

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

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

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

<b>MCP Name</b>	Aetna Better Health Of California
<b>MCP County</b>	San Diego County
<b>Program Year (PY) / Calendar Year (CY)</b>	Program Year 1 / Calendar Year 2022

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

<b>Priority Area</b>	<b>Percentage of Points Allocated to Each Priority Area</b>	<b>Points Needed to Earn Maximum Payment 1</b>	<b>MCP Discretionary Allocation of Remaining 300 points (MCP to enter point values in cells below)</b>
<b>1. Delivery System Infrastructure</b>	Minimum 20%	200	150
<b>2. ECM Provider Capacity Building</b>	Minimum of 20%	200	75
<b>3. Community Supports (ILOS) Provider Capacity Building and Community Supports (ILOS) Take-Up</b>	Minimum of 30%	300	75
<b>4. Quality</b>	Optional measures with values allocated to either ECM or Community Supports (ILOS)	N/A To be allocated to ECM or Community Supports (ILOS) based on measure	N/A To be allocated to ECM or Community Supports (ILOS) based on measure
<b>Total Points</b>		700	300

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

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**Option for MCP to request more than 300 points to be allocated at their discretion. Please describe (in the box below) the preferred allocation and reason if MCP is requesting allocation different from that above. *100 word limit***

None

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DHCS initially set gap-filling targets in the Reporting Template of at least 20%, based on the Gap-Filling plan. If gaps are lower than 30%, MCPs are expected to identify an appropriate gap-filling target in their narrative entry to be approved by DHCS. In instances where MCPs do not have a gap for the measure, they may propose an alternative target for achievement. DHCS will review all MCP-proposed gap filling targets and adjust those as needed to meet program requirements.

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

**Gap-Filling Plan**

<b>1.1.6 Measure Description</b>	<i>Mandatory 80 points</i>
<p>Submission of a narrative Gap-Filling plan describing how MCPs will identify underserved populations and the ECM providers they are assigned to, and enhance those ECM Providers' capabilities to:</p> <ol style="list-style-type: none"> <li>(1) Electronically exchange care plan information and clinical documents with other care team members.</li> <li>(2) Have access to certified EHR technology or a care management documentation system able to generate and manage a patient care plan.</li> <li>(3) Submit a claim or invoice to an MCP or have access to a system or service that can process and send a claim or invoice to an MCP with information necessary for the MCP to submit a compliant encounter to DHCS.</li> </ol> <p>MCPs should also describe any plans to build physical plant (e.g., sobering centers) or other infrastructure to support the launch of ECM and Community Supports (ILOS).</p> <p>Gap-Filling Plan narrative should include approaches for collaborating with entities, including but not limited to, county social services, county behavioral health, public healthcare systems, county/local public health jurisdictions, community based organizations (CBOs), correctional partners, housing continuum and others within the county to achieve the above activities, and should describe how health plans will leverage existing WPC infrastructure, including how they will track the ongoing viability of WPC infrastructure and improve data integration across behavioral health and physical health providers.</p>	

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<b>MCP Submission</b>	
<p>1. Describe approach to identify top 3-4 underserved populations in County and the ECM providers they are assigned to  <i>100 word limit</i></p>	<p>Aetna has identified three underserved populations of focus by analyzing its member populations. The three underserved populations of focus are:</p> <ol style="list-style-type: none"> <li>1) Members experiencing homelessness</li> <li>2) Members who have chronic comorbidities and are high utilizers</li> <li>3) Members who suffer from severe mental illness and/or substance use disorder</li> </ol> <p>Aetna plans to assign underserved populations of focus to all contracted ECM providers. Leveraging the experience from the health home program Aetna believes that all ECM and CS providers will have the ability to serve these underserved populations.</p>
<p>2. Describe 3-4 concrete steps MCP will take to increase, by at least 20%, ECM Provider capabilities to electronically exchange care plan information and clinical documents with other care team members  <i>100 word limit</i></p>	<p>Through HSD Aetna is collaborating with our plan partnerships to develop collaborative ways we can synchronize on data exchange. These include 1. Developing a collaborative data dictionary file, to provide to our ECM providers in order to minimize development work in creating distinct files to send back to each plan. 2. Discussing the use of the CIE (SD 211 Platform) to invest in technology to allow for these capabilities in a more uniform and streamlined format. 3. Aetna will also be continuing the use of best practices put in place during the WPC and HHP Pilots.</p>

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<p>3. Describe 3-4 concrete steps the MCP will take to increase, by at least 20%, ECM Provider access to certified EHR technology or a care management documentation system able to generate and manage a patient care plan  <i>100 word limit</i></p>	<p>Aetna's ECM partners all have access to an EMR documentation system currently to perform and capture clinical data for ECM members. Aetna will be working and collaborating with our partners to discuss enhancements needed to further advance their EMR capabilities to 1. potentially submit care plans electronically to our care management system, receive back information and notifications to their systems and help to facilitate their connection to the PCP providers EMR via connections to the CIE/HIE.</p>
<p>4. Describe 3-4 concrete steps the MCP will take to increase, by at least 20%, ECM Provider abilities to submit a claim or invoice to an MCP or have access to a system or service that can process and send a claim or invoice to an MCP with information necessary for the MCP to submit a compliant encounter to DHCS  <i>100 word limit</i></p>	<p>Aetna has provided the ability for providers to be submit a claim or invoice electronically through its provider portal. Aetna in working with its plan partners is discussing further, within the HSD group methods that we can potentially utilize similar vendors, claims methodologies to further synchronize our efforts to minimize the number of systems the plans collectively use. Aetna will also have regular stakeholder meetings and further invest in technology with our ECM partners to discuss implement and streamline our processes.</p>

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<p>5. Describe approaches for collaborating with, Social Services, County Behavioral Health, and County/Local Public Health Agencies within the county to improve data integration and electronic data sharing, capabilities among physical health, behavioral health and social service providers  <i>100 word limit</i></p>	<p>Through the HSD and 211 San Diego platform partnerships, Aetna will collaborate, with providers and San Diego County to improve data sharing and integration using best practices. Efforts include: 1) Collecting a current state of data exchange within San Diego County, including, HIEs, HMIS, justice involved systems, behavioral health, foster care and other datasets critical to supporting whole person care; 2) collaborating on a process to modernize data sharing agreements; 3) collaborating on a county-wide multi-year roadmap to achieve integration; and 4) identifying sources of funding that can be braided together to support the requisite levels of integration.</p>
<p>6. Describe approach for leveraging existing WPC infrastructure (if in WPC county), including tracking the ongoing viability of WPC infrastructure and improving data integration across behavioral health and physical health providers  <i>100 word limit</i></p>	<p>Aetna collaborated with the WPC Lead Entities to leverage existing WPC infrastructure in San Diego County to support successful transition of the populations. Activities include but are not limited to establishing processes for data exchange and eligibility through the transition as well as notifications to partner entities, enrollees, and the public of the transition. We will continually engage providers to improve data integration jointly with our plan, county, provider, and CBO partners through HSD and the San Diego CIE, to collectively identify gaps and opportunities including those related to the justice involved population transitions, identified as a priority.</p>

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<p>7. Any additional Information on Delivery System Infrastructure Gaps in County <i>100 word limit</i></p>	<p>Plans will invest heavily in technology infrastructure to allow for data sharing and standard billing processes. The county CIE needs to become HITRUST certified and include justice involved and child welfare datasets. Certain CS would benefit from having licensed nursing, administrative and behavioral health staff positions to serve the POF's and to be able to perform information sharing with the ECM and billing and authorization support. We see a future, where the Plans, County and the State look at upstream solutions for increasing the number of people choosing these professions to overcome current and future shortages of licensed staff.</p>
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**Narrative Measures for Priority Area 2: ECM Provider Capacity Building**

**Gap-Filling Plan**

<i>Mandatory 70 points</i>	
<p><b>1.2.5 Measure Description</b></p> <p>Submission of a narrative Gap-Filling plan demonstrating:</p> <ol style="list-style-type: none"> <li>(1) How the MCP will address identified gaps in ECM Provider capacity for Program Year 1 Populations of Focus.</li> <li>(2) Identified ECM workforce, training, TA needs in county, including specific cultural competency needs by county.</li> <li>(3) Plan for ECM Provider workforce recruiting and hiring of necessary staff to build capacity.</li> <li>(4) Approach for MCP to develop and administer an MCP training and TA program for ECM Providers.</li> <li>(5) Strategy to ensure ECM Providers are successfully engaging with hard to reach Populations of Focus, including homeless and justice involved populations, among others.</li> <li>(6) Approach to build, develop, or invest in the necessary behavioral health workforce to support the launch of ECM</li> </ol> <p>Gap-Filling Plan narrative should include approach for collaborating with other entities, including but not limited to, county social services, county behavioral health, public healthcare systems, county/local public health jurisdictions, community based organizations (CBOs), correctional partners, housing continuum, Tribes and Tribal providers (except for Plans in Counties without recognized Tribes), ECM providers and others to achieve the above activities, improve outreach to and engagement with hard to reach individuals within each Populations of Focus and reduce underlying health disparities</p>	
<b>MCP Submission</b>	
<p>1. Describe approach to address identified gaps in ECM Provider capacity for Program Year 1 Populations of Focus and proposed targets,</p>	<p>Since 2020, Aetna has been heavily engaged with our plan partners, county partners, providers, and CBOs to address identified gaps in ECM provider capacity in San Diego County, which have been informed through our provider capacity survey and ongoing provider engagement. Aetna is continuing with the existing Health Homes Providers and contracting with the county for ECM Mental Health. Additionally, ECM providers with deep experience in each Population of Focus have been contracted. The plan continues to investigate and outreach to potential new providers on an ongoing basis to fill any projected needs as well as explore potential new partnerships.</p>



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<p>of at least 20% improvement, to address gaps  <i>100 word limit</i></p>	
<p>2. Identify ECM workforce, training, and TA needs in county, including specific cultural competency needs by county  <i>100 word limit</i></p>	<p>Aetna has partnered with our plan partners and HSD to survey providers to identify infrastructure needs and are continuing to discuss workforce and training supports needed for the community-based providers. We will help providers understand what services will be provided under CS and how they intersect with ECM, Person Centered Care Planning, Motivational Interviewing, Trauma Informed Care, working with people transitioning from incarceration. Continue HSD Provider Trainings, which will include specific cultural competency, with at least two trainings per year.</p>
<p>3. Describe plan for ECM Provider workforce recruiting and hiring of necessary staff to build and increase capacity by at least 20%  <i>100 word limit</i></p>	<p>Aetna will be creating and evaluating our targeted engagement lists on semi-monthly basis. Providing this data will help the ECM providers more accurately forecast their staffing needs on more than a monthly basis. With the ECM providers having accurate membership data this will help them hire new staff gradually with more frequent member data available. Staffing needs will be a regular item on ECM Provider stakeholder meetings.</p>
<p>4. Describe approach to develop and administer an MCP training and TA program for ECM Providers  <i>100 word limit</i></p>	<p>Through our comprehensive provider certification process we have developed an understanding of the areas in which providers need, and would like, to receive training. In collaboration with the other plans in San Diego, a town hall introduction to CalAIM, ECM and Community Supports was facilitated on 10/22/2021 to ensure community providers in San Diego understand Enhanced Care Management benefit and Community Supports programs. Through this town hall, we will develop relationships with providers and engage providers that will add value to our Enhanced Care Management network.</p>

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<p>5. Describe strategy to ensure ECM Providers are successfully engaging with hard to reach Populations of Focus, including homeless and justice involved populations, among others  <i>100 word limit</i></p>	<p>Aetna will be reviewing its targeted engagement lists on a monthly basis. We have partnered with specific providers that have experience with these populations and will be having regular stakeholders care meetings specifically to discuss hard to reach members and strategizing on innovative ways to get them engaged. These members will also have member notes in the event that they call member services for any reason</p>
<p>6. Describe approaches for collaborating with, Social Services, County Behavioral Health, and County/Local Public Health Agencies within the county to achieve the above activities  <i>100 word limit</i></p>	<p>Through HSD which will meet at least monthly, Aetna and our plan, county, provider, and CBO partners will ensure involvement of key stakeholders, including but not limited to, county social services, county behavioral health, public healthcare systems, county/local public health jurisdictions, CBOs, correctional partners, housing continuum, ECM providers and others to achieve the above activities, improve outreach to and engagement with hard to reach individuals within each Populations of Focus, and reduce underlying health disparities.</p>

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<p>7. Describe approach to build, develop, or invest in the necessary behavioral health workforce to support the launch of ECM  <i>100 word limit</i></p>	<p>Aetna is committed to partnering to address the statewide, systemic issue of behavioral health workforce shortages. Aetna has surveyed our ECM behavioral health providers to understand workforce needs, and gaps. Local discussions will continue to understand how to best support behavioral health workforce development with our partners. We will also conduct environmental scans to identify efforts already in place to ensure non-duplication of efforts. These discussions will inform our behavioral health workforce investment approach. We will rely on the collaborative facilitator to continue these efforts with the behavioral health providers related to populations of focus coming on in 2023.</p>
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**Community Partners**

<b>1.2.6 Measure Description</b>	
<i>Optional</i>	
<i>Report on One Optional Measure in ECM Provider Capacity Building Priority Area to Earn 30 Points</i>	
<p>Narrative summary that outlines landscape of Providers, faith-based groups, community-based organizations, and county behavioral health care providers and county behavioral health networks in the county and submission of a narrative plan to develop an MOU or other agreements with a subset of Providers, faith-based groups, county agencies and community-based organizations in the county to develop strategies for closing health disparities experienced by Populations of Focus, including agreement to meet at least quarterly to advance strategy.</p>	
<b>MCP Submission</b>	
<p>1. Describe the landscape in the county of:</p> <ul style="list-style-type: none"> <li>a. ECM</li> <li>b. Providers</li> <li>c. Faith-based groups</li> <li>d. Community-based organizations</li> </ul>	<p>We anticipate contracting with approximately 100% of the plans existing CB-CMEs, and will onboard approximately 2 additional community-based providers to serve the POF's, Including the current WPW LEs in San Diego (PATH and Exodus). Both providers will continue as providers with our plan in the ECM benefit. We have established collaborative partnerships over the years with key organizations and attend various community work groups with CBOs. Our Community Development department staff make routine referrals to CBOs, through platforms and direct referrals. We also attend quarterly Member Advisory Committee (MAC) and Provider Advisory Committee (PAC) meetings which includes representation from CBOs</p>

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<p>e. County behavioral health care providers and county behavioral health networks  <i>100 word limit</i></p>	
<p>2. Describe approach to foster relationships with a subset of the organizations described above in 1. Approach should include at least quarterly meetings, and can potentially include and MOU or letter of agreement  <i>100 word limit</i></p>	<p>Aetna has longstanding relationships with many ECM providers, faith-based groups, CBOs, and BH providers and networks in San Diego County, and we continually seek opportunities to build new relationships both informally and formally; in-services, community events and workshops; existing CBO/Community supports contracts, and CBO engagement. We participate in monthly HSD meetings, and quarterly meetings for MAC and PAC. Through HSD which will meet at least Montly, Aetna and our plan, county, provider, and CBO partners will ensure involvement of key stakeholders, including but not limited to the organization and provider types listed above.</p>
<p>3. Describe the strategy for closing identified health disparities with at least one strategy for each population of focus that will go</p>	<p>The strategy for each of the POF's are as follows: 1. For Homelessness, coordination of housing services, and community health workers facilitating access to services. 2. High utilizers, Aetna has a targeted program aimed at reducing inpatient avoidable admissions. Educate members on management of chronic conditions. 3. SMI/SUD Aetna will foster engagement with our peer support specialists to assist with navigation of mental health services.</p>

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live in the County in 2022, for a total of at least five identified health disparities <i>100 word limit</i>	
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**Tribal Engagement**

<b>1.2.7 Measure Description</b>		<i>Mandatory 30 points</i>
Narrative summary that outlines landscape of Tribes, Tribal providers used by members in the county, and members in the county who use Tribal services, and submission of a narrative plan to develop an MOU to establish a strategic partnership with Tribes and Tribal providers in county to develop Provider capacity and provision of ECM services for members of Tribes		
<b>MCP Submission</b>		
1. Outline the landscape of Tribes, Tribal providers, and members in the county who use Tribal services and will need ECM supports <i>100 word limit</i>	The strategy for each of the POF's are as follows: 1. For Homelessness, coordination of housing services, and community health workers facilitating access to services. 2. High utilizers, Aetna has a targeted program aimed at reducing inpatient avoidable admissions. Educate members on management of chronic conditions. 3. SMI/SUD Aetna will foster engagement with our peer support specialists to assist with navigation of mental health services.	
2. Outline a plan to establish a strategic partnership including any plans for formalization such as	The four Indian Health Centers have been offered ECM and Community Supports contracts and have chosen not to contract at this time. This will be revisited at a later date as the program progresses.	

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a MOU or other agreements <i>100 word limit</i>	
3. Describe plan to develop provider capacity and ECM services for members <i>100 word limit</i>	Aetna has been engaged with plan partners, county partners, providers, and CBOs to address identified gaps in ECM provider capacity in San Diego County, which have been informed through provider capacity surveys and ongoing provider engagement. Through our formalized, transparent process, we will continue active local-level discussions to minimize duplication of efforts. Strategies include continually evaluating network and contracting opportunities; collaborating with plan and county partners to enhance workforce development and pipeline; providing technical assistance and training; and supporting providers in expanding their footprint. These approaches will help develop capacity and ECM services that will support members accessing Tribal services.

**Engagement for Key Population of Focus: People Experiencing Homelessness or Chronic Homelessness**

<b>1.2.9 Measure Description</b>	
<i>Mandatory 30 points</i>	
Submission of narrative plan describing how the managed care plan will improve outreach to and engagement with the following Population of Focus: "people experiencing homelessness or chronic homelessness, or who are at risk of becoming homeless with complex health and/or behavioral health conditions," with a focus on Black/African American and other racial and ethnic groups who are disproportionately experiencing homelessness	
<b>MCP Submission</b>	
1. Identify and describe top 3 – 4 racial and ethnic groups that are disproportionately experiencing	Based on data including the San Diego Regional Task Force analysis dashboard who is part of HSD has identified the following racial and ethnic groups that disproportionately experience homelessness in San Diego County: 1. Native American/Alaskan Native 2. Asian 3. Black Or African American 4. Multiple Race 5. White

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homelessness in the county <i>100 word limit</i>	
2. Describe approach to improve outreach and engagement by at least 20% to Black/African American and other racial and ethnic groups who are disproportionately experiencing homelessness <i>100 word limit</i>	Aetna will be working on and conducting coordinated outreach by implementing data driven targeting of members. We will be using data collected from a variety of sources including the CIE (211-SD), Corrections/Jail, claims, member services, provider and hospital data as well as other other sources such as community outreach to help locate these members. We are discussing programs with our ECM providers that they offer in addition to ECM services that have been successful in engaging these members.

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

<b>1.2.10 Measure Description</b>	
<i>Optional</i>	
<i>Report on One Optional Measure in ECM Provider Capacity Building Priority Area to Earn 30 Points</i>	
Submission of narrative plan describing how the managed care plan will improve outreach to and engagement with the following Population of Focus: "individuals transitioning from incarceration who have significant complex physical or behavioral health needs requiring immediate transition of services to the community," with a focus on Black/African American and other racial and ethnic groups who are disproportionately experiencing transitions from incarceration settings in the county.	
<b>MCP Submission</b>	
1. Identify and describe top 3 – 4 racial and ethnic groups that are	Based on data including The San Diego County Sherrif's Department Jail Population Statistics, Aetna has identified the following racial and ethnic groups with the highest incarceration rates in San Diego County: (1) Hispanic 44% (2) White 31% (3) Black or African Americfan 20% (4) Other 5%

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<p>incarcerated in the county  <i>100 word limit</i></p>	
<p>2. Describe approach to improve outreach and engagement by at least 20% to Black/African American and other racial and ethnic groups who are disproportionately experiencing transitions from incarceration settings in the county  <i>100 word limit</i></p>	<p>Aetna will be working on and conducting coordinated outreach by implementing data driven targeting of members. We will be using data collected from a variety of sources including the CIE (211-SD), Corrections/Jail, claims, member services, provider and hospital data as well as other other sources such as community outreach to help locate these members. We are discussing programs with our ECM providers that they offer in addition to ECM services that have been successful in engaging these members.</p>



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

**Gap-Filling Plan**

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

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<b>MCP Submission</b>	
<p>1. Describe 3-4 identified gaps or limitations in Community Supports (ILOS) coverage within the county. If the Community Supports (ILOS) Provider network/capacity will not reasonably allow for county-wide provision of Community Supports (ILOS) to all eligible Members in the county at the time of implementation, please provide a brief explanation.<sup>1</sup>  <i>100 word limit</i></p>	<p>Aetna will be working on and conducting coordinated outreach by implementing data driven targeting of members. We will be using data collected from a variety of sources including the CIE (211-SD), Corrections/Jail, claims, member services, provider and hospital data as well as other other sources such as community outreach to help locate these members. We are discussing programs with our ECM providers that they offer in addition to ECM services that have been successful in engaging these members.</p>
<p>2. Describe the plan to increase number and/or reach of Community Supports (ILOS) offered in January 2022 or July 2022  <i>100 word limit</i></p>	<p>Aetna is reaching out to our providers to 1. Ensure they have what they need by way of TEL, so they know what expected membership may be in the future. 2. Help educate existing providers to see if they are willing to take on another CS where there may be a deficit. Further Aetna’s Community development team is reaching out to other providers that may have interest in becoming a CS provider but is unsure how</p>

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

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<p>3. Identify Community Supports (ILOS) Provider capacity and MCP oversight capability gaps and plan to address gap with a gap closure of 20%  <i>100 word limit</i></p>	<p>CS Provider capacity and MCP oversight gaps include: 1. The ECM provider having most of the contact with the CS provider with the MCP only receiving the prior auth. 2. Lack of data exchange from the CS providers to the MCP. As part of our ongoing efforts to help foster communication we are going to work with a couple of the CS providers on potential data exchange, also during our ECM stakeholder meetings we will query our ECM providers for any information they are receiving from the CS providers.</p>
<p>4. Identified Community Supports (ILOS) workforce, training, TA needs in region / county, including specific cultural competency needs by region/county, and a training gap closure of at least 20%  <i>100 word limit</i></p>	<p>Aetna has collaborated with our plan partners to survey CS providers to understand their areas of expertise and their training and TA needs. Based on the results, we have developed a training and TA program that uses live and on-demand webinars on topics including authorizations, referrals, claims, eligibility, data sharing, member engagement, grievances and appeals, operations, and others. We will continue local level discussions with our plan partners to identify regional and/or statewide opportunities to collaborate on training and TA needs to minimize burden on our providers.</p>
<p>5. Plan to develop and administer a training and TA program for Community Supports (ILOS) Providers  <i>100 word limit</i></p>	<p>Through our comprehensive provider certification process we have developed an understanding of the areas in which providers need, and would like, to receive training. In collaboration with the other plans in San Diego, a town hall introduction to CalAIM, ECM and Community Supports was facilitated on 10/22/2021 to ensure community providers in San Diego understand Enhanced Care Management benefit and Community Supports programs. Through this town hall, we will develop relationships with providers and engage providers that will add value to our Enhanced Care Management network.</p>

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<p>6. Plan to establish programs to support Community Supports (ILOS) workforce recruiting and hiring, including incentives for Community Supports (ILOS) Providers to hire necessary staff, and increase Community Supports (ILOS) workforce by at least 20%  <i>100 word limit</i></p>	<p>Through HSD which will meet at least monthly, we will collaborate with our plan partners to address any recruiting and hiring needs that the CS providers need assistance with including reviewing capacity, resources and funding they have to do so. The plan partners will collaborate on a plan to address those needs and potentially utilize incentive dollars to help do so.</p>
<p>7. Describe approach for collaborating with, Social Services, County Behavioral Health, and County/Local Public Health Agencies within the county to achieve the proposed activities  <i>100 word limit</i></p>	<p>Through HSD which will meet at least monthly, Aetna and our plan, county, provider, and CBO partners will ensure involvement of key stakeholders, including but not limited to, county social services, county behavioral health, public healthcare systems, county/local public health jurisdictions, CBOs, correctional partners, housing continuum, ECM providers and others to achieve the above activities, improve outreach to and engagement with hard to reach individuals within each Populations of Focus, and reduce underlying health disparities.</p>

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**Tribal Engagement**

<b>1.3.6 Measure Description</b>		<i>Mandatory 20 points</i>
Narrative summary that outlines landscape of Tribes, Tribal providers in the county, and members in the county who use Tribal services and submission of a narrative plan to develop an MOU to establish a strategic partnership with Tribes and Tribal providers in county to develop Provider capacity and provision of Community Supports (ILOS) services for members of Tribes		
<b>MCP Submission</b>		
1. Outline the landscape of Tribes, Tribal providers, and members in the county who use Tribal services and you anticipate will use Community Supports (ILOS) <i>100 word limit</i>	Through HSD which will meet at least monthly, Aetna and our plan, county, provider, and CBO partners will ensure involvement of key stakeholders, including but not limited to, county social services, county behavioral health, public healthcare systems, county/local public health jurisdictions, CBOs, correctional partners, housing continuum, ECM providers and others to achieve the above activities, improve outreach to and engagement with hard to reach individuals within each Populations of Focus, and reduce underlying health disparities.	
2. Outline a plan to establish a strategic partnership including any plans for formalization such as a MOU	The four Indian Health Centers have been offered ECM and Community Supports contracts and have chosen not to contract at this time. This will be revisited at a later date as the program progresses	

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<p>or other agreements  <i>100 word limit</i></p>	
<p>3. Describe plan to develop provider capacity and Community Supports (ILOS) services for members  <i>100 word limit</i></p>	<p>Aetna has been engaged with plan partners, county partners, providers, and CBOs to address identified gaps in CS provider capacity in San Diego County, which have been informed through provider capacity surveys and ongoing provider engagement. Through our formalized, transparent process, we will continue active local-level discussions to minimize duplication of efforts. Strategies include continually evaluating network and contracting opportunities; collaborating with plan and county partners to enhance workforce development and pipeline; providing technical assistance and training; and supporting providers in expanding their footprint. These approaches will help develop capacity and CS services that will support members accessing Tribal services.</p>

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**Collaboration with Other MCPs**

**1.1.7 Delivery System Infrastructure Building Measure Description**

*Mandatory  
20 points*

Submission of a narrative describing how the MCP will collaborate with all MCPs in the county to enhance and develop needed ECM/ Community Supports (ILOS) infrastructure, including certified EHR technology, care management document systems, closed-loop referral, billing systems/services, and onboarding/enhancements to health information exchange capabilities and submission of documentation demonstrating good faith efforts to begin this collaboration in the form of letters with MCPs in county, emails demonstrating progress, meeting meetings, or other documentation. If only one MCP is operating in the county, the MCP must submit a narrative describing how they will leverage and expand existing WPC capacity and support ongoing ECM and Community Supports (ILOS) capacity building approaches

**MCP Submission 100 word limit**

Aetna has been engaged with plan partners, county partners, providers, and CBOs to address identified gaps in CS provider capacity in San Diego County, which have been informed through provider capacity surveys and ongoing provider engagement. Through our formalized, transparent process, we will continue active local-level discussions to minimize duplication of efforts. Strategies include continually evaluating network and contracting opportunities; collaborating with plan and county partners to enhance workforce development and pipeline; providing technical assistance and training; and supporting providers in expanding their footprint. These approaches will help develop capacity and CS services that will support members accessing Tribal services.

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<b>1.2.8 ECM Provider Capacity Building Measure Description</b>	<i>Mandatory 10 points</i>
<p>Submission of a narrative describing how the MCP will collaborate with all MCPs in the county to support expansion of ECM Provider capacity, including leveraging and expanding existing WPC capacity and building/expanding ECM Provider networks and compliance and oversight capabilities. MCP should also submit documentation demonstrating good faith efforts to begin this collaboration in the form of letters with MCPs in county, emails demonstrating progress, meeting meetings, or other documentation. If only one MCP is operating in the county, the MCP must submit a narrative describing how they will leverage and expand existing WPC capacity and support ongoing ECM capacity building approaches</p>	
<b>MCP Submission</b> <i>100 word limit</i>	
<p>Aetna, HSD and our plan partners are engaging with an external facilitator to formalize a collaborative approach to support a successful and sustainable CalAIM implementation. In working with other MCPs through the [IPP Steering Committee/Roundtable] to identify opportunities to expand ECM Provider capacity in San Diego and to leverage and expand existing WPC capacity. Capacity expansion activities to date have included joint discussions and presentations with the county, providers, and CBOs; trainings and others. Please see attached documentation demonstrating these good faith efforts to collaborate.</p>	



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**1.3.7 Community Supports (ILOS) Provider Capacity Building and Community Supports (ILOS) Take-Up Measure Description**

*Mandatory*  
*50 points*

Submission of a narrative describing how the MCP will collaborate with all MCPs in the county to leverage and expand existing WPC capacity and support ongoing Community Supports (ILOS) capacity building approaches. MCP should also submit documentation demonstrating good faith efforts to begin this collaboration in the form of letters with MCPs in county, emails demonstrating progress, meeting meetings, or other documentation. If only one MCP is operating in the county, the MCP must submit a narrative describing how they will leverage and expand existing WPC capacity and support ongoing Community Supports (ILOS) capacity building approaches

**MCP Submission** *100 word limit*

Aetna, HSD and our plan partners are engaging with an external facilitator to formalize a collaborative approach to support a successful and sustainable CalAIM implementation. In working with other MCPs through the [IPP Steering Committee/Roundtable] to identify opportunities to expand ECM Provider capacity in San Diego and to leverage and expand existing WPC capacity. Capacity expansion activities to date have included joint discussions and presentations with the county, providers, and CBOs; trainings and others. Please see attached documentation demonstrating these good faith efforts to collaborate.