider capacity.

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*
Kaiser Permanente, 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 San Diego County Collaborative to identify opportunities to expand Community Supports Provider capacity.