CALAIM INCENTIVE PAYMENT PROGRAM (IPP)

Payment 2 Progress Report (*Updated Spring 2023*)
Submissions 2-A and 2-B

Contents

Cover Sheet

Response Required to this Section

This document outlines instructions for completing the Payment 2 Progress Report submissions.

When submitting Payment 2 responses, managed care plans (MCPs) should include: (1) the MCP name; and (2) the county to which this Gap Assessment Progress Report applies in the header of their submission (header should repeat across all pages except Page 1). MCPs should also include a Cover Sheet with tables as shown below.

MCPs that operate in multiple counties will need to submit a separate Progress Report for each county in which they operate.

1. Details of Progress Report	
MCP Name	CalOptima
MCP County	Orange County
Is County a Former Whole Person Care (WPC) Pilots or Health Homes Program (HHP) County?	Yes
Program Year (PY) / Calendar Year (CY)	Program Year 1 / Calendar Year 2022 Payment 2 (Submission 2-A and Submission 2-B)
Reporting Periods	Submission 2-A: January 1, 2022 – June 30, 2022 Submission 2-B: July 1, 2022 – December 31, 2022

2. Primary Point of Contact for This Gap Assessment Progress Report	
First and Last Name	
Title/Position	
Phone	
Email	

End of Section

Introduction

The CalAIM Incentive Payment Program (IPP) is intended to support the implementation and expansion of Enhanced Care Management (ECM) and Community Supports by incentivizing MCPs, in accordance with 42 CFR Section 438.6(b), to drive MCP delivery system investment in provider capacity and delivery system infrastructure; bridge current silos across physical and behavioral health care service delivery; reduce health disparities and promote health equity; achieve improvements in quality performance; and encourage take-up of Community Supports.

IPP Payment 1

To qualify for Payment 1 of the IPP, MCPs submitted the Needs Assessment and the Gap-Filling Plan in January 2022. The Needs Assessment was intended to provide a "point in time" understanding of ECM and Community Supports infrastructure and provider capacity prior to launch. The Gap-Filling Plan—which MCPs were to develop in conjunction with local partners—outlines MCPs' approaches to addressing gaps identified in the Needs Assessment.

DHCS issued Payment 1 to MCPs in April 2022 on an interim basis, based on DHCS' review and acceptance of Submission 1. MCPs must demonstrate progress on activities outlined in their Gap-Filling Plan to fully earn Payment 1. MCPs were evaluated based on the set of measures they submitted as part of their Needs Assessment and Gap-Filling Plan to determine acceptance of Submission 1. Points for each measure were either credited in full, or not credited, unless the measure is noted as having a tiered evaluation approach. For the measures that are evaluated using a tiered approach, MCPs received the specified number of points within each tier for having completed the activity associated with each tier, as detailed in the Measure Set and Reporting Template. All other measures do not use a tiered approach and MCPs received either full or no credit for the measures. For counties where ECM and Community Supports have gone live as of June 30, 2022, Payment 2 measures that determine whether Payment 1 is fully earned are outlined in the Progress Report.[1] Please refer to the IPP All Plan Letter (APL) and IPP FAQ for more information.

[1] Applies only to counties where ECM and Community Supports have gone live as of June 30, 2022. For counties where ECM and Community Supports will not have gone live until July 1, 2022, performance improvement must be shown during the July – December 2022 reporting period.

IPP Payment 2

For Payment 2 and beyond, MCPs will submit Progress Reports to demonstrate their progress against the Gap-Filling Plans that were developed for Payment 1 submissions. All measures in the Progress Reports build on the requirements contained in the Needs Assessment, Gap-Filling Plan, and associated APL and are referenced, where appropriate, throughout. Before beginning work on the Progress Reports, MCPs should review these documents to ensure complete and robust responses.

End of Section

Evaluation Criteria

Measure Criteria

Payment to MCPs is based on the successful completion of reporting and performance against measures in the Progress Report. The Progress Report materials indicate performance targets and point allocations for each measure. MCPs may earn no, partial, or all points on measures, as indicated.

Each measure in the Progress Report is assigned to one of the following Program Priority Areas, with a fourth Quality Program Priority Area that is allocated between Priority Areas 2-3:

1. Delivery System Infrastructure;
2. ECM Provider Capacity Building; and
3. Community Supports Provider Capacity Building and Community Supports Take-Up

Points Structure

MCPs can earn a maximum of 1,000 points for Submission 2-A. If an MCP achieves only a subset of these points, it will earn a partial payment. A total of 700 points is assigned between the mandatory and optional[2] measures in Program Priority Areas 1-3. MCPs may allocate the remaining 300 points across Program Priority Areas 1-3; points from this discretionary allocation are earned proportionately based on performance.[3]

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[2] MCPs are required to report on a minimum number of optional measures.

[3] For example, if an MCP allocates 100 points to Priority Area 1 and earns 90% of the Priority Area 1 points, it will earn 90 of those 100 discretionary points.

(*Added Spring 2023*) MCPs will earn Payment 2 based on their total points achieved across Submission 2-A and Submission 2-B. MCPs can earn a maximum of 120 points for Submission 2-B. If an MCP achieves only a subset of these points, it will earn a partial payment. A total of 120 points is assigned to mandatory measures in Program Priority Areas 1-3.

MCPs must indicate their discretionary allocation distribution in their submission response for Submission 2-A *(does not need to be in table format)*. Allocations for this submission do not need to align with allocation ratios in other IPP submissions.

Priority Area	**Mandatory Measures**	**Optional Quality Measures** *(Priority Area #4)*	**Discretionary Allocations**
1. Delivery Sytem Infrastructu	Up to **200** points	*None*	
2. Enhancedare ManagemenCM) Provider Capcity Building	Up to **170** points	Up to **30** points	150
3. Communiy Supports Prvider Capacity Bug and Communityupports Take-Up	Up to **250** points	Up to **50** points	150
Category Tls	Up to **620** points	Up to **80** points	Up to **300** points
TOTAL	Up to **1,000** points		

DHCS may, at its sole discretion, consider granting exceptions in limited cases where the MCP makes a compelling request to DHCS to allocate more than 30% to the MCP's selected Program Priority Area (i.e., by allocating dollars from another priority area). MCPs requesting to allocate more than 300 points must respond to the following prompt; otherwise, leave blank:

(OPTIONAL) **Describe preferred allocation methodology, including how many points would be allocated to each measure (where different from above), and reason for requesting an allocation different from that above.** (100 word limit)

End of Section

Instructions

MCPs must submit the Submission 2-A Gap-Filling Progress Report to CalAIMECMILOS@dhcs.ca.gov by **Thursday, September 1, 2022**.

Please reach out to CalAIMECMILOS@dhcs.ca.gov if you have any questions. (*Added Spring 2023*) MCPs must submit the Submission 2-B Progress Report to CalAIMECMILOS@dhcs.ca.gov by March 15, 2023 for the measurement period beginning July 1, 2022 and ending December 31, 2022.

Progress Report Format

The Progress Report consists of two documents: the Narrative Report (as outlined in this Word document) and an accompanying Quantitative Reporting Template (Excel document). The Narrative Report includes Appendices A-B, which contain additional information, instructions, and references that are applicable to the Submission 2-A Progress Report.

For Submission 2-A, MCPs are required to submit responses to the measures noted as mandatory and for a minimum number of optional[4] measures. **MCPs are permitted and encouraged to work closely with providers and other local partners on these measures and any ongoing strategic planning.**

Sections that require MCPs to submit a response are indicated under each header in this document with the phrase *"Response Required to This Section."* No response is required from MCPs to any other sections.

For Submission 2-B, all measures are mandatory and MCPs are required to submit responses to all measures.

Narrative Responses

In response to the narrative measure prompts, MCPs should describe activities conducted during the measurement period of January 1, 2022 through June 30, 2022 for Submission 2-A, and during the measurement period of July 1, 2022 through December

[4] Refer to Appendix B for more information on responding to mandatory and optional measures.

31, 2022 for Submission 2-B (regardless of when the Gap-Filling Plan was submitted to and finalized with DHCS).

For several measures, attachments and supplemental information are required (e.g., meeting agendas). MCPs should include these attachments via email submissions.

For several measures, there are multipart narrative prompts within the measure. MCPs are required to respond to all parts of the question for their response to be considered complete.

For several measures, there are alternative narrative prompts within the measure to account for variances among counties (e.g., counties with and without recognized Tribes). MCPs must respond only to the question that is applicable to the county for which the Progress Report is being completed.

Quantitative Responses

MCPs must submit responses for quantitative measures within the accompanying Quantitative Reporting Template (Excel document). MCPs should read the Instructions tab, follow the prompts in the reporting template, and enter responses accordingly.

For several measures, MCPs may need to use publicly available data sources and complete their own calculations to respond to some measure prompts. Examples of data sources that may be helpful in MCP responses include:

Source	Description	Link
California Department of Finance	Demographic data by county	https://dof.ca.gov/forecasting/demographics/
California Business, Consumer Services, and Housing Agency	Homeless Data Integration System (HDIS), which provides data on homelessness by county	https://bcsh.ca.gov/calich/hdis.html

End of Section

Submission 2-A Measures for Priority Area 1: Delivery System Infrastructure

Response Required to This Section

2.1.1 Measure Description

Mandatory
40 Points Total
20 Points for the Quantitative Response
20 Points for the Narrative Response

Quantitative Response

Number and percentage point increase in contracted ECM providers that engage in bi-directional Health Information Exchange (HIE).

Enter response in the Excel template.

Narrative Response

Describe the concrete steps taken and investments made by the MCP to increase the number of contracted ECM providers with HIE capabilities to electronically store, manage, and securely exchange health information and other clinical documents with other care team members (i.e., with other providers outside of the ECM's practice, clinic or care setting). (100 word limit)

CalOptima took the following steps to increase ECM provider capabilities:

1. CalOptima developed CalAIM Connect – CalOptima's closed loop referral system -- allowing ECM providers to securely view and share care plans with providers and other care team members. CalAIM Connect securely interconnects multiple systems to allow referrals, authorizations, and sharing of care plans and clinical documentation with CalOptima's contracted Community Supports providers.

2. CalOptima developed and delivered technical trainings, registered providers, and continues to enhance and support the system based on user feedback and programmatic needs.

3. CalOptima gathers daily hospital activity information such as admissions, transfers, and discharges to notify the ECM providers, further enhancing member care during hospital events.

2.1.2 Measure Description

Mandatory
40 Points Total
20 Points for the Quantitative Response
20 Points for the Narrative Response

Quantitative Response

Number and percentage point increase in contracted ECM providers with access to certified EHR technology or a care management documentation system able to generate and manage a patient care plan.

Enter response in the Excel template.

Narrative Response

Describe the concrete steps taken and investments made by the MCP to increase the number of contracted ECM providers with access to certified EHR technology or a care management documentation system able to generate and manage a patient care plan. (100 word limit)

CalOptima took the following steps to increase EHR and care documentation access:

1. Provided funding to the ECM provider who needed an EHR system.

2. Assisted ECM Providers with setup and configuration.

3. Provided funding to all ECM Providers to interconnect their EHR/CM systems to the CalAIM Connect system to share information as necessary and appropriate among ECM Provider care teams.

4. Provided regular training and technical assistance meeting to ensure ECM staff stayed up to date on CalAIM Connect capabilities.

2.1.3 Measure Description

Mandatory
40 Points Total
20 Points for the Quantitative Response
20 Points for the Narrative Response

Quantitative Response

Number and percentage point increase in contracted ECM and Community Supports providers capable of submitting a claim or invoice to a MCP, or have access to a system or service that can process and send a claim or invoice to a MCP with information necessary for the MCP to submit a compliant encounter to DHCS.

Enter response in the Excel template.

Narrative Response

Describe the concrete steps taken and investments made by the MCP to increase the number of contracted ECM and Community Supports providers capable of submitting a claim or invoice to a MCP, or have access to a system or service that can process and send a claim or invoice to a MCP with the information necessary for the MCP to submit a compliant encounter to DHCS. (100 word limit)

CalOptima took the following steps to increase claims/invoice submission capability:

1. Provided funding to ECM and CS providers to enhance their current systems, including funding for staffing, to submit claims.

2. Provided technical assistance via in-house staff and clearing house vendor staff to train ECM and CS providers on how to use a clearing house to submit claims.

3. Built invoice/ claims submission processes for ECM and CS providers through the CalOptima Connect system.

4. Assigned dedicated CalOptima claims and encounters staff to work with providers to submit claims/invoices correctly and provide ongoing technical assistance.

2.1.4 Measure Description

Mandatory
20 Points

Quantitative Response Only

Number and percentage point increase in contracted Community Supports providers for those Community Supports offered by the MCP starting January 1, 2022, or July 1, 2022, with access to closed-loop referral systems.

Enter response in the Excel template.

2.1.5 Measure Description

Mandatory
20 Points

Quantitative Response Only

Number and percentage point increase in behavioral health providers with contracts in place to provide ECM that engage in bi-directional Health Information Exchange (HIE).

Enter response in the Excel template.

2.1.6 Measure Description

Mandatory
10 Points

Narrative Response Only

Describe progress against Gap-Filling Plan regarding identification of underserved populations and the ECM providers to which they are assigned. Response should provide detail regarding which populations are underserved, the methodology

used to identify them, the approach to assigning these members to an ECM provider, and any other relevant information regarding MCP activities completed and investments made. (100 word limit)

For these underserved populations of focus CalOptima used information from the HHP, WPC Pilot Program, County Behavioral Health, and CalOptima's core systems to identify homelessness, risk of homelessness, SMI/SUD, and high utilizers.

1. Members experiencing homelessness: CalOptima leveraged its Homeless Response Team, the County's Outreach/Engagement Team and shelters throughout Orange County to identify and refer eligible members who are homeless or at-risk of homelessness for ECM services.

2. High utilizers: CalOptima educated and trained hospitals and medical groups within Orange County on ECM and how to refer members for care. CalOptima's fourteen-day presumptive eligibility for members needing recuperative care has efficiently allowed for members to transition to a lower level of care when they would deteriorate without housing and care.

High utilizers are identified by reviewing multiple six-month windows to identify members who have had the following: 5+ outpatient/ER visits; 3+ unplanned hospital inpatient; and/or 3+ SNF stays. This population was identified as underserved specifically in terms of care coordination and therefore in high need of ECM services.

3. Partnership between CalOptima and Orange County Behavioral Health Services ensured continuity of services for members as their ECM, SUD and/or behavioral health provider are the same.

4. CalOptima is partnering with OC Correctional Health Services, Orange County Sheriff Department and Social Service Agency to create a mechanism by which to identify and refer members transitioning from incarceration

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.

2.1.7 Measure Description

Mandatory
10 Points

Narrative Response Only

Describe how the MCP successfully collaborated with all MCPs in the county to enhance and develop needed ECM and Community Supports infrastructure and, if applicable, leverage existing Whole Person Care (WPC) capacity. If only one MCP is operating in the county, the narrative must describe how it successfully leveraged and expanded existing county and, if applicable, WPC infrastructure to support infrastructure building. Response should include details regarding what barriers were encountered, which strategies proved successful, and the MCP's plans to continue infrastructure building. MCPs are also encouraged to describe how they might leverage the new community health workers (CHW) benefit moving forward to build capacity in the delivery system for ECM and Community Supports. (100 word limit)

CalOptima leveraged and rebranded the WPC Connect system into CalAIM Connect, a single source application to support referrals, authorizations, and invoicing. CalOptima enhanced the system to align functionality with CalAIM requirements and intends on additional system enhancements for future deployment. While providers were initially hesitant on the security of CalAIM Connect, discussions and demonstrations of the system removed this barrier.

In addition, CalOptima successfully leveraged and integrated an existing WPC recuperative care assessment form into the referral process within CalAIM Connect, allowing continuity for providers. CalOptima plans to train CHWs employed by local community-based organizations to be experts in ECM and Community Supports so that they can refer members to the services during face-to-face interaction.

2.1.8 Measure Description

Mandatory
10 Points

Narrative Response Only

Describe any progress to build physical plant (e.g., sobering centers) or other physical infrastructure to support the launch and continued growth of ECM and Community Supports benefits. This response should provide detail regarding how the MCP has contributed to this infrastructure building, including but not limited to: financial contributions, participation in planning committees, partnerships with other MCPs and other community entities engaged in infrastructure building, etc. Please exclude technology-related infrastructure (e.g., IT systems) from this response. (100 word limit)

CalOptima is engaged in building physical infrastructure throughout the county in several ways. First, representatives from CalOptima participate regularly in the county's Continuum of Care and provide feedback on the distribution of infrastructure funds. Second, CalOptima has created its Housing and Homelessness Incentive Program with an investment strategy that includes physical plant build-out in partnership with several community-based organizations (who are contracted community supports providers). CalOptima has already invested $15M in the construction of two behavioral health facilities. Third and last, CalOptima has purchased a building in Tustin where it plans to launch 120 new recuperative care beds for the community.

2.1.9 Measure Description

Mandatory
10 Points

Narrative Response & Materials Submission

Submission of a signed letter of collaboration, meeting agendas/notes, or other materials that outline the organizations with which the MCP collaborated in developing the Delivery System Infrastructure portion of the Gap-Filling Plan. If the MCP is unable to produce these documents, please specify why in the narrative response.

AND

Describe how all MCPs in the county vetted and iterated the Gap-Filling Plan with other local partners within the county. Response should include a list of organizations with which the MCP collaborated, completed activities, and methods of engagement. If no meaningful engagement or vetting with local partners was completed, please explain why and describe

upcoming plans for vetting and iteration, including a list of proposed organizations, proposed activities, methods of engagement, and a time frame for completing these activities. (100 word limit)

CalOptima worked with each contracted ECM and Community Supports provider to gather feedback on the Gap Filling Plan. Each provider contributed their own responses to the Gap Filling plan, outlining their goals and gaps related to delivery system infrastructure, as well as their plans to address them. CalOptima incorporated this provider input into its final submission to DHCS. Furthermore, CalOptima held monthly, individual, meetings with providers to help address the identified goals and gaps throughout the reporting period. The organizations CalOptima collaborated with are listed in the attached, signed letter of collaboration.

End of Section

Submission 2-A Measures for Priority Area 2: ECM Provider Capacity Building

Response Required to This Section

2.2.1 Measure Description

Mandatory
20 Points

Quantitative Response Only

Number of contracted ECM care team full time employees (FTEs).

Enter response in the Excel template.

2.2.2 Measure Description

Optional
Report on five (5) optional Payment 2 measures in Program Priority Area #2 to earn a total of 30 points

Quantitative Response Only

Reporting on racial and ethnic demographics of ECM care team FTEs for each Program Year 1 Populations of Focus relative to the racial and ethnic demographics of the beneficiaries in the Program Year 1 Populations of Focus.

Enter response in the Excel template.

2.2.3 Measure Description

Mandatory
20 Points

Quantitative Response Only

Number of Members receiving ECM.

Enter response in the Excel template.

2.2.4 Measure Description

Mandatory
10 Points

Quantitative Response Only

Number of Members across Program Year 1 Populations of Focus receiving ECM. Break out of Members across Program Year 1 Populations of Focus receiving ECM by race, ethnicity, and primary language.

ECM Populations of Focus for Year 1 / Calendar Year 2022 include:

- Individuals and Families Experiencing Homelessness
- High Utilizer Adults
- Adults with Serious Mental Illness (SMI) / Substance Use Disorder (SUD)
- Adults and Children/Youth Transitioning from Incarceration (WPC Pilot counties only)

Enter response in the Excel template.

2.2.5 Measure Description

Mandatory
40 Points

Narrative Response Only

Narrative responses should outline progress and results from collaborations with local partners to achieve the below activities. (100 word limit per question below)

1. Describe what concrete steps have been taken and/or investments made to increase ECM provider capacity and MCP oversight capacity.
2. Describe what concrete steps have been taken and/or investments made to address ECM workforce, training, TA needs in county, including specific cultural competency needs by county.
3. Describe what concrete steps have been taken and/or investments made to support ECM provider workforce recruiting and hiring of necessary staff to build capacity.

4. List the MCP training and TA programs that have been provided to ECM providers, including details on when and where the trainings were held, how many people attended, and any organizations involved in the planning of training efforts. *NOTE: MCPs may submit relevant meeting minutes and attendee lists, training materials, and other attachments in lieu of a narrative response to Sub-Part 4.*

1. ECM providers used IPP funds to increase workforce capacity by adding seventeen staff (primarily case managers and other clinical staff) to provide ECM services. ECM providers and CalOptima have processes in place to regularly monitor staff ratios to ensure ECM members receive proper care and attention. Additionally, many ECM providers reallocated existing staff to support ECM services and to ensure the staff with the appropriate experience was being dedicated to the different ECM POFs. CalOptima has internally restructured and created a CalAIM team responsible for oversight of ECM and Community Supports.

2. All ECM providers delivered cultural competency trainings and TA to their staff relating to the POFs. CalOptima developed and provided CalAIM ECM and Community Supports-specific group training and TA. Additionally, CalOptima continues to provide POF-specific trainings including an informational series on homelessness, justice involved persons as well as substance use disorders, open to all providers.

3. CalOptima dedicated time during group TA and stakeholder calls for providers to share best practices for recruiting, hiring and retaining a diverse workforce reflective of the populations being served. Specific diversity, equity and inclusion efforts were mapped out including strategies to help organizations focus on providing staff a living wage. Recruiting efforts have focused on staff who have POF-specific experience and knowledge, county-specific community resource knowledge and bilingual skillsets.

4. In addition to the POF-specific trainings, CalOptima provided the following training to all contracted providers between December 2021-January 2022: An overview of CalAIM, Onboarding, FWA, Referrals, Authorizations, Coding/Billing, Cultural Competency, Disability Awareness, HIPAA, and CalAIM Connect. CalOptima partnered with the County and health networks to build and deliver these specialty trainings for best practices. All contracted providers attended at least one of the virtual trainings held hosted during those months. See attached for training plan, FAQs from each session, and the training materials utilized.

2.2.6 Measure Description

Optional
Report on five (5) optional Payment 2 measures in Program Priority Area #2 to earn a total of 30 points

Narrative Response & Materials Submission

Narrative responses should outline progress and results from collaborations with local partners to achieve the below activities. Note that the strategic partnership requirements may be fulfilled through active and meaningful participation in the PATH Collaborative Planning Initiative—MCPs leveraging this must include details regarding any memoranda of understanding (MOUs), activities, and financial investments to support the PATH Collaborative Planning Initiative. (100 word limit per question below)

1. Describe progress against the narrative plan submitted for Payment 1 regarding the establishment and maintenance of strategic partnerships with MCPs in the county and other organizations *(see narrative measure 1.2.6, sub-question 2)*.
2. Describe progress against the narrative plan submitted for Payment 1 regarding addressing health disparities through strategic partnerships *(see narrative measure 1.2.6, sub-question 3)*.

AND

Submission of (1) MOUs or other collaborative agreements and (2) quarterly meeting agendas and notes (including a list of which organizations attended).

2.2.7 Measure Description

Mandatory
20 Points

Narrative Response & Materials Submission

MCPs must complete a narrative response for either of the prompt options below (and associated sub-components), as applicable. MCPs must also submit the required documents, as described below. (100 word limit)

1. Describe progress against the narrative plan submitted for Payment 1 regarding collaborative work with Tribes and Tribal providers used by members in the county to develop and support the provision of ECM services for members of Tribes in the county (*see narrative measure 1.2.7, sub-questions 2-3*). This response should include details on (1)

concrete actions taken and investments made to demonstrate progress, (2) what issues have been identified in meetings facilitated to date, and (3) upcoming plans for meetings and other activities:
   a. Working with Tribes and Tribal providers used by members in the county on provider capacity.
   b. Providing ECM services for members of Tribes in the county.

OR

1. For MCPs operating in counties *without* recognized Tribes, describe the approach taken to supporting culturally competent ECM services for members who receive Tribal services, including efforts to contract with Tribal providers in surrounding counties.

AND

Submission of MOUs or other collaborative agreements and associated agendas and/or meeting notes.

There are no recognized Tribes in Orange County. However, CalOptima has done research in an effort to identify and connect with local organizations that serve members who receive Tribal services. CalOptima is committed to reaching these organizations and forming relationships with them, however we are still in the process of making these connections. As CalOptima engages with organization that serve this population, we will explore opportunities to contract them as ECM or CS 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. CalOptima ECM providers have entered into letters of agreements with American Indian Health service providers to ensure culturally competent care.

CalOptima has requested its ECM providers share with CalOptima copies of their LOAs with American Indian Health Services but has not received copies, to date. We will continue to solicit these.

2.2.8 Measure Description

Mandatory
20 Points

Narrative Response Only

Describe how the MCP successfully collaborated with all MCPs in the county to support ECM capacity expansion and, if applicable, leverage existing Whole Person Care (WPC) capacity. If only one MCP is operating in the county, the narrative must describe how it successfully leveraged and expanded existing county and, if applicable, WPC infrastructure to support ECM capacity building. Response should include details regarding what barriers were encountered, which strategies proved successful, and the MCP's plans to continue capacity and infrastructure building. MCPs are also encouraged to describe how they might leverage the new community health workers (CHW) benefit moving forward to build capacity in the delivery system for ECM. (100 word limit)

CalOptima is the only MCP in Orange County. CalOptima successfully contracted with the County to act as an ECM provider for the SMI/SUD POF. Because ECM is a benefit, CalOptima experienced challenges in developing new processes and requirements to ensure compliance for authorizations and billing. CalOptima will continue to provide technical assistance and make process improvements as needed with the ECM providers. Through the interagency workgroup, which includes the former WPC Lead Entity, CalOptima will contract with appropriate community-based organizations, such as FQHCs, 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. CalOptima is currently in conversations with local CBOs to discuss the implementation of the new CHW benefit and to identify the best approach for incorporating this benefit into ECM services. CalOptima intends to use CHWs as ECM providers for specific populations of focus, thereby leveraging the expertise and knowledge of the CHW workforce.

2.2.9 Measure Description

Mandatory
20 Points

Quantitative Response

Baseline data for individuals who are Black/African American or from other racial and ethnic groups who are disproportionately[5] experiencing homelessness and who meet the Population of Focus definition: "people experiencing homelessness or chronic homelessness, or who are at risk of becoming homeless with complex health and/or behavioral health conditions."

Enter response in the Excel template.

Narrative Response

Describe the steps taken to reach individuals who are Black/African American or from other racial and ethnic groups who are disproportionately experiencing homelessness and who meet the Population of Focus definition: "people experiencing homelessness or chronic homelessness, or who are at risk of becoming homeless with complex health and/or behavioral health conditions." Response should include details on what barriers have been identified in reaching these populations as well as concrete steps taken/investments made to address these barriers, including partnerships with local partners. (100 word limit)

CalOptima has partnered with multiple community-based organizations in the County that have years of experience serving people of color that are experiencing homelessness or at risk of being homeless and have complex health conditions. These organizations are experts in conducting outreach and engagement to those disproportionately experiencing homelessness. CalOptima further supported these efforts by funding ECM providers to improve efforts to recruit and hire outreach staff with diverse backgrounds including those with lived experience.

CalOptima is building out is ECM/CS provider network to include community-based organizations that have culturally appropriate care practices, specifically serving our communities of color, including populations of Black/African American, Hispanic/Latinx, and Asian American members. CalOptima is currently contracted with Korean Community Services and is building a relationship with Latino Health Access to provide community supports that roll out on Jan 1, 2023. CalOptima is

[5] MCPs must determine which racial/ethnic groups disproportionately experience homelessness in the county, not just identify which racial/ethnic groups have the highest counts of homelessness. This will require some basic calculations using publicly available data.

also creating new partnerships with smaller grassroots providers that serve those at-risk populations, including Thomas House Family Shelter and Mom's Retreat. Furthermore, CalOptima is creating a training series for its providers that includes diversity, equity and inclusion concepts, to support service provision improvements.

2.2.10 Measure Description

Optional

Report on five (5) optional Payment 2 measures in Program Priority Area #2 to earn a total of 30 points

Quantitative Response

Baseline data for individuals who are Black/African American or from other racial and ethnic groups who disproportionately[6] meet the Population of Focus definition ("individuals transitioning from incarceration who have significant complex physical or behavioral health needs requiring immediate transition of services to the community") and who have been successfully outreached to and engaged by an ECM provider.

Enter response in the Excel template.

Narrative Response

Describe the steps taken to reach individuals who are Black/African American or from other racial and ethnic groups who are disproportionately experiencing transitions from incarceration settings and meet the Population of Focus definition: "individuals transitioning from incarceration who have significant complex physical or behavioral health needs requiring immediate transition of services to the community." Response should include details on what barriers have been identified in reaching these populations and concrete steps taken/investments made to address these barriers, including partnerships with other community entities. (100 word limit)

[6] MCPs must determine which racial/ethnic groups disproportionately experience homelessness in the county, not just identify which racial/ethnic groups have the highest incarceration figures. This may require basic calculations using publicly available data or data obtained from county partners.

2.2.11 Measure Description

Mandatory
10 Points

Quantitative Response Only

Number of contracted behavioral health full-time employees (FTEs)

Enter response in the Excel template.

2.2.12 Measure Description

Optional
Report on five (5) optional Payment 2 measures in Program Priority Area #2 to earn a total of 30 points

Narrative Response Only

Has the MCP hired a full-time Health Equity Officer by July 1, 2022, who has the necessary qualifications or training at the time of hire or within 1 year of hire to meet the requirements of the position, as outlined in the MCP Procurement?

Reply "YES" with the date of hire if this measure has been met.

OR

If this measure has not been met, reply "NO" with a description of concrete actions the MCP is taking to hire a full-time Health Equity Officer, including at a minimum (a) date when the job was posted, (b) how many candidates have been interviewed, and (c) how many job offers have been made to date. (100 word limit)

2.2.13 Measure Description

Optional
Report on five (5) optional Payment 2 measures in Program Priority Area #2 to earn a total of 30 points

Quantitative Response Only

Plan 30-Day Readmissions (PCR)

For beneficiaries who are in the ECM Populations of Focus and between ages 18-64, the number of acute inpatient stays during the reporting period that were followed by an unplanned acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission. Data is reported in the following categories:

- Count of Observed 30-Day Readmissions
- Count of Index Hospital Stays (IHS)

Enter response in the Excel template.

2.2.14 Measure Description

Optional

Report on five (5) optional Payment 2 measures in Program Priority Area #2 to earn a total of 30 points

Quantitative Response Only

Ambulatory Care—Emergency Department Visits (AMB)
Rate of emergency department (ED) visits per 1,000 beneficiary months for beneficiaries who are in the ECM Populations of Focus.

Enter response in the Excel template.

2.2.15 Measure Description

Optional

Report on five (5) optional Payment 2 measures in Program Priority Area #2 to earn a total of 30 points

Quantitative Response Only

Depression Screening and Follow-Up for Adolescents and Adults (DSF)
The percentage of beneficiaries 12 years of age and older who are in the ECM Populations of Focus and who were screened for clinical depression using a standardized tool and, if screened positive, who received follow-up care.

Enter response in the Excel template.

2.2.16 Measure Description

Optional

Report on five (5) optional Payment 2 measures in Program Priority Area #2 to earn a total of 30 points

Quantitative Response Only

Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (DMS)
The percentage of members 12 years of age and older who are in the ECM Populations of Focus with a diagnosis of depression and who had an outpatient encounter with a PHQ-9 score present in their record in the same assessment period as the encounter.

Enter response in the Excel template.

2.2.17 Measure Description

Optional

Report on five (5) optional Payment 2 measures in Program Priority Area #2 to earn a total of 30 points

Quantitative Response Only

Follow-Up After Emergency Department Visit for Mental Illness (FUM)
Percentage of emergency department (ED) visits for beneficiaries age 18 and older who are in the ECM Populations of Focus and have a principal diagnosis of mental illness or intentional self-harm and who had a follow-up visit for mental illness. Two rates are reported:

- Percentage of ED visits for mental illness for which the beneficiary received follow-up within 30 days of the ED visit (31 total days)
- Percentage of ED visits for mental illness for which the beneficiary received follow-up within 7 days of the ED visit (8 total days)

Enter response in the Excel template.

2.2.18 Measure Description

Optional

Report on five (5) optional Payment 2 measures in Program Priority Area #2 to earn a total of 30 points

Quantitative Response Only

Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA)
Percentage of emergency department (ED) visits for beneficiaries age 18 and older who are in the ECM Populations of Focus and have a principal diagnosis of alcohol or other drug (AOD) abuse or dependence and who had a follow-up visit for AOD abuse or dependence. Two rates are reported:

- Percentage of ED visits for which the beneficiary received follow-up within 30 days of the ED visit (31 total days)
- Percentage of ED visits for which the beneficiary received follow-up within 7 days of the ED visit (8 total days)

Enter response in the Excel template.

2.2.19 Measure Description

Optional

Report on five (5) optional Payment 2 measures in Program Priority Area #2 to earn a total of 30 points

Quantitative Response Only

Controlling High Blood Pressure (CBP)
Percentage of beneficiaries ages 18 to 85 who are in the ECM Populations of Focus and who had a diagnosis of hypertension and whose blood pressure was adequately controlled (< 140/90 mm Hg) during the reporting period.

Enter response in the Excel template.

2.2.20 Measure Description

Optional

Report on five (5) optional Payment 2 measures in Program Priority Area #2 to earn a total of 30 points

Quantitative Response Only

Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)
Percentage of children and adolescents ages 1 to 17 who are enrolled in the ECM Populations of Focus and who had two or more antipsychotic prescriptions and had metabolic testing. Three rates are reported:

- Percentage of children and adolescents on antipsychotics who received blood glucose testing
- Percentage of children and adolescents on antipsychotics who received cholesterol testing
- Percentage of children and adolescents on antipsychotics who received both blood glucose and cholesterol testing

Enter response in the Excel template.

2.2.21 Measure Description

Mandatory
10 Points

Narrative Response & Materials Submission

Submission of a signed letter of collaboration, meeting agendas/notes, or other materials that outline the organizations with which the MCP collaborated in developing the ECM Provider Capacity Building portion of the Gap-Filling Plan. If the MCP is unable to produce these documents, please specify why in the narrative response.

AND

Describe how all MCPs in the county vetted and iterated the Gap-Filling Plan with other local partners within the county. Response should include a list of organizations with which the MCP collaborated, completed activities, and methods of engagement. If no meaningful engagement or vetting with local partners was completed, please explain why and describe upcoming plans for vetting and iteration, including a list of proposed organizations, proposed activities, methods of engagement, and a time frame for completing these activities. (100 word limit)

CalOptima worked with each contracted ECM provider to gather feedback on the Gap Filling Plan. Each provider contributed their own responses to the Gap Filling plan, outlining their own goals and gaps related to ECM capacity, as well as their plans to address them. CalOptima incorporated provider input into its final submission to DHCS. Furthermore,

CalOptima held monthly, individual, meetings with providers to help address the identified goals and gaps throughout the reporting period. The organizations CalOptima collaborated with are listed in the attached, signed letter of collaboration.

End of Section

Submission 2-A Measures for Priority Area 3: Community Supports Provider Capacity Building & Take-Up

Response Required to This Section

2.3.1 Measure Description

Mandatory
30 Points

Quantitative Response Only

Number of and percentage of eligible Members receiving Community Supports and number of unique Community Supports received by Members.

Enter response in the Excel template.

2.3.2 Measure Description

Mandatory
30 Points

Quantitative Response Only

Number of contracted Community Supports providers.

Enter response in the Excel template.

2.3.3 Measure Description

Mandatory
35 Points

Narrative Response Only

Narrative should outline progress and results from collaborations with local partners within the county to achieve the below activities. (100 word limit for each question)

1. Describe steps taken to reduce gaps or limitations in Community Supports coverage across the county.
2. Describe steps taken to increase number and/or reach of Community Supports offered in January 2022 or July 2022.

Response to 1:

1. Housing Services: CS providers used IPP funds to address capacity issues by using funds to recruit, hire and train additional staff to provide housing services.

2. Housing Services: CalOptima is currently working with the four housing authorities in Orange County to develop an MOU that will link the housing voucher application process with the application process for Medi-Cal and CalAIM services.

3. Recuperative Care: CS providers used IPP funds to address gaps they had reported in the Gap Filling Plan, including but not limited to DME, transportation/vehicles, IT infrastructure, training and staffing.

CalOptima will continue to identify gaps and determine expected demand as it works to make additional Community Supports available.

Response to 2:

CalOptima implemented Recuperative Care, Housing Navigation, Housing Deposits, and Housing Sustainability as of January 1, 2022. CalOptima's CalAIM team visited shelters throughout Orange County to educate staff on the housing Community Supports services and to encourage staff to refer members in their facilities. Also, CalOptima has begun contract negotiation with additional providers, specifically those who specialize in caring families and youth who are homeless or at-risk of homelessness.

In July 2022 CalOptima added five CS services: Sobering Centers, Short Term Post Hospitalization housing, Day Habilitation, Medical Tailored Meals, and Personal Care and Homemaker Services. CalOptima identified and met with several providers who service Orange County. Based on the estimated demand for services, CalOptima began to contract with providers to add the five new services. Additional providers will be contracted and onboarded as demand rises.

CalOptima will offer all Community Support services by January 2023.

2.3.4 Measure Description

Mandatory
35 Points

Narrative Response Only

Narrative should outline progress and results from collaborations with local partners within the county to achieve the below activities. (100 word limit for each question)

1. Describe what concrete steps have been taken and/or investments made to increase Community Supports provider capacity and MCP oversight capability from January through June 2022.
2. Describe what concrete steps have been taken and/or investments made to address Community Supports workforce, training, and TA needs in region/county, including specific cultural competency needs by region/county.
3. Describe what concrete steps have been taken and/or investments made to support Community Supports workforce recruiting and hiring.
4. Please list the MCP training and TA programs that have been provided to Community Supports providers, including details on when and where the trainings were held, how many people attended, and any organizations involved in the planning. *NOTE: MCPs may submit relevant meeting minutes and attendee lists, training materials, and other attachments in lieu of a narrative response to Sub-Part 4.*

1: CalOptima has hired new staff to develop, implement and oversee the outreach and onboarding process for bringing on new Community Supports providers including an Executive Director of CalAIM, Director of CalAIM Operations and Director of CalAIM Outreach. These staff are working directly with providers to ensure they have the support needed to serve members – including ensuring appropriate capacity and oversight/monitoring of services.

2: CalOptima invested in internal and external staff training by developing and implementing training focused on cultural competency and TA. These trainings were 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. In addition, a Community Supports Liaison and ECM Liaison position were developed by CalOptima to provide direct and ongoing TA support to all providers. These staff meeting weekly or bi-weekly with providers to address any issues/barriers providers may be encountering as well as identify needs for ongoing training for providers.

3: CalOptima provided financial incentives for Community Support providers to take a proactive and varied approach to staff recruitment and development. This approach is multifaceted to ensure diversification of staff cohorts. Routine channels of staff recruitment included external outreach modalities, such as in-person job fairs (arranged at colleges, churches, etc.), digital recruitment hubs, various schools, programs, and other organizations.

4: CalOptima required Community Support providers to participate in training during initial onboarding and will require annual, and periodical training requirements when significant changes occur. CalOptima expects Community Supports providers to onboard new staff with training materials provided and approved by CalOptima.

CalOptima has provided training to CS providers prior to the Jan 1 go-live date and ongoing through June 30th. The list of those trainings is provided in the attachments, along with training materials.

2.3.5 Measure Description

Mandatory
35 Points

Narrative Response Only

1. Describe progress against the narrative plan submitted for Payment 1 regarding collaborative work with Tribes and Tribal providers used by members in the county to develop and support the provision of Community Supports for members of Tribes in the county *(see narrative measure 1.3.6, sub-questions 2-3).* This response should include details on concrete actions taken/investments made to demonstrate progress made in the below activities. (100 word limit)

a. Working with Tribes and Tribal providers used by members in the county on provider capacity.
b. Providing Community Supports for members of Tribes in the county.

OR

1. For MCPs operating in counties *without* recognized Tribes, describe the approach taken to supporting culturally competent Community Supports for members who receive Tribal services, including efforts to contract with Tribal providers in surrounding counties. (100 word limit)

CalOptima is continuing efforts to connect with local Tribal community organizations to understand which Tribal services and providers are being accessed by members. CalOptima will leverage Community Supports and ECM Providers' established relationships with Tribal organizations to engage these providers and pursue formal relationships with them.

As CalOptima engages organizations 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.

2.3.6 Measure Description

Mandatory
35 Points

Narrative Response Only

Describe how the MCP successfully collaborated with all MCPs in the county to support Community Supports capacity expansion and, if applicable, leverage existing WPC capacity. If only one MCP is operating in the county, the narrative must describe how it successfully leveraged and expanded existing county and, if applicable, WPC infrastructure to support Community Supports capacity building. Response should include details regarding what barriers were encountered, which strategies proved successful, and the MCP's plans to continue capacity and infrastructure building. MCPs are also encouraged to describe how they might leverage the new community health workers (CHW) benefit moving forward to build capacity in the delivery system for Community Supports. (100 word limit)

CalOptima is the single plan in Orange County. CalOptima contracted with the WPC Lead Entity staff to continue coordination of services with the housing Community Supports (navigation, deposits, and sustaining) service providers the county used during its WPC pilot. CalOptima has contracted with an additional recuperative care provider and negotiating with additional housing providers to add capacity for CalOptima's Community Supports provider network. CalOptima began offering five additional Community Supports services as of July 1, 2022 and will offer all fourteen pre-approved Community Supports services no later than January 1, 2023. A lack of infrastructure and a limited number of organizations in Orange County ready to provide these services has been the barrier to expanding the availability and the provider network for Community Supports. CalOptima will continue to provide funding to quality community-based organizations

who are currently providing these services to members through other funding mechanisms to build a sustainable network for the long-term. CalOptima will partner with organizations like Latino Health Access who have CHWs in the field to train and become a referral source for Community Supports providers. CalOptima is also looking at utilizing CHWs as part of its PHM strategy and to partner with CHW organizations to provide services such as asthma prevention and remediation if possible.

2.3.7 Measure Description

Mandatory
30 Points

Quantitative Response Only

Percentage of enrollees receiving Community Supports by race, ethnicity, and primary language, relative to the demographics in the underlying enrollee population.

Enter response in the Excel template.

2.3.8 Measure Description

Optional
Report on one (1) optional Payment 2 measure in Program Priority Area #3 to earn 50 points

Quantitative Response Only

Asthma Medication Ratio (AMR)
The percentage of beneficiaries ages 5 to 64 who are receiving Community Supports and who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the reporting period.

Enter response in the Excel template.

2.3.9 Measure Description

Optional

Report on one (1) optional Payment 2 measure in Program Priority Area #3 to earn 50 points

Quantitative Response Only

The number of individuals who meet the criteria for the 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") who were housed for more than 6 consecutive months.

Enter response in the Excel template.

2.3.10 Measure Description

Optional

Report on one (1) optional Payment 2 measure in Program Priority Area #3 to earn 50 points

Quantitative Response Only

Controlling High Blood Pressure (CBP)
Percentage of beneficiaries who meet the criteria for the 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") 18-85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (< 140/90 mm Hg).

Enter response in the Excel template.

2.3.11 Measure Description

Optional

Report on one (1) optional Payment 2 measure in Program Priority Area #3 to earn 50 points

Quantitative Response Only

Comprehensive Diabetes Care (CDC)
Percentage of beneficiaries who meet the criteria for the 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," 18-75 years of age with diabetes who had hemoglobin A1c > 9.0%.

Enter response in the Excel template.

2.3.12 Measure Description

Mandatory
20 Points

Narrative Response & Materials Submission

Submission of a signed letter of collaboration, meeting agendas/notes, or other materials that outline the organizations with which the MCP collaborated in developing the Community Supports Provider Capacity Building and Community Supports Take-Up portion of the Gap-Filling Plan. If the MCP is unable to produce these documents, please specify why in the narrative response.

AND

Describe how all MCPs in the county vetted and iterated the Gap-Filling Plan with local partners within the county. This response should include a list of organizations with which the MCP collaborated, completed activities, and methods of engagement. If no meaningful engagement or vetting with local partners was completed, please explain why and describe upcoming plans for vetting and iteration, including a list of proposed organizations, proposed activities, methods of engagement, and a time frame for completing these activities. (100 word limit)

CalOptima worked with each contracted Community Supports provider to gather feedback on the Gap Filling Plan. Each provider contributed their own responses to the Gap Filling plan, outlining their goals and gaps related to delivery system infrastructure, as well as their plans to address them. CalOptima incorporated this provider input into its final submission to DHCS. Furthermore, CalOptima held monthly, individual, meetings with providers to help address the identified goals and gaps throughout the reporting period. The organizations CalOptima collaborated with are listed in the attached, signed letter of collaboration.

End of Section

Submission 2-B Measures *(Added Spring 2023)*

Response Required to This Section

2B.1.1 Measure Description

10 Points

Quantitative Response

Number and percentage point increase in contracted ECM providers that engage in bi-directional Health Information Exchange (HIE).

Enter response in the Excel template.

Narrative Response

Describe the concrete steps taken and investments made by the MCP to increase the number of contracted ECM providers that engage in bi-direction Health Information Exchange (HIE). *(No longer than one page per Measure)*

CalOptima Health took the following steps to increase ECM provider capabilities:

1. CalOptima Health developed CalAIM Connect – CalOptima Health's closed loop referral system -- allowing ECM providers to securely view and share care plans with providers and other care team members. CalAIM Connect securely interconnects multiple systems to allow referrals, authorizations, and sharing of care plans and clinical documentation with CalOptima Health's contracted Community Supports providers.

2. CalOptima Health developed and delivered technical trainings, registered providers, and continues to enhance and support the system based on user feedback and programmatic needs.

3. CalOptima Health gathers daily hospital activity information such as admissions, transfers, and discharges to notify the ECM providers, further enhancing member care during hospital events.

2B.1.2 Measure Description

20 Points

Quantitative Response

Number and percentage point increase in contracted ECM providers with access to certified EHR technology or a care management documentation system able to generate and manage a patient care plan.

Enter response in the Excel template.

Narrative Response

Describe the concrete steps taken and investments made by the MCP to increase the number of contracted ECM providers with access to certified EHR technology or a care management documentation system able to generate and manage a patient care plan. *(No longer than one page per Measure)*

CalOptima Health took the following steps to increase EHR and care documentation access:

1. Provided funding to the ECM providers who needed an EHR system.

2. Assisted ECM Providers with setup and configuration.

3. Provided funding to all ECM Providers to interconnect their EHR/CM systems to the CalAIM Connect system to share information as necessary and appropriate among ECM Provider care teams.

4. Provided regular training and technical assistance meeting to ensure ECM staff stayed up to date on CalAIM Connect capabilities.

2B.1.3 Measure Description

20 Points

Quantitative Response

Number and percentage point increase in contracted ECM and Community Supports providers capable of submitting a claim or invoice to a MCP, or have access to a system or service that can process and send a claim or invoice to a MCP with information necessary for the MCP to submit a compliant encounter to DHCS.

Enter response in the Excel template.

Narrative Response

Describe the concrete steps taken and investments made by the MCP to increase the number of contracted ECM and Community Supports providers capable of submitting a claim or invoice to a MCP, or have access to a system or service that can process and send a claim or invoice to a MCP with the information necessary for the MCP to submit a compliant encounter to DHCS. *(No longer than one page per Measure)*

CalOptima Health took the following steps to increase claims/invoice submission capability:

1. Provided funding to ECM and CS providers to enhance their current systems, including funding for staffing, to submit claims.

2. Provided technical assistance via in-house staff and clearinghouse vendor staff to train ECM and CS providers on how to use a clearinghouse to submit claims.

3. Built invoice/ claims submission processes for ECM and CS providers through the CalOptima Connect system.

4. Assigned dedicated CalOptima claims and encounters staff to work with providers to submit claims/invoices correctly and provide ongoing technical assistance.

2B.1.4 Measure Description

20 Points

Quantitative Response Only

Number and percentage point increase in contracted Community Supports providers for those Community Supports offered by the MCP during the measurement period with access to closed-loop referral systems.

NOTE: Closed-loop referrals are defined as coordinating and referring the member to available community resources and following up to ensure services were rendered. A closed-loop referral system refers to a system or process which ensures the referring provider receives information that the Member was appropriate referred to, and received, services.

Enter response in the Excel template.

2B.2.1 Measure Description

10 Points

Quantitative Response Only

Number of contracted ECM care team full time equivalents (FTEs)

Total FTEs are defined as the sum of ECM care team members' working hours divided by their employer's full-time working hours (i.e. 40 hours per week); multiple part-time ECM care team members can equate to one (1) FTE.

Enter response in the Excel template.

2B.2.2 Measure Description

10 Points

Quantitative Response Only

Number of Members enrolled in ECM

Enter response in the Excel template.

2B.2.3 Measure Description

10 Points

Quantitative Response Only

Number of members who are Black/African American and other racial and ethnic groups who are disproportionately experiencing homelessness that are enrolled in ECM during the measurement period.

Enter response in the Excel template.

2B.3.1 Measure Description

10 Points

Quantitative Response Only

Number of and percentage of eligible members receiving Community Supports, and number of unique Community Supports received by members.

Enter response in the Excel template.

2B.3.2 Measure Description

10 Points

Quantitative Response Only

Number of contracted Community Supports providers.

Enter response in the Excel template.

End of Section