**CALAIM INCENTIVE PAYMENT PROGRAM (IPP)**

 2024 Incoming MCPs Needs Assessment and Gap Filling Plan

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# Cover Sheet

This document outlines instructions for completing the 2024 Needs Assessment and Gap Filling Plan.

When submitting responses, managed care plans (MCPs) should include: (1) the MCP name; and (2) the county to which this 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 2024 Needs Assessment and Gap Filling Plan for each county in which they operate.

|  |
| --- |
| **1. Details of Progress Report** |
| **MCP Name** |  |
| **MCP County** |  |
| **Submission** | 2024 Incoming MCPs Gap Filling Plan |
| **Measurement Period** | January 1, 2024 |
| **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 for Submission 5 is based on the successful completion of the 2024 Incoming MCPs Needs Assessment and Gap Filling Plan. The Report materials indicate a point in time base line as of January 1, 2024, for all incoming MCP’s for each measure.

Each measure in the 2024 Incoming MCPs Needs Assessment and Gap Filling Plan 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.

*End of Section*

# Instructions

MCPs must submit their completed 2024 Incoming MCPs Needs Assessment and Gap Filling Plan Report by email to CalAIMECMILOS@dhcs.ca.gov by **Monday, May 1, 2024.**

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

## Progress Report Format

The 2024 Incoming MCPs Needs Assessment and Gap Filling Plan consists of two documents: the Gap Filling Plan (examples contained in Appendix A of this Word document) and an accompanying Needs Assessment 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/fore](https://dof.ca.gov/forecasting/demographics/) [casting/demographics/](https://dof.ca.gov/forecasting/demographics/) |
| California Business,Consumer Services, and Housing Agency | Homeless Data IntegrationSystem (HDIS), which provides data on homelessness by county | [https://bcsh.ca.gov/cali](https://bcsh.ca.gov/calich/hdis.html) [ch/hdis.html](https://bcsh.ca.gov/calich/hdis.html) |

## Narrative Responses

In response to the narrative measure prompts, MCPs should describe activities conducted as of January 1, 2024.

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

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.

*End of Section*

**Measures for Priority Area 1: Delivery System Infrastructure**

**T.1.1 Measure Description**

### Quantitative Response Only

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

*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).*

**T.1.2 Measure Description**

### Quantitative Response Only

Number 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 appropriately referred to, and received, services.*

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

**T.1.3 Measure Description**

### Narrative Response Only

Identification of gaps delivery infrastructure, and approach to close identified gaps.

Describe the concrete steps taken to assess and identify any gaps in delivery infrastructure, as well as actions and investments made by the MCP to close identified gaps. Responses should include:

1. Contracted ECM providers that engage in bi-directional Health Information Exchange (HIE).

2. Contracted Community Supports providers with access to closed-loop referral systems.

3. Alignment via attestation with MCP's ECM and Community Supports for standardization of authorization and referral processes and related data sharing requirements and specifications, with other MCPs operating in the county.

*Enter response in the Narrative Report, example in Appendix A.*

*End of Section*

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

**T.2.1 Measure Description**

### Quantitative Response Only

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

*NOTE: Excludes ECM providers employed by the MCP. See Appendix B:* *Technical Specifications and Submission Guidance 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).*

*NOTE: Include Members who transitioned from another MCP on January 1, 2024.*

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

**T.2.2 Measure Description**

### Quantitative Response Only

Number of Members enrolled in ECM.

*NOTE: Include Members who transitioned from another MCP on January 1, 2024.*

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

### Narrative and Quantitative Response

**T.2.3 Measure Description**

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.

Describe the MCP's approach to improve outreach and engagement to individuals who are Black/African American, and 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 identification of the groups the MCP will report on in Submission 5, as well as details on what barriers have been identified in reaching these populations.

*NOTE: Include Members who transitioned from another MCP on January 1, 2024.*

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

*Enter response in the Narrative Report, example in Appendix A.*

**T.2.4 Measure Description**

### 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 and planned or completed activities to outreach to these organizations;
2. List of organizations serving justice-involved individuals (adults, juveniles, or both) in the county and planned or completed activities to outreach to these organizations;
3. Description of concrete steps 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.*

**T.2.5 Measure Description**

### Narrative Response Only

Identification of gaps in ECM provider capacity and approach to close identified gaps. Describe the concrete steps taken to assess and identify any gaps in ECM provider capacity, as well as actions and investments made by the MCP to close identified gaps. Responses should address:

1. Number of contracted ECM providers with experience to serve each PoF live as of January 1, 2024, compared to the number of ECM providers needed to meet the expected demand.

2. ECM Provider Training and TA needs, including referral, authorization, billing processes, specific regional/county cultural competency needs, etc.

*Enter response in the Narrative Report, example in Appendix A.*

*End of Section*

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**Measures for Priority Area 3: Community Supports Provider Capacity**

**T.3.1 Measure Description**

### Quantitative Response Only

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

*Aligns with measure 1.3.1, 2A.3.1, 2B.3.1, and 3.31.*

*NOTE: Include Members who transitioned from another MCP on January 1, 2024.*

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

**T3.2 Measure Description**

### Quantitative Response Only

Number of contracted Community Supports providers.

*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).*

**T3.3 Measure Description**

### Narrative Response Only

Identification of gaps in Community Supports provider capacity and approach to close identified gaps.

Describe the concrete steps taken to assess and identify any gaps in Community Supports provider capacity, as well as actions and investments made by the MCP to close identified gaps. Responses should address:

1. Number of contracted Community Supports providers, to provide any Community Support implemented or planned for future implementation, needed to meet the expected demand.

2. Community Supports Provider Training and TA needs, including referral, authorization, billing processes, specific regional/county cultural competency needs, etc.

*Enter response in the Narrative Report, example in Appendix A.*

*End of Section*

**Measures for Priority Area 4: Quality and Emerging CalAIM Priorities**

**T.4.1 Measure Description**

### Quantitative Response Only

1. Percentage of contracted acute care facilities from which MCPs receive ADT notifications.
2. 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).*

**T.4.2 Measure Description**

**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 developed 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. Response must also include a description of the MCP's plan to establish periodic joint operation meetings (JOM) with facilities serving the largest proportion of members. (See technical specifications for a suggested methodology to identify facilities.)

Responses may include how the Plan leveraged existing processes or collaborated with other MCPs in the county to:

1) Establish discharge planning and care transition protocols for each of the facility types above;

2) Develop 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;

3) Require contracted facilities to establish policies and procedures to support effective care transitions;

4) Demonstrate progress toward establishing JOM to review status of care transition practices and outcomes; and

5) Develop contracting requirements that incorporate the above requirements into managed care contracts.

MCP will submit:

(1) Written protocols for discharge planning and care transitions for each of these facility types:

 • General acute care hospital

 • Long term acute care hospital

 • Skilled nursing facility

These protocols should include requirements for facilities to notify and communicate with primary care and coordinate continuity of care with prior PCP and ECM providers, including sharing of discharge summaries, care plans, and medication lists.

(2) Meeting notes or emails showing progress toward requiring facilities to establish policies and procedures to support effective care transitions.

*Enter response in the Narrative Report, example in Appendix A.*

**T.4.3 Measure Description**

### 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.*

**T.4.4 Measure Description**

**Narrative Response & Materials Submission**

Describe how the MCP vetted and iterated the Gap Filling Plan with other local partners (e.g., other MCPs, county departments, CBOs, providers, and other local stakeholders) within the county. Include a list of organizations with which the MCP collaborated, completed activities, and methods of engagement.

Describe how the MCP successfully leveraged and expanded existing infrastructure in the county to support ECM and CS capacity building, including what barriers were encountered, which strategies proved successful, and the MCP’s plans to continue capacity and infrastructure building.

Describe strategic partnerships with local 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 other providers, such as tribal providers.

Describe other gaps, including but not limited to, delivery infrastructure gaps and provider gaps in the county.

Submission of a signed letter of collaboration, meeting agendas/notes, or other materials to that outline the organizations with which the MCP collaborated in developing the Gap Filling Plan.

*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:

**T.1.3 Narrative Response**

* + - Include only one measure per page.
		- For Measure T.4.2 and T.4.10, include a list of all supporting materials included as attachments associated with this measure.
		- The following pages contain sample Narrative Responses.

**T.1.3 Narrative Response**

[MCP response in 12-point Arial font]

**T.4.2 Narrative Response**

[MCP response in 12-point Arial font]

[List of supplemental document attachments]

*End of Section*