

**California Department of Health Care Services**  
**Submission Template for CalAIM Incentive Payments Measures**  
*Payment 1: Gap-Filling Plan Measures*  
*September 2021*

**Gap-Filling Plan and Narrative Measures for Payment 1**

MCPs that operate in multiple counties will need to submit a separate Gap-Filling Plan for each county.

<b>MCP Name</b>	United Healthcare
<b>MCP County</b>	San Diego
<b>Program Year (PY) / Calendar Year (CY)</b>	Program Year 1 / Calendar Year 2022

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

<b>Priority Area</b>	<b>Percentage of Points Allocated to Each Priority Area</b>	<b>Points Needed to Earn Maximum Payment 1</b>	<b>MCP Discretionary Allocation of Remaining 300 points (MCP to enter point values in cells below)</b>
<b>1. Delivery System Infrastructure</b>	Minimum 20%	200	200
<b>2. ECM Provider Capacity Building</b>	Minimum of 20%	200	50
<b>3. Community Supports (ILOS) Provider Capacity Building and Community Supports (ILOS) Take-Up</b>	Minimum of 30%	300	50
<b>4. Quality</b>	Optional measures with values allocated to either ECM or Community Supports (ILOS)	N/A To be allocated to ECM or Community Supports (ILOS) based on measure	N/A To be allocated to ECM or Community Supports (ILOS) based on measure
<b>Total Points</b>		700	300

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

**California Department of Health Care Services**  
**Submission Template for CalAIM Incentive Payments Measures**  
*Payment 1: Gap-Filling Plan Measures*  
*September 2021*

**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***

**California Department of Health Care Services**  
**Submission Template for CaAIM Incentive Payments Measures**  
*Payment 1: Gap-Filling Plan Measures*  
*September 2021*

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.

**California Department of Health Care Services**  
**Submission Template for CalAIM Incentive Payments Measures**  
*Payment 1: Gap-Filling Plan Measures*  
*September 2021*

<b>MCP Submission</b>	
<p>1. Describe approach to identify top 3-4 underserved populations in County and the ECM providers they are assigned to  <i>100 word limit</i></p>	<p>UnitedHealthcare (UHC) has identified three underserved population of focus by analyzing its member populations. The three underserved populations of focus are:</p> <ol style="list-style-type: none"> <li>1) Members experiencing homelessness</li> <li>2) Members who have chronic comorbidities and are high utilizers</li> <li>3) Members who suffer from severe mental illness and/or substance use disorder</li> </ol> <p>UHC plans to assign underserved populations of focus to all contracted ECM providers. Leveraging the experience from the health home program UHC believes that all ECM and Community Support (CS) providers will have the ability to serve these underserved populations.</p>
<p>2. Describe 3-4 concrete steps MCP will take to increase, by at least 20%, ECM Provider capabilities to electronically exchange care plan information and clinical documents with other care team members  <i>100 word limit</i></p>	<ol style="list-style-type: none"> <li>1) UHC provides ECM Providers access to the UHC care management platform to electronically exchange care plan information and clinical documents with members and care team members, according to the provider’s HIPPA compliant standards.</li> <li>2) It is the intent of Healthy San Diego (HSD) to jointly invest in the CIE in 2022 to become HITRUST certified using incentive plan dollars. It is anticipated that this certification may occur in early 2023.</li> <li>3) HSD has committed to engage a facilitator to conduct community-based stakeholder engagement.</li> <li>4) We do not anticipate having to increase our 100% access to perform this electronic exchange of care plans to 120%.</li> </ol>
<p>3. Describe 3-4 concrete steps the MCP will take to increase, by at least 20%, ECM Provider access to certified EHR technology or a care management</p>	<ol style="list-style-type: none"> <li>1) UHC provides ECM Providers access to the UHC care management platform to electronically exchange care plan information and clinical documents with members and care team members, according to their HIPPA compliant standards.</li> <li>2) Our certified care management platform generates and manages a patient care plan.</li> <li>3) UHC will upon DHCS approval, offer a virtual care manager tool to allow ECM Provider staff to conduct face to face via video conference and encrypted end to end chat and email communication.</li> </ol>

**California Department of Health Care Services**  
**Submission Template for CalAIM Incentive Payments Measures**  
*Payment 1: Gap-Filling Plan Measures*  
*September 2021*

<p>documentation system able to generate and manage a patient care plan  <i>100 word limit</i></p>	<p>4) We do not anticipate having to increase our 100% access to perform this electronic exchange of care plans to 120%.</p>
<p>4. Describe 3-4 concrete steps the MCP will take to increase, by at least 20%, ECM Provider abilities to submit a claim or invoice to an MCP or have access to a system or service that can process and send a claim or invoice to an MCP with information necessary for the MCP to submit a compliant encounter to DHCS  <i>100 word limit</i></p>	<ol style="list-style-type: none"> <li>1. UHC has an existing Provider facing Portal capability to submit claims through UHCProvider.com</li> <li>2. HSD has agreed to jointly invest in Provider capabilities to manage claims, authorizations, and/or invoices either through tools or administrative staff support.</li> <li>3. UHC is able to submit compliant encounters to DHCS using our Provider Portal or assisting Providers who submit an invoice to create an encounter acceptable to DHCS.</li> </ol>
<p>5. Describe approaches for collaborating with, Social Services, County Behavioral Health, and County/Local Public Health Agencies within the county to improve data</p>	<p>Through HSD and with the 211 San Diego Community Information Exchange (CIE) platform, UHC will collaborate with the plan, county, and providers within San Diego County to improve data integration and electronic data sharing capabilities using best practices. Efforts include:</p> <ol style="list-style-type: none"> <li>1) Understanding current state of data exchange within San Diego County critical to supporting CalAIM populations.</li> <li>2) Collaborating on a process to modernize data sharing agreements.</li> <li>3) Collaborating on a county-wide multi-year roadmap to achieve optimal levels of</li> </ol>

**California Department of Health Care Services**  
**Submission Template for CalAIM Incentive Payments Measures**  
*Payment 1: Gap-Filling Plan Measures*  
*September 2021*

<p>integration and electronic data sharing, capabilities among physical health, behavioral health and social service providers  <i>100 word limit</i></p>	<p>integration  4) identifying sources of funding that can be braided together to support the requisite levels of integration.</p>
<p>6. Describe approach for leveraging existing WPC infrastructure (if in WPC county), including tracking the ongoing viability of WPC infrastructure and improving data integration across behavioral health and physical health providers  <i>100 word limit</i></p>	<p>UHC collaborated with our plan partners and the WPW Lead Entity to leverage existing WPW 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 Community-based organizations (CBO) partners through HSD and the CIE, enabling us to collectively identify gaps and opportunities including those related to the justice involved population transitions.</p>
<p>7. Any additional Information on Delivery System Infrastructure Gaps in County  <i>100 word limit</i></p>	<p>San Diego has providers in each Community Supports category. However, we need to build a web of data sharing by investing heavily in technology infrastructure to allow secure data sharing and standard billing processes. The county CIE needs to become HITRUST certified. In addition, we have identified that certain CS would benefit from having licensed nursing and behavioral health staff positions to serve the populations of focus and to be able to perform information sharing with the ECM. For example, a licensed staff at a shelter could oversee the data sharing efforts.</p>

**California Department of Health Care Services**  
**Submission Template for CalAIM Incentive Payments Measures**  
*Payment 1: Gap-Filling Plan Measures*  
*September 2021*

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

**Gap-Filling Plan**

<b>1.2.5 Measure Description</b>		<i>Mandatory 70 points</i>
<p>Submission of a narrative Gap-Filling plan demonstrating:</p> <ul style="list-style-type: none"> <li>(1) How the MCP will address identified gaps in ECM Provider capacity for Program Year 1 Populations of Focus.</li> <li>(2) Identified ECM workforce, training, TA needs in county, including specific cultural competency needs by county.</li> <li>(3) Plan for ECM Provider workforce recruiting and hiring of necessary staff to build capacity.</li> <li>(4) Approach for MCP to develop and administer an MCP training and TA program for ECM Providers.</li> <li>(5) Strategy to ensure ECM Providers are successfully engaging with hard to reach Populations of Focus, including homeless and justice involved populations, among others.</li> <li>(6) Approach to build, develop, or invest in the necessary behavioral health workforce to support the launch of ECM</li> </ul> <p>Gap-Filling Plan narrative should include approach for collaborating with other entities, including but not limited to, county social services, county behavioral health, public healthcare systems, county/local public health jurisdictions, community based organizations (CBOs), correctional partners, housing continuum, Tribes and Tribal providers (except for Plans in Counties without recognized Tribes), ECM providers and others to achieve the above activities, improve outreach to and engagement with hard to reach individuals within each Populations of Focus and reduce underlying health disparities</p>		
<b>MCP Submission</b>		
<p>1. Describe approach to address identified gaps in ECM Provider capacity for Program Year 1 Populations of Focus and proposed targets,</p>	<p>We see a future state, where the Plans, the 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. 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 are expected to be contracted.</p>	

**California Department of Health Care Services**  
**Submission Template for CalAIM Incentive Payments Measures**  
*Payment 1: Gap-Filling Plan Measures*  
*September 2021*

<p>of at least 20% improvement, to address gaps  <i>100 word limit</i></p>	
<p>2. Identify ECM workforce, training, and TA needs in county, including specific cultural competency needs by county  <i>100 word limit</i></p>	<p>UHC 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 through multiple trainings and because of the surveys and stakeholder engagement what training needs Providers have. Continue HSD Provider Trainings, which will include specific cultural competency, with at least two trainings per year.</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>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 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.</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>Through HSD meetings, UHC and our plan, county, provider, and CBO partners will engage 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, Tribes and Tribal providers, 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. UHC will administer an MCP and TA Program for ECM Providers either through in-person technical assistance, webinars, or online resources. We will work collaboratively with Plans through HSD.</p>



**California Department of Health Care Services**  
**Submission Template for CalAIM Incentive Payments Measures**  
*Payment 1: Gap-Filling Plan Measures*  
*September 2021*

<p>5. Describe strategy to ensure ECM Providers are successfully engaging with hard to reach Populations of Focus, including homeless and justice involved populations, among others  <i>100 word limit</i></p>	<p>UHC data systems have been configured to track all CalAIM populations of focus. These populations of focus will be included in both our population health report and our quality management monitoring processes to ensure access to care amongst the hard-to-reach population.</p>
<p>6. Describe approaches for collaborating with, Social Services, County Behavioral Health, and County/Local Public Health Agencies within the county to achieve the above activities  <i>100 word limit</i></p>	<p>Through HSD which will meet at least monthly, UHC and our plan, 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, Tribes and Tribal providers, ECM providers and others to achieve the above activities, improve outreach to and engagement with hard to reach individuals within each Populations of Focus, and reduce underlying health disparities.</p>
<p>7. Describe approach to build, develop, or invest in the necessary behavioral health workforce to</p>	<p>We recognize and are committed to partnering to address the statewide, systemic issue of behavioral health workforce shortages. UHC has surveyed our ECM behavioral health providers to understand workforce needs, including specific questions about current and planned FTEs, caseload, and staffing needs or gaps. Based on the results, we will continue local level discussions to understand how we may best support behavioral health workforce development with our plan, county, provider, and CBO partners. We will also conduct</p>

**California Department of Health Care Services**  
**Submission Template for CalAIM Incentive Payments Measures**  
*Payment 1: Gap-Filling Plan Measures*  
*September 2021*

support the launch of ECM <i>100 word limit</i>	environmental scans to identify efforts already in place to ensure non-duplication of efforts. These discussions will inform our behavioral health workforce investment approach.
--	---

**Community Partners**

<b>1.2.6 Measure Description</b>	
<i>Optional</i>	
<i>Report on One Optional Measure in ECM Provider Capacity Building Priority Area to Earn 30 Points</i>	
Narrative summary that outlines landscape of Providers, faith-based groups, community-based organizations, and county behavioral health care providers and county behavioral health networks in the county and submission of a narrative plan to develop an MOU or other agreements with a subset of Providers, faith-based groups, county agencies and community-based organizations in the county to develop strategies for closing health disparities experienced by Populations of Focus, including agreement to meet at least quarterly to advance strategy.	
<b>MCP Submission</b>	
1. Describe the landscape in the county of: <ul style="list-style-type: none"> <li>a. ECM</li> <li>b. Providers</li> <li>c. Faith-based groups</li> <li>d. Community-based organizations</li> <li>e. County behavioral health care providers and county behavioral</li> </ul>	We are contracted with the current WPW LEs in San Diego (PATH and Exodus) as providers of the HHP and continuing as ECM Providers. We have established collaborative partnerships over the years with various key community-based organizations in San Diego County. We attend various community work groups with CBOs to ensure that we stay apprised of the current issues. Our clinical department staff make routine referrals to CBOs, based on member's needs, both through platforms and direct referrals. We also attend quarterly Member Advisory Committee (MAC) and Provider Advisory Committee (PAC) meetings which includes representation from CBOs.

**California Department of Health Care Services**  
**Submission Template for CalAIM Incentive Payments Measures**  
*Payment 1: Gap-Filling Plan Measures*  
*September 2021*

<p style="text-align: center;">health networks <i>100 word limit</i></p>	
<p>2. Describe approach to foster relationships with a subset of the organizations described above in 1. Approach should include at least quarterly meetings, and can potentially include and MOU or letter of agreement <i>100 word limit</i></p>	<p>UHC has longstanding relationships with many 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 our [IPP Steering Committee/Roundtable] which will meet at least quarterly, UHC and our plan, county, provider, and CBO partners will ensure involvement of key stakeholders, including but not limited to the organization and provider types listed above.</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>Adult high-risk population strategy includes monitoring to reduce avoidable inpatient, ED, and readmission utilization. Adult SMI/SUD population strategy includes development of peer support model in 2022 and investment in health navigators at some of our high-volume provider sites to ensure connectivity to county-based services. Sober Center claims will be reviewed by behavioral health care management staff to ensure follow up. Homeless Members with chronic condition strategy include investment in Provider infrastructure supports to ensure efficiency and administrative tasks in order to allow clinical interventions to be the priority for this population.</p>

**California Department of Health Care Services**  
**Submission Template for CalAIM Incentive Payments Measures**  
*Payment 1: Gap-Filling Plan Measures*  
*September 2021*

**Tribal Engagement**

<b>1.2.7 Measure Description</b>		<i>Mandatory 30 points</i>
Narrative summary that outlines landscape of Tribes, Tribal providers used by members in the county, and members in the county who use Tribal services, and submission of a narrative plan to develop an MOU to establish a strategic partnership with Tribes and Tribal providers in county to develop Provider capacity and provision of ECM services for members of Tribes		
<b>MCP Submission</b>		
1. Outline the landscape of Tribes, Tribal providers, and members in the county who use Tribal services and will need ECM supports <i>100 word limit</i>	We conducted outreach to San Diego American Indian Health Center to gauge interest in becoming an ECM provider. They are identified by IHS as a primary health program in San Diego County serving the American Indian and Alaskan native community. To ensure equitable access to ECM to our approximately 36 members who identify as American Indian, with one enrolled in ECM and one identified for ECM, we will continue engagement efforts to prospective tribal partners while also ensuring policies and procedures to promote access.	
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>	We have approached the four Tribal partners in the county to seek their interest in becoming ECM or Community Support providers. The tribal providers have indicated that they do not wish to provide these services at this time. We expect to have the opportunity to meet with Tribal Leaders via a meeting hosted by the California Deputy Secretary of Tribal Engagement in November.	
3. Describe plan to develop provider capacity and ECM services for members <i>100 word limit</i>	UHC 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	

**California Department of Health Care Services**  
**Submission Template for CalAIM Incentive Payments Measures**  
*Payment 1: Gap-Filling Plan Measures*  
*September 2021*

	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**

<b>1.2.9 Measure Description</b>	<i>Mandatory 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**

<p>1. Identify and describe top 3 – 4 racial and ethnic groups that are disproportionately experiencing homelessness in the county <i>100 word limit</i></p>	<p>The data is collected by researching the San Diego 2021 Population demographics in comparison to the San Diego Region Task Force on Homeless community analysis dashboard. This data is based on the numbers in the entire county of San Diego, not only plan membership or Medi-Cal eligible beneficiaries. In San Diego County the following racial/ethnic groups are disproportionately experiencing homelessness:</p> <ul style="list-style-type: none"> <li>• American Indian/Alaska Native</li> <li>• Black/African American</li> <li>• Hispanic/Latinx</li> <li>• Native Hawaiian &amp; Other Pacific Islander</li> </ul>
<p>2. Describe approach to improve outreach and engagement by at least 20% to Black/African American and other racial and ethnic groups who are</p>	<p>We will continue to work with the regional task force on homelessness and support an Ad Hoc Committee on addressing homelessness among Black San Diegans and the other racial and ethnic groups who are disproportionately experiencing homelessness with the San Diego Region Task Force on Homeless.</p>

**California Department of Health Care Services**  
**Submission Template for CaAIM Incentive Payments Measures**  
*Payment 1: Gap-Filling Plan Measures*  
*September 2021*

disproportionately experiencing homelessness <i>100 word limit</i>	
---	--

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

<b>1.2.10 Measure Description</b>	
<i>Optional</i>	
<i>Report on One Optional Measure in ECM Provider Capacity Building Priority Area to Earn 30 Points</i>	
Submission of narrative plan describing how the managed care plan will improve outreach to and engagement with the following Population of Focus: "individuals transitioning from incarceration who have significant complex physical or behavioral health needs requiring immediate transition of services to the community," with a focus on Black/African American and other racial and ethnic groups who are disproportionately experiencing transitions from incarceration settings in the county.	
<b>MCP Submission</b>	
1. Identify and describe top 3 – 4 racial and ethnic groups that are incarcerated in the county <i>100 word limit</i>	In reviewing the San Diego County Sheriff Department’s Jail Population Statistics (September 2021), of the average jail population of 3970 individuals incarcerated in September 2021, 43 percent of the population is Hispanic/Latinx, 30 percent of the population is White, and 21 percent of the population is Black/African American. SD County Sheriff - Jail Population Statistics - Sept 2021
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	We will continue to work with HSD and support an Ad Hoc Committee on addressing disproportionate transitions from incarceration settings among Black San Diegans and the other racial and ethnic groups who are disproportionately experiencing transitions from incarceration settings.

**California Department of Health Care Services**  
**Submission Template for CalAIM Incentive Payments Measures**  
*Payment 1: Gap-Filling Plan Measures*  
*September 2021*

from incarceration settings in the county <i>100 word limit</i>	
--	--

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

**Gap-Filling Plan**

<b>1.3.5 Measure Description</b>	<i>Mandatory 80 points</i>
<p>Submission of a narrative Gap-Filling plan describing:</p> <ul style="list-style-type: none"> <li>(1) Identified gaps or limitations in Community Supports (ILOS) coverage within county</li> <li>(2) Plan to increase number and/or reach of Community Supports (ILOS) offered in January 2022 or July 2022</li> <li>(3) Identified Community Supports (ILOS) Provider capacity and MCP oversight capability gaps and plan to address gaps</li> <li>(4) Identified Community Supports (ILOS) workforce, training, TA needs in region / county, including specific cultural competency needs by region/county</li> <li>(5) Plan to develop and administer a training and TA program for Community Supports (ILOS) Providers</li> <li>(6) Plan to establish programs to support Community Supports (ILOS) workforce recruiting and hiring, including incentives for Community Supports (ILOS) Providers to hire necessary staff</li> </ul> <p>Gap-Filling Plan narrative should include approach for collaborating with other entities, including but not limited to, county social services, county behavioral health, public healthcare systems, county/local public health jurisdictions, community based organizations (CBOs), correctional partners, housing continuum, Community Supports (ILOS) providers, and others to achieve the above activities, improve outreach to and engagement with hard to reach individuals and reduce underlying health disparities.</p>	

**California Department of Health Care Services**  
**Submission Template for CalAIM Incentive Payments Measures**  
*Payment 1: Gap-Filling Plan Measures*  
*September 2021*

<b>MCP Submission</b>	
<p>1. Describe 3-4 identified gaps or limitations in Community Supports (ILOS) coverage within the county. If the Community Supports (ILOS) Provider network/capacity will not reasonably allow for county-wide provision of Community Supports (ILOS) to all eligible Members in the county at the time of implementation, please provide a brief explanation.<sup>1</sup>  <i>100 word limit</i></p>	<p>San Diego has providers in each Community Supports category. However, we need to build a web of data sharing by investing heavily in technology infrastructure to allow secure data sharing and standard billing processes. The county CIE needs to become HITRUST certified. In addition, we have identified that certain CS would benefit from having licensed nursing and behavioral health staff positions to serve the populations of focus and to be able to perform information sharing with the ECM. For example, a licensed staff at a shelter could oversee the data sharing efforts that are greatly needed to track and outreach Members experiencing homelessness. We see a future state, where the Plans, the 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.</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>United Healthcare is launching eight Community Supports on 1/1/22 with a roll out plan to offer all fourteen Community Supports by 1/1/23.</p>

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



**California Department of Health Care Services**  
**Submission Template for CalAIM Incentive Payments Measures**  
*Payment 1: Gap-Filling Plan Measures*  
*September 2021*

<p>3. Identify Community Supports (ILOS) Provider capacity and MCP oversight capability gaps and plan to address gap with a gap closure of 20%  <i>100 word limit</i></p>	<p>CalAIM will scale the capacity of our contracted providers. They will need support with staffing and expanding their technology platforms. Some will need investment in the security of their technology for safe data sharing and oversight. Investing in the county's CIE to become HITRUST certified will help close gaps by allowing more providers and stakeholders to participate. This will help with information sharing between providers, better track and serve Members experiencing homelessness and improve the overall efficiency of our countywide healthcare system.</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>Our Community Supports providers have identified a growth area in staffing numbers and advanced training of administrative staff. They are working to overcome the procedural cost of submitting claims rather than simply sending in invoices. In addition, funding is needed to ensure that provider's technology systems meet security standards. There are funding needs to further expand our county's CIE reach. All contracted providers are required to complete a Cultural Competency training. We include a "Cultural Competency and the American and Disabilities Act" as part of our online provider toolkit.</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>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 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.</p>
<p>6. Plan to establish programs to support Community Supports (ILOS) workforce</p>	<p>UHC is committed to investing in our local community by lifting up providers that contribute to the framework of our continuum of care. It is our intention to provide grants to allow for staff expansion. This effort will require significant investments in new staff and retraining of existing staff. For example, UHC recently provided a grant to the San</p>

**California Department of Health Care Services**  
**Submission Template for CalAIM Incentive Payments Measures**  
*Payment 1: Gap-Filling Plan Measures*  
*September 2021*

<p>recruiting and hiring, including incentives for Community Supports (ILOS) Providers to hire necessary staff, and increase Community Supports (ILOS) workforce by at least 20%  <i>100 word limit</i></p>	<p>Diego Rescue Mission to fund for core program costs including a part-time job coordinator for the program. This support will allow the SD Rescue Mission to expand their capacity including possibly becoming a Community Supports Day Treatment provider.</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>Through HSD which will meet at least monthly, UHC and our plan, 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.</p>

**California Department of Health Care Services**  
**Submission Template for CaAIM Incentive Payments Measures**  
*Payment 1: Gap-Filling Plan Measures*  
*September 2021*

**Tribal Engagement**

<b>1.3.6 Measure Description</b>		<i>Mandatory 20 points</i>
Narrative summary that outlines landscape of Tribes, Tribal providers in the county, and members in the county who use Tribal services and submission of a narrative plan to develop an MOU to establish a strategic partnership with Tribes and Tribal providers in county to develop Provider capacity and provision of Community Supports (ILOS) services for members of Tribes		
<b>MCP Submission</b>		
1. Outline the landscape of Tribes, Tribal providers, and members in the county who use Tribal services and you anticipate will use Community Supports (ILOS) <i>100 word limit</i>	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. UHC is proud to engage with Tribal providers in the county. We estimate there are 36 UHC members in San Diego County who use Tribal services and may use ECM. 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.	

**California Department of Health Care Services**  
**Submission Template for CalAIM Incentive Payments Measures**  
*Payment 1: Gap-Filling Plan Measures*  
*September 2021*

<p>or other agreements  <i>100 word limit</i></p>	
<p>3. Describe plan to develop provider capacity and Community Supports (ILOS) services for members  <i>100 word limit</i></p>	<p>UHC 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.</p>

**California Department of Health Care Services**  
**Submission Template for CalAIM Incentive Payments Measures**  
*Payment 1: Gap-Filling Plan Measures*  
*September 2021*

**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**

Since 2020, UHC 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.

**California Department of Health Care Services**  
**Submission Template for CalAIM Incentive Payments Measures**  
*Payment 1: Gap-Filling Plan Measures*  
*September 2021*

<b>1.2.8 ECM Provider Capacity Building Measure Description</b>	<i>Mandatory 10 points</i>
<p>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</p>	
<b>MCP Submission</b> <i>100 word limit</i>	
<p>UHC, 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 ECM Provider capacity in San Diego County and to leverage and expand existing WPC 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.</p>	
<b>1.3.7 Community Supports (ILOS) Provider Capacity Building and Community Supports (ILOS) Take-Up Measure Description</b>	<i>Mandatory 50 points</i>
<p>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</p>	

**California Department of Health Care Services**  
**Submission Template for CalAIM Incentive Payments Measures**  
*Payment 1: Gap-Filling Plan Measures*  
*September 2021*

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*

UHC, 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 ECM Provider capacity in San Diego County and to leverage and expand existing WPC 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.