

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.

MCP Name	Anthem
MCP County	Placer
Program Year (PY) / Calendar Year (CY)	Program Year 1 / Calendar Year 2022

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

Priority Area	Percentage of Points Allocated to Each Priority Area	Points Needed to Earn Maximum Payment 1	MCP Discretionary Allocation of Remaining 300 points (MCP to enter point values in cells below)
1. Delivery System Infrastructure	Minimum 20%	200	60
2. ECM Provider Capacity Building	Minimum of 20%	200	120
3. Community Supports (ILOS) Provider Capacity Building and Community Supports (ILOS) Take-Up	Minimum of 30%	300	120
4. Quality	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
Total Points		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*

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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

1.1.6 Measure Description

*Mandatory
80 points*

Submission of a narrative Gap-Filling plan describing how MCPs will identify underserved populations and the ECM providers they are assigned to, and enhance those ECM Providers' capabilities to:

- (1) Electronically exchange care plan information and clinical documents with other care team members.
- (2) Have access to certified EHR technology or a care management documentation system able to generate and manage a patient care plan.
- (3) Submit a claim or invoice to an MCP or have access to a system or service that can process and send a claim or invoice to an MCP with information necessary for the MCP to submit a compliant encounter to DHCS.

MCPs should also describe any plans to build physical plant (e.g., sobering centers) or other infrastructure to support the launch of ECM and Community Supports (ILOS).

Gap-Filling Plan narrative should include approaches for collaborating with entities, including but not limited to, county social services, county behavioral health, public healthcare systems, county/local public health jurisdictions, community based organizations (CBOs), correctional partners, housing continuum and others within the county to achieve the above activities, and should describe how health plans will leverage existing WPC infrastructure, including how they will track the ongoing viability of WPC infrastructure and improve data integration across behavioral health and physical health providers.

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MCP Submission	
<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>Anthem will collaborate with the County and California Health & Wellness, mine internal data sources, review publicly available data, and link to other county data as available to identify the top 3-4 underserved populations. Member assignment to an ECM provider considers the member's specific Population of Focus needs, previous provider relationships and member preference, geographic location, provider capacity, and culturally relevance of the provider to the member.</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>Because contracted providers have the ability to, at a minimum, electronically exchange care plan information via secure email, we will work with providers to achieve more efficient exchange by 20% through:</p> <ul style="list-style-type: none"> • Gathering baseline data on methods used to electronically exchange care plan information. • Encouraging ECM providers who underutilize efficient data exchange methods to engage with Anthem's Provider Portal which has enhanced data exchange capabilities • Training all providers on how to access Anthem's digital capabilities for members' specific information. • Engaging our dedicated team of CalAIM associates to support providers on individual basis. • Utilizing Capacity Building Incentive dollars to enhance Provider capabilities.
<p>3. Describe 3-4 concrete steps the MCP will take to increase, by at least 20%, ECM Provider access to certified EHR technology or a care management</p>	<p>Because all contracted providers have access to, at minimum, a care management documentation system, Anthem will work with Providers to enhance technological capabilities by encouraging progression from a care management documentation system to a certified EHR technology by 20% through:</p> <ul style="list-style-type: none"> • Surveying providers for needed EHR functionality. • Utilizing a dedicated team to engage in best practice discussions with providers about EHR capabilities • Distributing capacity building incentive dollars to fund EHR set up or modifications

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<p>documentation system able to generate and manage a patient care plan <i>100 word limit</i></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>Because all contracted providers have the ability to, at minimum, submit an invoice, we will work with providers who submit invoices to increase their ability to submit claims, and we will work with all providers to increase clean claims submissions by 20% through:</p> <ul style="list-style-type: none"> • Utilize incentive dollars to enhance individual provider capabilities to capture encounters and submit claims • Access to Anthem's simplified claiming capabilities through Anthem's provider portal. • Ongoing virtual training on our Provider Portal • Engaging our dedicated team of CalAIM associates to support providers on individual basis. • On-demand training availability through provider website, provider portal, and within the provider guide
<p>5. Describe approaches for collaborating with, Social Services, County Behavioral Health, and County/Local Public Health Agencies within the county to improve data</p>	<p>Anthem will continue collaborative efforts with California Health & Wellness, and with our County Partners to ensure robust engagement with county behavioral health, social service agencies and other community partners. This includes the on-going coordination of joint workgroup/committee meetings, and participation in potential roundtable discussions. In addition, Anthem is an active participant in local coalitions that include conversations regarding how to improve data integration and electronic data sharing. These efforts are helping to identify opportunities to fund with incentive dollars efforts to improve data integration, such as a county developed Social Health Information Exchanges, Community Health Records, etc.</p>

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<p>integration and electronic data sharing, capabilities among physical health, behavioral health and social service providers <i>100 word limit</i></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>Anthem has and will continue to collaborate with our plan partners and the WPC Lead Entity to leverage existing WPC infrastructure in Placer county. Activities include but are not limited to establishing processes for bi-directional data exchange of PH and BH data between the WPC LE and Anthem and increase the visibility of data between MCP's and WPC LE. We will continually engage providers to improve data integration jointly with our plan, county, provider, and CBO partners, enabling us to collectively identify gaps and opportunities.</p>
<p>7. Any additional Information on Delivery System Infrastructure Gaps in County <i>100 word limit</i></p>	<p>As Anthem does not obtain an indicator advising which members have transitioned from incarceration, it's difficult to proactively identify and outreach to our members.</p> <p>While efforts and communication are ongoing between Anthem and County partners, the provision and integration of SMI and SUD data is pending. Collaboration will continue to occur to address the importance of migrating data found in multiple systems within the housing, medical and social service eco systems. The inability to obtain integrated and real time data complicates Anthem's ability to proactively care coordinate.</p>

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Narrative Measures for Priority Area 2: ECM Provider Capacity Building

Gap-Filling Plan

1.2.5 Measure Description		<i>Mandatory 70 points</i>
<p>Submission of a narrative Gap-Filling plan demonstrating:</p> <ol style="list-style-type: none"> (1) How the MCP will address identified gaps in ECM Provider capacity for Program Year 1 Populations of Focus. (2) Identified ECM workforce, training, TA needs in county, including specific cultural competency needs by county. (3) Plan for ECM Provider workforce recruiting and hiring of necessary staff to build capacity. (4) Approach for MCP to develop and administer an MCP training and TA program for ECM Providers. (5) Strategy to ensure ECM Providers are successfully engaging with hard to reach Populations of Focus, including homeless and justice involved populations, among others. (6) Approach to build, develop, or invest in the necessary behavioral health workforce to support the launch of ECM <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>		
MCP Submission		
<ol style="list-style-type: none"> 1. Describe approach to address identified gaps in ECM Provider capacity for 	<p>Anthem has been working closely with our county partners, CBO's, and providers to identify and determine the need for ECM provider capacity through surveys and ongoing collaborative discussions. Based on the outcome of this process, we have added a team of CalAIM associates, whose primary functions are to engage new providers, encourage existing providers to expand their capacity and provide support through training and TA.</p>	

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<p>Program Year 1 Populations of Focus and proposed targets, of at least 20% improvement, to address gaps <i>100 word limit</i></p>	<p>Anthem will utilize the Capacity Building Incentive program to ensure necessary funding is in place to address gaps. Additionally, Anthem created a value-based payment program to incentivize providers to increase quality of ECM services.</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>ECM Provider workforce, training, and TA are identified needs in Placer county. Additionally, due to the diverse nature of the expected ECM population, cultural competency training will be necessary, as well as the recruitment and retention of member facing staff with lived experience. 93% of Anthem Providers surveyed noted a standard process was in place to train client-facing staff on effective client engagement and/or motivational techniques. Anthem will utilize this infrastructure to support provider staff who need to build capacity in gap areas</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>Workforce retention, in addition to recruiting and hiring, is a key component to increasing capacity. Anthem is providing opportunities to obtain incentive funding for additional staff through an application process in early 2022. We will make available Person Centered Thinking training and provide access to our Provider training portal to support providers in increasing staff competency, which increases retention. Anthem’s team of CalAIM Associates provides clinical support and best practices to organizations, allowing providers to be better equipped to support their employees.</p> <p>Anthem will collaborate, where possible, with training entities and partners currently providing workforce recruitment services and California Health & Wellness.</p>
<p>4. Describe approach to develop and administer an MCP training and TA</p>	<p>Anthem is working to guide our providers through detailed readiness assessments, gap closures, and contracting processes. These efforts afford insight into each provider’s training and TA needs. We will continue to host virtual trainings for large groups on common learning needs, establish multi-provider learning collaboratives, and develop training for our learning platform. When possible, trainings will be held in collaboration with California Health &</p>

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<p>program for ECM Providers <i>100 word limit</i></p>	<p>Wellness. Our dedicated CalAIM team will continue to provide both clinical and administrative assistance at the individual provider level, ensuring adequate support is given to each provider to achieve the best chance at success within the ECM program.</p>
<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>Anthem will monitor outreach and engagement metrics for all providers. These metrics will be the basis for certain aspects of our value based payment program, which incentivizes providers to engage members in hard to reach PoF. These metrics will also support our staff who work directly with providers, on at least a monthly basis, to help focus the conversations and increase awareness in successful engagement practices. Additionally, our training webinars, which are open to all providers and accessible at any time, will cover a variety of topics, including specific information around outreach and engagement.</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>We will continue our collaborative discussions with Placer county, California Health & Wellness, providers and CBO's and 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. These discussions will continue to occur at least monthly.</p>
<p>7. Describe approach to build, develop, or invest in the</p>	<p>Anthem surveyed our ECM behavioral health providers to understand workforce needs, including specific questions about current and planned FTEs, caseload, and staffing needs or gaps. Based on the results, we will continue local level discussions to understand how we</p>

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necessary behavioral health workforce to support the launch of ECM <i>100 word limit</i>	may best support behavioral health workforce development with our plan, county, provider, and CBO 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 in coordination with California Health & Wellness.
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Community Partners

1.2.6 Measure Description *Optional*
Report on One Optional Measure in ECM Provider Capacity Building Priority Area to Earn 30 Points

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.

MCP Submission

1. Describe the landscape in the county of: a. ECM b. Providers c. Faith-based groups d. Community-based organizations e. County behavioral health care	A: Our ECM provider network is reflective of the county landscape. At least 7 ECM providers across all populations of focus, have shown strong interest in providing ECM services B: 337 FBO identified including Over 35 churches and faith-based groups provide food, clothing, overnight shelter, and other resources to homeless Placer County residents C: 2361 Community Based Organizations D: In addition to the County Behavioral Health Services (SMI/SUD), we have engaged with several hospital facilities (Western Sierra Medical Center, Chapa-de Indian Health Services, Tahoe Forest Hospital and Sutter Health) to serve the High Utilizer populations. The other key players will be the agencies who are serving the aging population: Del Oro Caregiver Resource Center, Agency on Aging Area 4, Seniors First and Placer Independent Resource Services.
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<p>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>To foster continued and new relationships, Anthem will continue community engagement meetings with the county and Community Stakeholders, on at least a quarterly basis. Anthems County Account Management team and CalAIM Regional Program Mangers, as allowed due to Covid, will engage In person and/or virtual discussions outside of those quarterly meetings on an individual basis to ensure relationship development. Dependent on the outcome of the relationship development, an MOU or LOA may be utilized to formalize the relationship and shared commitment to community engagement.</p>
<p>3. Describe the strategy for closing identified health disparities with at least one strategy for each population of focus that will go live in the County in 2022, for a total of at least five</p>	<p>The following are identified health disparities in Placer County:</p> <ul style="list-style-type: none"> • Access to Care: Engaging a culturally diverse provider network to reduce disparities that lead to access care difficulties. (All PoF) • Quality of Care: Value based payment program (all PoF). • Mental Health: engaging providers who specialize in BH (SMI/SUD, Homeless) • Mortality: Engaging diverse clinical providers to improve treatment adherence (High Utilizers/ Jail) • Burden of Disease: Engaging diverse clinical providers to improve treatment adherence. (For All PoF)

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identified health disparities <i>100 word limit</i>	<ul style="list-style-type: none"> Housing: Provide education about CS Services and link ECM providers to CS providers. (For homeless/All) Anthem will make Cultural Competency training available to providers as needed.
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Tribal Engagement

<i>Mandatory</i> <i>30 points</i>	
1.2.7 Measure Description 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	
MCP Submission	
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>	In Placer county, Chapa-de Indian Health operates a community health center which is supported by the United Auburn Indian Community. Sierra Native Alliance provides counseling and education services to native families living in the Sierra Foothills. 2% of identified ECM membership self-identify as AI/AN. Anthem AI/AN members will not be restricted in their access to Indian Health Facilities, and will allow eligible members to obtain ECM services from out-of-network IHF's who have the capabilities to provide ECM.
2. Outline a plan to establish a strategic partnership including any plans for formalization such as a MOU or other agreements <i>100 word limit</i>	Anthem is committed to working collaboratively with Tribal partners. We will: <ul style="list-style-type: none"> Utilize existing relationships with tribal MediCal Providers to ensure opportunities for culturally relevant service provision for tribal members and members who use tribal services is achieved. Employ Anthem's County Account Management team and CalAIM Regional Program Managers to engage in collaborative discussions with tribal partners ensuring the needs of the tribe and their members are a primary focus and bring awareness to incentive program funding.

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	<ul style="list-style-type: none"> • Dependent on the outcome of the collaborative discussion, Anthem welcomes formalizing the relationship with our Tribal Partners in the manner they are comfortable.
3. Describe plan to develop provider capacity and ECM services for members <i>100 word limit</i>	<p>To develop provider capacity for ECM, Anthem will:</p> <ul style="list-style-type: none"> • Continue ongoing outreach to urban and rural tribal partners as part of our ECM Provider Network development plan. • Connect ECM providers who have staffing needs to tribal organizations we have developed relationships with, as an opportunity to increase culturally competent ECM services for tribal members and members in the community who utilize tribal services. • Encourage Tribal providers in our existing Medical Network to expand their lines of service to include ECM. • Use our network monitoring and oversight policy and procedures to ensure continued capacity for all members.

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

1.2.9 Measure Description		<i>Mandatory 30 points</i>
Submission of narrative plan describing how the managed care plan will improve outreach to and engagement with the following Population of Focus: "people experiencing homelessness or chronic homelessness, or who are at risk of becoming homeless with complex health and/or behavioral health conditions," with a focus on Black/African American and other racial and ethnic groups who are disproportionately experiencing homelessness		
MCP Submission		
1. Identify and describe top 3 – 4 racial and ethnic groups that are disproportionately experiencing	<p>The following is a demographic breakdown of the 1613 people experiencing homelessness in Placer County:</p> <ul style="list-style-type: none"> • 55% disabling condition • 32 % reported domestic violence • AI/AN: 3.2% of homeless compared to .5% of general population • Black/AA: 7.4% of homeless compared to 1.7% of general population 	

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homelessness in the county <i>100 word limit</i>	<ul style="list-style-type: none"> Multiple races: 10.5% of homeless compared to 4.9% of general population
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>	<p>Anthem’s approach to improving outreach and engagement to racial and ethnic groups disproportionately experiencing homelessness includes:</p> <ul style="list-style-type: none"> A Value Based Payment Program to increase the quality and effectiveness of outreach and engagement. Engaging providers who demonstrate cultural competency working with Black and other racial groups. Anthem places high value into partnering with providers who employ staff with lived experience and peer support. Training and TA program to assist with effective outreach and engagement techniques based on best practices and lessons learned in collaboration with our community partners. Distributing capacity building incentive funds to support increased staffing and training

Engagement for Key Population of Focus: Individuals Transitioning from Incarceration

1.2.10 Measure Description	
<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.	
MCP Submission	
1. Identify and describe top 3 – 4 racial and ethnic groups that are incarcerated in the county	<p>In Placer County Jail, according to 2016 data, the following is a breakdown of incarceration data by race:</p> <ul style="list-style-type: none"> White, not Latino, population imprisoned: 75.7% Latino population imprisoned: 13.6%

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<i>100 word limit</i>	<ul style="list-style-type: none"> • Black population imprisoned: 6.5% • Asian/other population imprisoned: Unknown
<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>To improve outreach and engagement, Anthem will:</p> <ul style="list-style-type: none"> • Foster relationships between providers and local justice involved organizations including sheriff departments, probation and parole offices, and Adult Mental Health Services of Correctional Facilities, and local law enforcement • Provide funding to ensure providers are well equipped through training and TA to serve a diverse population through recruitment with lived experience, peer support, diverse front line staff. • Ensure providers are aware of Community Support options to support their members. • Implement a Value Based Payment Program to improve quality, outreach, and engagement.

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

Gap-Filling Plan

1.3.5 Measure Description	<i>Mandatory 80 points</i>
<p>Submission of a narrative Gap-Filling plan describing:</p> <p>(1) Identified gaps or limitations in Community Supports (ILOS) coverage within county</p> <p>(2) Plan to increase number and/or reach of Community Supports (ILOS) offered in January 2022 or July 2022</p> <p>(3) Identified Community Supports (ILOS) Provider capacity and MCP oversight capability gaps and plan to address gaps</p> <p>(4) Identified Community Supports (ILOS) workforce, training, TA needs in region / county, including specific cultural competency needs by region/county</p> <p>(5) Plan to develop and administer a training and TA program for Community Supports (ILOS) Providers</p>	

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(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

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.

MCP Submission

<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.¹</p>	<p>For services that went live in January, provider capacity is in place to meet the needs for current utilization throughout the county. We will continue to expand our network with the local providers to increase capacity to meet future needs. For services going live after January 2022, gaps identified include:</p> <ol style="list-style-type: none"> 1. Not enough providers available and/or interested to offer the service 2. Providers identified will not be ready to provide CS in 2022 3. Providers identified have gaps in staffing infrastructure <p>We are actively working to fill these gaps utilizing our network development strategies to ensure capacity is available at the time of implementation and as utilization grows.</p>
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¹ This submission should align with information submitted in the ECM and Community Supports (ILOS) Model of Care Template.

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<i>100 word limit</i>	
<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>Anthem took a thoughtful approach to creating our Community Supports (CS) release schedule which has been approved by the state and outlines what and when each CS will be implemented in Placer county. In order to ensure our CS release plan remains on schedule we will:</p> <ul style="list-style-type: none"> • Continue town hall engagement for potential providers • Utilize dedicated staff team to encourage providers to expand their lines of service • Promote capacity building incentive dollars to facilitate expansion
<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>For services going live for 1/1/22, we expect no existing capacity gaps based upon our data analysis of initial member utilization and stated provider capacity. We are actively working to close gaps for services we hope to implement in July 2022 (or beyond) utilizing our network development strategies. Based upon Anthem’s comprehensive <i>Oversight and Monitoring of CS Providers</i> policy and procedure, we do not foresee any gaps in our oversight capabilities. We have added additional staff to monitor the program and work with providers to ensure both quality and quantity of service meets the needs of Placer County.</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>Anthem has identified CS Provider Workforce training/ TA needs in Calaveras county. We expect a diverse membership, therefore cultural competency training is necessary along with recruitment/ retention of member facing staff with lived experience. 93% of Anthem Providers surveyed noted a process in place to train client-facing staff on engagement and/or motivational techniques. Anthem will utilize this infrastructure to support providers to build capacity in gap areas</p> <p>Anthem offers: Cultural competency training inclusive of clinically based training to reduce bias/stigma for SMI members. Meals providers are contracted who can offer culturally relevant meals and have a grocery voucher option.</p>

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<p>5. Plan to develop and administer a training and TA program for Community Supports (ILOS) Providers <i>100 word limit</i></p>	<p>Anthem is working to guide our providers through detailed readiness assessments, gap closures, and contracting processes. These efforts afford insight into each provider’s training and TA needs. We will continue to host virtual trainings for large groups on common learning needs, establish multi-provider learning collaboratives, and develop training for our learning platform. When possible, trainings will be held in collaboration with California Health & Wellness. Our dedicated CalAIM team will continue to provide both clinical and administrative assistance at the individual provider level, ensuring adequate support is given to each provider to achieve the best chance at success within the CS program.</p>
<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>Workforce retention, in addition to recruiting and hiring, is a key component to increasing capacity. Anthem is providing opportunities to obtain incentive funding for additional staff through an application process in early 2022. We will make available Person Centered Thinking training and provide access to our Provider training portal to support providers in increasing staff competency, which increases retention. Anthem’s team of CalAIM Associates provides clinical support and best practices to organizations, allowing providers to be better equipped to support their employees.</p> <p>Anthem will collaborate, where possible, with training entities and partners currently providing workforce recruitment services and California Health & Wellness.</p>
<p>7. Describe approach for collaborating with, Social Services, County Behavioral Health, and County/Local Public Health Agencies</p>	<p>To ensure ongoing collaboration with Placer County agencies, Anthem will:</p> <ul style="list-style-type: none"> • Facilitate monthly engagement webinar • Actively engage community stakeholders • Continue to lead County Community Advisory Committee meetings • Ensure awareness of Capacity Building Incentive Program • Ensure awareness of individual CS support eligibility requirements

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within the county to achieve the proposed activities <i>100 word limit</i>	<ul style="list-style-type: none"> • Continue conversations with the County to integrate the TA curriculum built under WPC in other counties
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Tribal Engagement

1.3.6 Measure Description		<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		
MCP Submission		
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>	In Placer county, Chapa-de Indian Health operates a community health center which is supported by the United Auburn Indian Community. Sierra Native Alliance provides counseling and education services to native families living in the Sierra Foothills. 2% of identified ECM membership self-identify as AI/AN. Anthem AI/AN members will not be restricted in their access to Indian Health Facilities, and will allow eligible members to obtain CS services from out-of-network IHF's who have the capabilities to provide CS.	
2. Outline a plan to establish a strategic	Anthem is committed to working collaboratively with Tribal partners. We will: <ul style="list-style-type: none"> • Utilize existing relationships with tribal MediCal Providers to ensure opportunities for culturally relevant service provision for tribal members and members who use tribal services is achieved. 	

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<p>partnership including any plans for formalization such as a MOU or other agreements <i>100 word limit</i></p>	<ul style="list-style-type: none"> • Employ Anthem's County Account Management team and CalAIM Regional Program Managers to engage in collaborative discussions with tribal partners ensuring the needs of the tribe and their members are a primary focus and bring awareness to incentive program funding. <p>Dependent on the outcome of the collaborative discussion, Anthem welcomes formalizing the relationship with our Tribal Partners in the manner they are comfortable.</p>
<p>3. Describe plan to develop provider capacity and Community Supports (ILOS) services for members <i>100 word limit</i></p>	<p>To develop provider capacity for CS, Anthem will:</p> <ul style="list-style-type: none"> • Continue outreach to urban and rural tribal partners • Connect providers who have staffing needs to tribal organizations we have relationships with to increase culturally competent services for members in the community who utilize tribal services. • Encourage Tribal providers in our existing Medical Network to expand their lines of service to include CS. • Use our network monitoring and oversight policy and procedures to ensure continued capacity for all members. • Create awareness of capacity funding • Partner with CBO's that serve American Indians/Alaskan Native communities, including The Native American Health Center

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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

Since 2021, Anthem has been heavily engaged with our county partners, providers, and CBOs to prepare for and support ECM and Community Supports implementation. We are currently working with California Health & Wellness, and community partners to determine an approach to ensure on-going engagement in 2022 and beyond. We will continually assess opportunities to enhance and develop needed ECM/CS infrastructure, including certified EHR technology, care management document systems, closed-loop referral, billing systems/services, and onboarding/enhancements to health information exchange capabilities. Please see attached documentation demonstrating these good faith efforts to collaborate.

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1.2.8 ECM Provider Capacity Building Measure Description

Mandatory
10 points

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

MCP Submission *100 word limit*

Since 2021, Anthem has been heavily engaged with our county partners, providers, and CBOs to prepare for and support ECM and Community Supports implementation. We are currently working with California Health & Wellness and community partners to determine an approach to ensure on-going engagement in 2022 and beyond. We will continually assess opportunities to expand provider capacity in conjunction with other MCP's in the county. Please see attached documentation demonstrating these good faith efforts to collaborate.

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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*

Since 2021, Anthem has been heavily engaged with our county partners, providers, and CBOs to prepare for and support Community Supports implementation. We are currently working with California Health & Wellness and community partners to determine an approach to ensure on-going provider capacity needs are met. We will continually assess opportunities to expand provider capacity in conjunction with other MCP's in the county. Please see attached documentation demonstrating these good faith efforts to collaborate.