

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	Blue Shield of California Promise Health Plan (BSCPHP)
MCP County	San Diego
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	
2. ECM Provider Capacity Building	Minimum of 20%	200	
3. Community Supports (ILOS) Provider Capacity Building and Community Supports (ILOS) Take-Up	Minimum of 30%	300	300
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	<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"> (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. <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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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>BSCPHP gathers and stratifies member data by population of focus, race, ethnicity, zip code, and PCP to identify underserved populations. Data analysis confirms the following top populations of focus: Members who...</p> <ol style="list-style-type: none"> 1. Are experiencing homelessness. 2. Have chronic comorbidities and are high utilizers. 3. Suffer from severe mental illness and/or substance use disorder. <p>BSCPHP's Social Services team carefully assigns members to providers who best fit their unique needs. Members transitioning from HHP/WPC to ECM will remain with their providers to ensure coordination of care. In Q1 2022, BSCPHP will use a predictive triage engine to automate the above process.</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 surveying, BSCPHP understands providers' baseline capabilities and gaps. BSCPSP is ready and eager to do the following:</p> <ol style="list-style-type: none"> 1. Update and upgrade capabilities of our current care management system, CaseTrakker Dynamo, where providers can directly enter and internally share assessments, care plans, progress notes, and submit encounters. 2. Collaborate with other MCPs and the county to develop long term HIE and CIE solutions. BSCPHP is currently leading the San Diego 211 pilot. 3. Invest in above new technology with focus on the user experience to ensure early and swift adoption. 4. Provide comprehensive training and support to providers.
<p>3. Describe 3-4 concrete steps the MCP will take to increase, by at least 20%, ECM Provider access to certified EHR</p>	<p>BSCPHP currently provides CaseTrakker Dynamo to providers to electronically document and manage care. Upgrades are underway for this system to enhance and simplify the user experience; and we continue to provide system training and helpdesk support. BSCPHP is in the process of vetting alternative case management platforms that will give us the ability to integrate internal and external data sources, provide holistic workflows, provide more flexible and robust reporting; and allow integration with other vendor</p>

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<p>technology or a care management documentation system able to generate and manage a patient care plan <i>100 word limit</i></p>	<p>systems, artificial intelligence, and automation. IPP funding will make the procurement of this technology possible and will support robust training efforts to ensure smooth and successful adoption.</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>BSCPHP will:</p> <ol style="list-style-type: none"> 1. Provide training and ensure that ECM Providers submit their encounter claims via the ECM Provider Portal including the relevant HCPC procedure code and modifier and details of the encounter. 2. Use the data entered by ECM Providers to process monthly encounter payments and data submission to DHCS. 3. Add staffing to support the above manual process. 4. Invest in a new case management platform that will increase sophistication and improve efficiency of billing and submitting encounters to DHCS.
<p>5. Describe approaches for collaborating with, Social Services, County Behavioral Health, and County/Local Public Health Agencies</p>	<p>Through the Healthy San Diego (HSD) and 211 San Diego platform partnerships, BSCPHP will collaborate with providers and San Diego County to improve data sharing and integration using best practices. Efforts include:</p> <ol style="list-style-type: none"> 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.

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<p>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>	<ol style="list-style-type: none"> 3. Collaborating on a county-wide multi-year roadmap to achieve integration. 4. Identifying sources of funding that can be braided together to support the requisite levels of integration.
<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>BSCPHP 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,</p> <ol style="list-style-type: none"> 1. Establishing processes for data exchange and eligibility through the transition. 2. Notifications to partner entities, enrollees, and the public of the transition. <p>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>
<p>7. Any additional Information on Delivery System Infrastructure Gaps in County <i>100 word limit</i></p>	<p>BSCPHP will invest heavily in technology infrastructure to allow for data sharing and standard billing/invoicing 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 POFs and to be able to perform information sharing with the ECM and billing and authorization support. BSCPHP envisions a future where the plans, county and 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

1.2.5 Measure Description

*Mandatory
70 points*

Submission of a narrative Gap-Filling plan demonstrating:

- (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

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

MCP Submission

1. Describe approach to address identified gaps in ECM Provider capacity for

- BSCPHP anticipates meeting Program Year 1 capacity for the following reasons:
- Lead Entities for Whole Person Wellness, Exodus and PATH, are continuing with BSCPHP as ECM providers.
 - 100% of existing Health Homes providers are also continuing.
 - Additional experienced ECM providers have been contracted.

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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>Although staffing currently meets anticipated capacity, we will continue the following approach to identify and address gaps:</p> <ul style="list-style-type: none"> • Complete regular reviews of network adequacy, including audit results, quarterly staffing, and provider capacity. • Meet with partners on a regular cadence to identify gaps and opportunities. • Continually evaluate network and contracting opportunities. • Invest in staffing and upskilling.
<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>BSCPMP has partnered with our plan partners and HSD to identify infrastructure needs by surveying providers, and we are continuing to discuss workforce and training supports needed for 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, and working with people transitioning from incarceration. We will continue HSD Provider Trainings, which will include specific cultural competency, with at least two trainings per year. BSCPMP will work to continue to identify any specific cultural and equity needs in San Diego County.</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>BSCPMP will utilize incentive funding to help providers with the on-boarding cost associated with hiring/recruiting additional staff. BSCPMP will continuously identify additional members who are ECM eligible, while outreaching to eligible members to participate in ECM benefits. BSCPMP will assign members to the appropriate ECM provider once they are enrolled in ECM benefits. Continuously reviewing each provider’s demand and capacity will help direct incentive dollars to providers who need to increase capacity to meet the ongoing demand of their services.</p>
<p>4. Describe approach to develop and administer an MCP</p>	<p>BSCPMP will continue to develop and provide guides, libraries, and self-led trainings on our provider portal. Through our comprehensive provider certification process, we have developed an understanding of additional provider training needs. In collaboration with the</p>

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<p>training and TA program for ECM Providers <i>100 word limit</i></p>	<p>other MCPs in San Diego, a town hall introduction to CalAIM, ECM and Community Supports was facilitated on 10/22/2021. Through this town hall, BSCPHP developed relationships with providers and engaged providers that will add value to our Enhanced Care Management network. Our account manager in San Diego, Kimberly Fritz, is the chair of the Health Plan Operations team for San Diego.</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>BSCPHP’s ECM Program Management team will complete monthly audits of members, focusing on hard-to reach populations of focus, including but not limited to homeless and justice involved populations. Audits will include a review of the following:</p> <ul style="list-style-type: none"> • Initial/Updated Care Plans. • SMART Goals. • Member consent for benefit. • Medi-Cal Program Eligibility. • Screening for acuity. • Review of chronic conditions. • Non-Duplication of programs. • Confirmation that Care Plan was shared with member’s PCP. • Case notes documentation. • Assessments (HRA, etc.) review. • Case Rounds (if applicable). • ECM Reporting & monthly encounters being submitted timely. • Provider capacity. <p>Providers will receive monthly feedback and an in-depth review at quarterly meetings.</p>
<p>6. Describe approaches for collaborating with, Social Services, County Behavioral Health, and County/Local Public Health</p>	<p>Through HSD, which will meet at least monthly, BSCPHP 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>Agencies within the county to achieve the above activities <i>100 word limit</i></p>	
<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>We are committed to partnering to address the statewide, systemic issue of behavioral health workforce shortages. BSCPHP 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 leverage the collaborative facilitator to continue these efforts with the behavioral health providers related to populations of focus coming on in 2023.</p>

Community Partners

<p>1.2.6 Measure Description</p>	
<p><i>Optional</i></p>	
<p><i>Report on One Optional Measure in ECM Provider Capacity Building Priority Area to Earn 30 Points</i></p>	
<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>	
<p>MCP Submission</p>	
<p>1. Describe the landscape in the county of: a. ECM b. Providers</p>	<p>In addition to leveraging our existing network of HHP CB-CMEs, we anticipate contracting with approximately 15 existing CB-CME to serve the POF, including the current WPC Lead Entities in San Diego (PATH and Exodus), as well as onboarding additional experienced community-based providers. We have collaborative partnerships with key community-based organizations in San Diego County and attend community work groups with CBOs to stay current with community issues. Our Social Services staff make routine referrals to CBOs, based on</p>

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<p>c. Faith-based groups d. Community-based organizations e. County behavioral health care providers and county behavioral health networks <i>100 word limit</i></p>	<p>members' needs, through platforms and direct referrals. We also participate in quarterly Member Advisory Committee (MAC) and Provider Advisory Committee (PAC) meetings.</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>BSCPHP has longstanding relationships with many ECM providers, faith-based groups, CBOs, and Behavioral Health 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 monthly, BSCPHP 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</p>	<p>BSCPHP is implementing a Social Determinants of Health (SDOH) initiative with providers, including IPAs and community providers that submit invoices or claims to the Plan. The goals are:</p>

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<p>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 identified health disparities <i>100 word limit</i></p>	<ol style="list-style-type: none"> 1. Inform and educate providers about SDOH Z codes and proper claims submission. 2. Increase providers' SDOH submission in 2022. 3. Implement SDOH technology that will enable us to identify SDOH aggregate and member-level information per county and zip code to prioritize and stratify outreach to members with health disparities to connect them to appropriate supports and services, including Community Supports. <p>We are also exploring opportunities for provider incentives that address SDOH.</p>
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Tribal Engagement

1.2.7 Measure Description		<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		
MCP Submission		
<ol style="list-style-type: none"> 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> 	<p>There are 18 federally recognized Tribal Nation Reservations, 17 Tribal Governments and 4 Indian health centers serving members in San Diego County. BSCPHP has conducted outreach to San Diego American Indian Health Center regarding ECM services and is awaiting a response. To ensure equitable ECM access to the approximately 12 members who identify as American Indian in San Diego County, we will continue efforts to engage prospective tribal partners, while ensuring policies and procedures promote access to the program for all members. A meeting with Tribal Leaders hosted by the California Deputy Secretary of Tribal Engagement is expected in November.</p>	

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<p>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></p>	<p>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. In the meantime, BSCPHP is developing a relationship with the California Deputy Secretary of Tribal Engagement to facilitate communication, develop trusting partnerships, and explore opportunities to collaborate. Other actions include continued identification of key agencies, collaboration with organizations and community partners connected to Tribal Partners, and developing Memorandums of Understanding (MOUs) as is possible.</p>
<p>3. Describe plan to develop provider capacity and ECM services for members <i>100 word limit</i></p>	<p>Through the provider certification process, BSCPHP has ensured there is sufficient ECM network capacity to enable access to the ECM benefit for American Indian enrollees. Through our formalized, transparent process with plan partners, county partners, providers, and CBOs, we will continue active local-level discussions to monitor capacity and 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 expand capacity and ECM services that will support members accessing Tribal services.</p>

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

<p>1.2.9 Measure Description</p> <p style="text-align: right;"><i>Mandatory 30 points</i></p>	
<p>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</p>	
<p>MCP Submission</p>	
<p>1. Identify and describe top 3 – 4 racial and ethnic</p>	<p>Based on data including the San Diego Regional Task Force analysis dashboard, who is part of HSD, the following are identified as racial and ethnic groups that disproportionately experience homelessness in San Diego County:</p>

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<p>groups that are disproportionately experiencing homelessness in the county <i>100 word limit</i></p>	<ol style="list-style-type: none"> 1. Native American/Alaskan Native 2. Asian 3. Black Or African American 4. Multiple Race
<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 homelessness <i>100 word limit</i></p>	<p>Through monthly auditing and quarterly monitoring of performance as well as staffing and capacity, BSCPHP will ensure that ECM Providers employ staff that reflects the populations it serves. Our approach also involves leveraging data-driven mechanisms, including external systems, like HMIS and community platforms, and internal systems, such as predictive triage engine, claims system, and case management system. Outcomes including outreach and engagement will be monitored by race and ethnicity when available, and benchmarks will be shared with providers to encourage improvement. BSCPHP is contracting ECM Providers that also provide CS tenancy services to promote continuity across services.</p>

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	In reviewing the San Diego County Sheriff Department’s Jail Population Statistics (September 2021), of the average jail population of 3970 individuals incarcerated in

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<p>ethnic groups that are incarcerated in the county <i>100 word limit</i></p>	<p>September 2021, 43 percent of the population is Hispanic/Latinx, 30 percent of the population is White, and 21 percent of the population is Black/African American.</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>BSCPMP is contracting with ECM and CS providers (Exodus and PATH) who provide peer support and staff with lived experience. We have also added providers experienced in working with people transitioning from incarceration. BSCPMP works with organizations that provide technical assistance and network support for CBOs serving parolees and those on probation. We plan to exchange data with the county and probation systems to identify and coordinate members prior to release. Finally, our approach leverages data-driven mechanisms, including external systems like HMIS and community platforms, and internal systems, such as predictive triage engine, claims system, and case management system.</p>

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

Gap-Filling Plan

<p>1.3.5 Measure Description</p>	<p style="text-align: right;"><i>Mandatory 80 points</i></p>
<p>Submission of a narrative Gap-Filling plan describing: (1) Identified gaps or limitations in Community Supports (ILOS) coverage within county (2) Plan to increase number and/or reach of Community Supports (ILOS) offered in January 2022 or July 2022 (3) Identified Community Supports (ILOS) Provider capacity and MCP oversight capability gaps and plan to address gaps</p>	

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- (4) Identified Community Supports (ILOS) workforce, training, TA needs in region / county, including specific cultural competency needs by region/county
- (5) Plan to develop and administer a training and TA program for Community Supports (ILOS) Providers
- (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,</p>	<p>BSC Promise has identified a gap of 4 DHCS pre-approved CS options within San Diego County:</p> <ol style="list-style-type: none"> 1. Sobering Centers. 2. Day Habilitation. 3. Community transition. 4. Nursing facility transition/diversion. <p>The CS coverage gap(s) include, but are not limited to:</p> <ul style="list-style-type: none"> • Complexity with establishing the workflow or referral pathway (aside from the involvement of law enforcement). • CS providers and MCPs have difficulty projecting capacity and volume for services. • Shortage of providers for services. • Unclear guidance with how these overlap with CCT – state waiver program. <p>These gaps in the provider network / capacity will not allow for county-wide provision of these CS services.</p>

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<p>please provide a brief explanation.¹ <i>100 word limit</i></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>Of the 14 DHCS pre-approved CS options, 10 will go-live on 1/1/22. To increase CS options or capacity by 20 %, the plan will:</p> <ul style="list-style-type: none"> • Maintain list of potential providers for ongoing contracting. • Continuously analyze membership needs to determine implementation of remaining 4 CS options. • Continue ongoing monitoring of volume increase and maintain list of potential providers for ongoing contracting. • Continuing contracting efforts to ensure adequate provider capacity and access. • Continue to work in the collaboratives with MCPs and the counties to address gaps.
<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>Potential Community Supports providers submitted their CS certification tool to MCPs, which included information about their current capacity and gaps. BSCPHP solicited requests for possible funding needs from providers and will meet with them quarterly to discuss performance and capacity. BSCPHP will take the following steps to address gaps:</p> <ol style="list-style-type: none"> 1. Work with providers in community to identify gaps. 2. Pass the incentive dollars down to where the services are taking place (e.g. recuperative care, reducing admin days, shortage of beds, etc.) 3. Build a formal oversight program and ensure governance over the program.
<p>4. Identified Community Supports (ILOS) workforce, training, TA needs in region / county, including specific cultural competency needs by</p>	<p>As part of the certification process, CS providers identified training program needs. BSCPHP's Provider Relations Department provides support, and incentive dollars will be considered to enhance support. Routine support includes:</p> <ol style="list-style-type: none"> 1. Utilizing a Community Information Exchange to assist with submission of invoices/claims. 2. Utilizing a Health Information Exchange to assist with data exchange.

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

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<p>region/county, and a training gap closure of at least 20% <i>100 word limit</i></p>	<p>3. Ensuring Health Equity by working with our consultant and our new Health Equity Officer to build a health equity program. 4. Ensuring all members who are eligible can receive support. 5. Providing training to providers and TA on outreach to specified populations experiencing disparities.</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, BSCPHP understands providers' training needs. BSCPHP developed a provider “bootcamp” that covers a wide range of topics including information related to cultural competency need by region/county. Cultural competency will also be integrated into other training sections as applicable, including the onboarding for CS workforce. In collaboration with the other plans in San Diego, a townhall introduction to CalAIM, ECM and CS was facilitated on 10/22/2021. BSCPHP developed relationships with providers and engaged those that will add value to our network. We will also invest in staffing and upskilling staff to provide trainings and TA.</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>We will work in collaboration with DHCS and our Community Supports providers to develop and implement incentive and recruiting programs. Specifically, BSCPHP will conduct assessments to determine overall need. We will then design a plan to incentivize providers and will work with training programs (community colleges, tech schools) to recruit and create a pathway to the workforce.</p>
<p>7. Describe approach for collaborating with, Social Services,</p>	<p>Through HSD which will meet at least monthly, BSCPHP 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</p>

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County Behavioral Health, and County/Local Public Health Agencies within the county to achieve the proposed activities <i>100 word limit</i>	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.
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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	There are 18 federally recognized Tribal Nation Reservations and 17 Tribal Governments and 4 Indian health centers serving members in San Diego County who use tribal services and may need ECM supports. BSCPHP is proud to engage with Tribal providers in the county. We estimate 12 BSCPHP members in San Diego County who use Tribal services and may use ECM. We will continue outreach and engagement efforts to prospective tribal partners while also ensuring policies and procedures promote access to the program for all members. BSCPHP is building connections with tribal leaders via the Tribal Council and Community-Based Organizations.	

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<p>Supports (ILOS) <i>100 word limit</i></p>	
<p>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></p>	<p>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. In the meantime, BSC Promise is developing a relationship with the California Deputy Secretary of Tribal Engagement to:</p> <ul style="list-style-type: none"> • Facilitate communication • Develop trusting partnerships • Explore opportunities to collaborate <p>Other actions include:</p> <ul style="list-style-type: none"> • Continued identification of key agencies • Collaboration with organizations and community partners connected to Tribal Partners • Develop Memorandums of Understanding (MOUs) as is possible
<p>3. Describe plan to develop provider capacity and Community Supports (ILOS) services for members <i>100 word limit</i></p>	<p>With our plan and County partners, providers, and CBOs, we will address identified gaps in CS provider capacity in San Diego County. 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. BSCPHP has a dedicated Social Services department that will provide ongoing support for the delivery of Community Supports, through CalAIM funding or Plan funding/grants.</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

BSCPHP and plan partners, County partners, providers, and CBOs are engaging an external facilitator to formalize a robust, transparent stakeholder engagement process in 2022 and beyond. We will continue to collaborate with our partners on the following: transition of WPC members into ECM, notifying members of the transition, concise referral form and process from WPC providers, WPC workgroups, process and criteria to grandfather members from WPC to ECM and CS to ensure continuity of care, improve processes for data integration, including the possible use of community platforms and EHR data integration, as well as HITRUST certification to the 211 CIE.

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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*

BSCPHP, HSD and our plan partners are engaging with an external facilitator to formalize a collaborative approach to support a successful and sustainable CalAIM implementation. We are working with other MCPs through the IPP Steering Committee/Roundtable to identify opportunities to expand ECM Provider capacity in San Diego County 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

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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*

BSCPHP, HSD and our plan partners are engaging an external facilitator to formalize a collaborative approach to CalAIM implementation. We are working with other MCPs through the IPP Steering Committee/Roundtable to identify opportunities to expand ECM Provider capacity in San Diego County 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. We will also collaborate to improve processes for data integration, including the use of community platforms and EHR data integration, as well as HITRUST certification to the 211 CIE.