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Cover Sheet

This document outlines instructions for completing the Submission 3 Progress Report submission.

When submitting Progress Report responses, managed care plans (MCPs) should include: (1) the MCP name; and (2) the county to which this 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	
MCP County	
Submission	Submission 3
Measurement Period	January 1, 2023 – June 30, 2023
2. Primary Point of Contact for Progress Report	
First and Last Name	
Title/Position	
Phone	
Email	

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:

1. Delivery System Infrastructure;
2. ECM Provider Capacity Building;
3. Community Supports Provider Capacity Building and Community Supports Take-Up; and
4. Quality and Emerging CalAIM Priorities.

Points Structure

MCPs can earn a maximum of 515 points in Submission 3. If an MCP achieves only a subset of these points, it will earn a partial payment proportional to performance.

Priority Area	Points Allocation
1. Delivery System Infrastructure	Up to 120 points
2. Enhanced Care Management (ECM) Provider Capacity Building	Up to 200 points
3. Community Supports Provider Capacity Building and Community Supports Take-Up	Up to 120 points
4. Quality and Emerging CalAIM Priorities	Up to 75 points
TOTAL	Up to 515 points

End of Section

Instructions

MCPs must submit their completed Submission 3 Progress Report by email to CalAIMECMILOS@dhcs.ca.gov by **Friday, September 1, 2023**.

Please reach out to CalAIMECMILOS@dhcs.ca.gov if you have any questions.

Progress Report Format

The Submission 3 Progress Report consists of two documents: the Narrative Report (examples contained in Appendix A of this Word document) and an accompanying Quantitative Reporting Template (Excel document). An additional document, Appendix B: Technical Specifications and Submission Guidance, provides clarification on measure definitions and further detail on submission requirements.

Quantitative Responses

MCPs must submit responses for quantitative measures using the accompanying Quantitative Reporting Template (Excel document). MCPs should read the Instructions tab and follow the prompts in the reporting template, referring to Appendix B: Technical Specifications and Submission Guidance where indicated.

For certain measures, MCPs may need to use publicly available data sources and complete their own calculations to respond. Examples of data sources 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

Narrative Responses

In response to the narrative measure prompts, MCPs should describe activities conducted during the measurement period of January 1, 2023 through June 30, 2023.

MCPs must submit narrative responses in the format specified in Appendix A: Narrative Report Format.

For one measure, 3.4.10, submission of supplemental materials is required (e.g., meeting notes and policies & procedures documents). MCPs should include these materials as additional attachments when emailing their completed Progress Report.

[Include MCP Name/County in Header]

For narrative measures, there are multipart prompts within the measure. MCPs are required to respond to all parts of the question for their response to be considered complete. Narrative measures are considered “pay-for-performance” and will be evaluated against the criteria detailed in Appendix B: Technical Specifications and Submission Guidance.

End of Section

Measures for Priority Area 1: Delivery System Infrastructure

3.1.1 Measure Description

60 Points

Quantitative Response Only

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

— — —

Aligns with measure 1.1.1, 2A.1.1, and 2B.1.1.

NOTE: Measure excludes ECM providers employed by the MCP. See Technical Specifications for list of allowable ECM provider types.

Enter response in the Quantitative Reporting Template (Excel).

3.1.2 Measure Description

60 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

— — —

Aligns with measure 1.1.4, 2A.1.4, and 2B.1.4.

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 appropriately referred to, and received, services.

Enter response in the Quantitative Reporting Template (Excel).

End of Section

Measures for Priority Area 2: ECM Provider Capacity Building

3.2.1 Measure Description

50 Points

(45 Points for Adult Sub-Measure, 5 Points for Children and Youth Sub-Measure)

Quantitative Response Only

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

— — —

Aligns with measure 1.2.1, 2A.2.1, and 2B.2.1.

NOTE: Excludes ECM providers employed by the MCP. See Technical Specifications for list of allowable ECM provider types.

NOTE: 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.

NOTE: MCPs are required to submit an attachment explaining the methodology for estimating denominators for each sub-measure, per the Instructions tab in the Quantitative Reporting Template (Excel).

Enter response in the Quantitative Reporting Template (Excel).

3.2.2 Measure Description

50 Points

(45 Points for Adult Sub-Measure, 5 Points for Children and Youth Sub-Measure)

Quantitative Response Only

Number of Members enrolled in ECM

— — —

Aligns with measure 1.2.3, 2A.2.3, and 2B.2.2.

Enter response in the Quantitative Reporting Template (Excel).

3.2.3 Measure Description

90 Points
(30 Points for Each Sub-Measure)

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

— — —
Aligns with measure 1.2.9, 2A.2.9, and 2B.2.3.

Enter response in the Quantitative Reporting Template (Excel).

3.2.4 Measure Description

10 Points

Narrative Response Only

Describe the MCP's activities completed during the measurement period to establish a network of ECM providers who will serve the Justice-Involved Population of Focus (PoF). The response must include:

- (1) List of correctional facilities in the county with description of outreach the MCP conducted to each during the measurement period, including: facility name(s), date(s) of outreach, outreach method(s), contact person(s) outreached to, and outcome of outreach (i.e. phone call, in-person meeting, no response);
- (2) List of organizations serving justice-involved individuals (adults, juveniles, or both) in the county with description of outreach the MCP conducted to each during the measurement period, including: organization name(s), service(s) provided by organization, date(s) of outreach, outreach method(s), contact person(s) outreached to, and outcome of outreach (i.e. phone call, in-person meeting, no response);
- (3) Description of actions taken by the MCP to assess the capability and willingness of currently contracted, community-based ECM providers to serve the Justice-Involved PoF, including: number of community-based ECM providers currently contracted, number of community-based ECM providers currently contracted who were queried about capability and willingness to serve the Justice-Involved PoF, and number of community-based ECM providers queried who responded affirmatively; and

(4) Description of the MCP’s strategy to meet the ECM needs of adults and juveniles in the Justice-Involved PoF by supporting currently contracted and prospective community-based ECM providers, including through infrastructure spending, individualized or group technical assistance, sponsorship of training, sponsorship of targeted recruitment for staff with lived experience of justice involvement, provision of information technology resources, or other activities.

Responses for non-COHS counties should also include a description of efforts to collaborate among MCPs in the county to achieve 100% overlap in contracted ECM provider networks serving the Justice-Involved PoF.

Enter response in the Narrative Report; example in Appendix A.

End of Section

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

3.3.1 Measure Description

60 Points
(30 Points for Each Sub-Measure)

Quantitative Response Only

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

— — —

Aligns with measure 1.3.1, 2A.3.1, and 2B.3.1.

Enter response in the Quantitative Reporting Template (Excel).

3.3.2 Measure Description

60 Points

Quantitative Response Only

Number of contracted Community Supports providers

— — —

Aligns with measure 1.3.2, 2A.3.2, and 2B.3.2.

NOTE: Only applies to Community Supports that were live during the measurement period.

NOTE: MCPs are required to submit an attachment explaining the methodology for estimating denominators for each sub-measure, per the Instructions tab in the Quantitative Reporting Template (Excel).

Enter response in the Quantitative Reporting Template (Excel).

End of Section

Measures for Priority Area 4: Quality and Emerging CalAIM Priorities

3.4.1 Measure Description

10 Points
(5 Points for Each of Parts A and B)

Quantitative Response Only

(A) Percentage of members who received CHW benefit

(B) CHW benefit utilization rate

— — —

Enter response in the Quantitative Reporting Template (Excel).

3.4.2 Measure Description

10 Points
(5 Points for Each of Parts A and B)

Quantitative Response Only

(A) Percentage of contracted acute care facilities from which MCPs receive ADT notifications

(B) Percentage of contracted skilled nursing facilities (SNFs) from which MCPs receive ADT notifications

— — —

NOTE: Acute care facilities exclude ICF/DD and intermediate rehab facilities

Enter response in the Quantitative Reporting Template (Excel).

3.4.3 Measure Description

5 Points

Quantitative Response Only

Percentage of members who had ambulatory visits within 7 days post hospital discharge

— — —
Enter response in the Quantitative Reporting Template (Excel).

3.4.4 Measure Description

5 Points

Quantitative Response Only

Percentage of members who had ambulatory visits within 7 days post hospital discharge

— — —
Enter response in the Quantitative Reporting Template (Excel).

3.4.4 Measure Description

5 Points

Quantitative Response Only

Rate of emergency department (ED) visits per 1,000 member months for members ages 21 and older and who are eligible for ECM

— — —
Enter response in the Quantitative Reporting Template (Excel).

3.4.5 Measure Description

5 Points

Quantitative Response Only

Percentage of emergency department (ED) visits with a discharge diagnosis of mental illness or intentional self-harm for members ages 21 and older and who are eligible for ECM who had a follow-up visit with any practitioner within 30 days of the ED visit (31 total days)

— — —
Enter response in the Quantitative Reporting Template (Excel).

3.4.6 Measure Description

5 Points

Quantitative Response Only

Percentage of emergency department (ED) visits with a discharge diagnosis of alcohol or other drug (AOD) use or dependence for members ages 21 and older and who are eligible for ECM who had a follow-up visit with any practitioner within 30 days of the ED visit (31 total days)

— — —

Enter response in the Quantitative Reporting Template (Excel).

3.4.7 Measure Description

5 Points

Quantitative Response Only

Percentage of members ages 21 and older and who are eligible for ECM who had an ambulatory or preventive care visit

— — —

Enter response in the Quantitative Reporting Template (Excel).

3.4.8 Measure Description

5 Points

Quantitative Response Only

The percentage of members 3-20 years of age and who are eligible for ECM who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner.

— — —

Enter response in the Quantitative Reporting Template (Excel).

3.4.9 Measure Description

5 Points

Quantitative Response Only

Percentage of hospital discharges for members ages 21 and older and who are eligible for ECM who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health provider within 30 days after discharge.

— — —
Enter response in the Quantitative Reporting Template (Excel).

3.4.10 Measure Description

10 Points

Narrative Response & Materials Submission

Establish collaborations with hospital, skilled nursing facility and long term acute care hospital partners to improve care transitions for Members entering, transferring, and being discharged from acute and post-acute care facilities.

The response must include how the MCP will develop processes, policies and protocols for contracted general acute care hospitals, long-term acute care hospitals and skilled nursing facilities to improve care transitions from and between their facilities and to the home and other community-based settings, specifically how the MCP is:

- (1) Establishing discharge planning and care transition protocols for each of the facility types above. The MCP will submit planning meeting notes and/or emails that show progress towards this goal.
- (2) Developing requirements for facilities to notify and communicate with ECM and other primary care providers to support seamless care transitions, including discharge summaries and medication lists upon discharge. The MCP will submit evidence of work to develop these requirements.
- (3) Requiring contracted facilities to establish policies and procedures to support effective care transitions. The MCP will submit evidence of communications with contracted facilities.
- (4) Demonstrating progress toward establishing periodic joint operating meetings (JOM) to review status of care transition practices and outcomes
- (5) Developing contracting requirements that incorporate the above requirements into managed care contracts

Enter response in the Narrative Report; example in Appendix A.

Submit supporting materials as additional attachments.

3.4.11 Measure Description

10 Points

Narrative Response Only

Describe the MCP's strategy to provide comprehensive provider education and training on ECM and Community Supports to its entire contracted provider network.

The response must include how the MCP is supporting the following:

- Outreach and education on ECM and Community Supports for the MCP's entire contracted provider network in the county;
- Ongoing training and TA for the entire contracted provider network in the county on timely identification and referral of members eligible for ECM and Community Supports;
- Ongoing training and TA for the ECM workforce in the county (including but not limited to billing, contracting, authorization for ECM services, Medi-Cal certification, workforce recruitment and retention, and cultural competency needs by county);
- Outreach to and education for local organizations that serve the eligible populations for ECM and Community Supports.

MCPs must provide details regarding (1) specific activities and steps taken to implement this plan during the measurement period, (2) proposed timelines/dates for TA/training offerings, and (3) clarification on whether TA/trainings are offered directly through the MCP, external sources, or other means (e.g., participation in local health fairs, conferences, roundtables, and workgroups).

MCPs are both allowed and encouraged to collaborate with other MCPs, providers, PATH Collaborative Planning Facilitators and other local partners in their communities when developing this strategy.

Enter response in the Narrative Report; example in Appendix A.

End of Section

Appendix A: Narrative Report Format

- Narrative responses should be submitted as a Word document file with 1 inch margins and 12 point Arial font.
- A Cover Sheet is required, as shown on Page 2 of the Progress Report.
- The MCP name and county must be included in the header on each page of the document.
- The measure number and point allocations must be at the top of the page as shown in this example:

3.2.4 Narrative Response

10 Points

- Include only one measure per page.
- For Measure 3.4.10, include a list of all supporting materials included as attachments associated with this measure.
- The following pages contain sample Narrative Responses.

[Include MCP Name/County in Header]

3.2.4 Narrative Response

10 Points

[MCP response in 12 point Arial font]

[Include MCP Name/County in Header]

3.4.10 Narrative Response

10 Points

[MCP response in 12 point Arial font]

[List of supplemental document attachments]

[Include MCP Name/County in Header]

3.4.11 Narrative Response

10 Points

[MCP response in 12 point Arial font]

[Include MCP Name/County in Header]

End of Section

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