

**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>	Central California Alliance for Health
<b>MCP County</b>	Merced
<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	300
<b>2. ECM Provider Capacity Building</b>	Minimum of 20%	200	
<b>3. Community Supports (ILOS) Provider Capacity Building and Community Supports (ILOS) Take-Up</b>	Minimum of 30%	300	
<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.*

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

**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**

For Merced County, the Alliance is ineligible to earn points from 1.3.1 as Merced County did not participate in WPC or HHP. Further, the Alliance may not meet the minimum requirements to achieve any points on 1.3.3 as we currently have only identified CS providers for Recuperative Care and Short-Term Post-Hospitalization Housing in Merced County in 2022. The Alliance is currently conducting provider engagement sessions in Merced County to determine if there are other community providers interested in providing the housing suite of CS. Therefore, we are requesting the option to take the 50 points from the Optional Payment 1 Measure in Priority Area 3 Community Supports and reallocate the 50 points to Priority Area 2 ECM Provider Capacity Building.

Additionally, for Optional Measure 1.3.4, the Alliance is offering three Community Supports in 2022 and therefore can only earn 60 out of 80 total points for this measure. Therefore, we are requesting to reallocate the 20 points that we cannot earn on this measure to Priority Area 2 ECM Provider Capacity Building.

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

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.

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

<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>Underserved populations are identified by the Alliance through medical and behavioral health utilization data, and demographic data including race/ethnicity and homelessness. Additional data sources to identify disparities may include and not limited to: claims, encounters, referrals, pharmacy, immunization, laboratory, behavioral health utilization, HEDIS, predictive cost, Care Needs Index (CNI), Health Risk Assessment, and adverse mental/SMI/SUD and psychological events (such as ACE, overdose, suicide risk). Risk stratification software is used to create a profile for members with higher severity of conditions and high utilizers of inpatient and ED services. As part of the contracting process, the Alliance intakes information from ECM providers about underserved populations identified by their organizations. Providers have identified specific racial/ethnic groups, people living with disabilities, mental health and substance use conditions, individuals experiencing homelessness, seniors and monolingual non-English speakers as 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>The Alliance will strongly encourage ECM Providers to utilize the care coordination software platform, Activate Care, to promote care coordination among the care team and to access real time member updates and alerts. Implementation of Activate Care by the Alliance serves as an oversight mechanism and authorization tool. The Alliance will provide onboarding and training to the provider portal for providers to access information about members' care transitions within medical facilities. Providers will also have access to closed loop referral systems to make referrals for the member's social needs. Available incentive funding will support Alliance training of providers on these platforms, development or enhancement of providers' EHRs to interface with Activate Care, and workflow development in order to enable sharing of care plans, member consents and clinical documents among the Alliance and all providers collaborating on the care team.</p>
<p>3. Describe 3-4 concrete steps the MCP will take to increase, by at least 20%, ECM Provider access to</p>	<p>The Alliance will monitor contracted ECM providers to assess their ability to address all core service components within the care plan to meet the requirement of producing a care plan that meets Alliance specifications. Per the Needs Assessment, contracted providers are capable of creating a care plan but not yet with ECM core services included. For those providers with a capable system, available incentive funding will be used to support costs</p>

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

<p>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>for data migration and interfacing with Activate Care’s ECM care plan, workflow development, IT staff and onboarding of new users to operationalize for ECM. For those with a currently limited data management system, incentive funding would support the purchase and implementation of a system with the capability of generating a standardized ECM care plan and interfacing with Activate Care. The platform is a cloud-based care management platform that facilitates generating and exchanging care plans in real-time, cross-sector collaboration for ECM members.</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>For those ECM providers unable to submit HIPAA 837 compliant claims, the Alliance has the ability to accept standardized invoices with encounter data and translate them into claims to process for payment in the Alliance’s core system. The Alliance will provide a standardized invoice template and New Provider Orientation will include information on how to submit the invoice. As part of the onboarding process, the Alliance will assess these providers’ willingness to enhance their current data systems to transition to claims billing. If the providers are interested, the Alliance will support the TA with available incentive funding to assist providers in the transition to a clearinghouse vendor.</p>
<p>5. Describe approaches for collaborating with, Social Services, County Behavioral Health, and County/Local Public</p>	<p>The Alliance will continue network development strategy to engage potential ECM and Community Supports (ILOS) providers and ongoing meetings with the County and its WPC partners to facilitate collaboration. Providers and partner organizations are being informed of and engaged in a closed loop referral system, Unite Us, to facilitate member access and utilization of community resources. ECM providers are collaboratively engaged in implementation of Activate Care. The Alliance is meeting individually with contracting</p>

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

<p>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>providers to ensure successful integration of their current or planned care coordination platforms with Activate Care and to assess which aspects of system implementation or enhancement would be suited to incentive funding. Training on use of the system will be provided by the Alliance and/or vendors.</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>Merced County did not participate in WPC. Merced County’s ECM/ILOS implementation in July 2022 will require further assessment of available infrastructure. Meetings have been scheduled with Merced County providers beginning in February 2022. Further information about provider’s existing infrastructure will be collected from potential ECM/CS providers via provider engagement questionnaires. The Activate Care platform will be made available to Merced County ECM providers and support for EHR integration and Activate Care implementation will be supported through available funding.</p>
<p>7. Any additional Information on Delivery System Infrastructure Gaps in County  <i>100 word limit</i></p>	<p>The Alliance continues to explore provider annual costs to access to HMIS data, as well how HMIS data can be integrated into the Alliance’s data systems. Ideally, HMIS data collected at the state level could be shared with MCPs, to reduce the burden of local HMIS administrators to provide this report to MCPs, and to facilitate consistent data reports to all MCPs.</p>

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

	<p>Training and TA for the care coordination platform and closed loop referral system are being conducted by contracted technology vendors with support from Alliance SMEs. Related to building physical infrastructure, the Alliance is exploring the development of a sobering center, expanding short-term post-hospitalization housing, and other housing solutions with an identified partner with demonstrated ability to expand capacity</p>
--	---

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

**Gap-Filling Plan**

<b>1.2.5 Measure Description</b>	<i>Mandatory 70 points</i>
<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</p>	

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

outreach to and engagement with hard to reach individuals within each Populations of Focus and reduce underlying health disparities	
<b>MCP Submission</b>	
1. Describe approach to address identified gaps in ECM Provider capacity for Program Year 1 Populations of Focus and proposed targets, of at least 20% improvement, to address gaps <i>100 word limit</i>	The Alliance assessed the array of community-based organizations that serve the Year 1 populations of focus in all counties and provided ECM requirements to all entities interested in providing the full suite of culturally competent ECM services. In Merced County (where there is no WPC infrastructure), collaborative meetings are underway with County Human Services Agency and County Behavioral Health and Recovery Services toward July 2022 implementation. The Alliance will begin provider engagement in February 2022 to identify potential ECM/ILOS community providers, with the goal of contracting by early to mid-2022 after finalizing the Alliance’s determination of readiness for each organization, including assessing infrastructure and incentive funding potential.
2. Identify ECM workforce, training, and TA needs in county, including specific cultural competency needs by county <i>100 word limit</i>	As part of the readiness assessment and contracting process, the Alliance solicited information from contracting ECM providers about their workforce, training and TA needs. All providers will need intensive training and technical assistance on the care coordination platform and integration of current data management systems, as well as the Alliance’s provider portal. Cultural competency was not identified as a need specific to any county, but generally as part of ECM staff clinical best practices training. Providers in each county detailed the need to increase clinical staffing to implement a comprehensive care team to meet ECM member demand and attributes of the 2022 populations of focus. Santa Cruz and Monterey counties also included some administrative positions for compliance and oversight.
3. Describe plan for ECM Provider workforce recruiting and hiring of necessary staff to build and increase	Available incentive funding will be provided in year one to support hiring costs of clinical and non-clinical staff to increase caseload capacity. When identified clinical positions are filled, there will be an increase in the number of care teams and therefore the number of members served. Needs Assessment Template data for number of FTEs needed is based on caseload of 66 members per lead case manager to be sustainable per ECM reimbursement rate. Non-clinical community health workers or comparable further expands capacity of the care team



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

<p>capacity by at least 20%  <i>100 word limit</i></p>	<p>and is encouraged. Requests for incentive funding for administrative positions will be prioritized for data analytics and IT staff dedicated to ECM data requirements compliance. In Merced County where no WPC infrastructure exists, the ECM providers will need to leverage existing staff to begin delivery of services and hire additional staffing to form a comprehensive care team to increase their caseload capacity.</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>The successful implementation of ECM core services requires that provider training activities expand beyond Alliance operations to include technical assistance in the clinical nature of ECM and the associated technology platforms, conducted by subject matter experts (SMEs) in the functional areas. Initial health plan onboarding is being conducted by Provider Services per the standard new provider orientation process, adapted to be inclusive of ECM requirements. ECM Program TA and training will be developed and facilitated by an external consultant, with an emphasis on county-specific quarterly learning sessions, interdisciplinary bi-monthly webinars and provider TA to develop a strong foundation for care teams to meet DHCS' requirements.</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>Contracted ECM providers have experience providing relevant, culturally appropriate services for the specific member's needs and a high level of expertise in outreach to the homeless population. Alliance staff will match members with ECM Providers who have experience providing relevant, culturally appropriate services for the specific member's needs. The Alliance will monitor outreach and member engagement for each ECM provider and make TA available if engagement gaps are identified. Provider trainings will have an emphasis on outreach and engagement efforts for hard to reach populations, including street outreach. The trainings will be cross-functional and bring together ECM providers with CS providers to share best practices. A collaborative with WPC partners/ECM/CS contracted providers is planned to leverage and expand tactics already in place regarding justice involved population.</p>
<p>6. Describe approaches for collaborating with, Social Services,</p>	<p>Learning sessions and webinar trainings will be interdisciplinary and available to all staff involved in the implementation of ECM. Regular meetings with WPC partners transitioning to ECM allow for detailed discussions of requirements for providers to meet ECM core service requirements and plan for data management technology builds and enhancements. The</p>

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

<p>County Behavioral Health, and County/Local Public Health Agencies within the county to achieve the above activities  <i>100 word limit</i></p>	<p>Alliance’s Activate Care platform will support care coordination across the services needed for members receiving ECM and ILOS and will support collaboration within and among county divisions to share data and develop integrated workflows. County Social Services staff and community partners will be informed of and have access to closed loop referrals systems to enable adoption of care coordination data sharing.</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>The Alliance has prioritized engagement with County Behavioral Health in Merced County to inform and strategize a comprehensive approach to ECM implementation between clinics services, behavioral health, and public health. Available incentive funding would support hiring of licensed behavioral health staff integrated into the care team in Year One of ECM implementation. Training will include behavioral health assessments and evidence-based interventions. The Alliance will provide technical assistance and support for ECM providers navigating referrals to Beacon Health Options for members with mild to moderate mental health conditions and sharing behavioral health screenings and referrals with primary care providers.</p>

**Community Partners**

<p><b>1.2.6 Measure Description</b></p> <p style="text-align: right;"><i>Optional</i></p> <p style="text-align: center;"><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><b>MCP Submission</b></p>

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

<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> <li>e. County behavioral health care providers and county behavioral health networks</li> </ul> <p><i>100 word limit</i></p>	<p>Not selected as optional measure.</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</p>	

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

and MOU or letter of agreement <i>100 word limit</i>	
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 identified health disparities <i>100 word limit</i>	

**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	In Merced County, there are 8 members who are currently eligible for ECM who identify as AI/AN. Overall in Merced County, members who identify as AI/AN make up 0.19% of the	

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

<p>providers, and members in the county who use Tribal services and will need ECM supports  <i>100 word limit</i></p>	<p>Alliance membership. There are no Tribal providers in the county. We have not seen members seeking to or accessing care at out-of-county tribal health centers. The Alliance does not restrict contracting to our Service Area, and would engage tribal provider partners in contracting should such a need be identified through members (i.e. new patterns of accessing care through tribal providers) or through the tribal providers themselves.</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>As the need for Tribal services has not been identified at this time for health care services and ECM supports, the Alliance would focus efforts on these partnerships at a later time when such need is identified. Future need may be influenced by Service Area expansion, when the volume of AI/AN members might increase. To the extent that an AI/AN member wishes to seek services through an out of area tribal provider, the Alliance would engage in necessary conversations to ensure that such services remained accessible and afforded to such members. The Alliance contracts with a diverse network whom, to date, has met the needs of enrolled members. We have not been aware to date of patterns of access to tribal services that would warrant contract exploration.</p>
<p>3. Describe plan to develop provider capacity and ECM services for members  <i>100 word limit</i></p>	<p>We have not seen members seeking to or accessing care at out-of-county tribal health centers which has necessitated or warranted a contract. Our network has thus far been sufficient to serve all members, including those who identify as AI/AN. We would explore relationships outside of our service area to support those members when and if indicated. The Alliance could engage with IHF and tribes via standard email contact and offer to provide an ECM/CS overview, including how to submit a referral for potentially eligible ECM/CS members within our service area. The Alliance could also engage with tribal partners to broaden the network for referrals to support services, such as referral of Merced members to the TANF program of the North Fork Rancheria.</p>

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

<p><b>1.2.9 Measure Description</b></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</p>

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

and other racial and ethnic groups who are disproportionately experiencing homelessness	
<b>MCP Submission</b>	
<p>1. Identify and describe top 3 – 4 racial and ethnic groups that are disproportionately experiencing homelessness in the county  <i>100 word limit</i></p>	<p>Comparing Merced County’s Point In Time homelessness census (2019) with Merced County’s general population data (2019 U.S. Census), specific racial and ethnic groups are identified as disproportionately experiencing homelessness, as follows: Black/African American, American Indian/Alaskan Native and Multi-racial. The Alliance’s 2020 Population Needs Assessment identified Hispanic members as the racial/ethnic group experiencing the highest percentage of homelessness in Merced County (32%), with Hispanics making up 68% of the overall Alliance membership In Merced County (Jan. 2022).</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 homelessness  <i>100 word limit</i></p>	<p>Disparities among populations are identified through medical and behavioral health utilization data, risk profile data, and demographic data including race/ethnicity and homelessness. The Alliance plans to also use referral data to identify underserved populations. Providers have identified that recruiting a diverse workforce that is culturally sensitive is key to engaging specific racial/ethnic communities. Beyond expanding the ECM workforce with staff that identify with these populations, case management staff are also trained in cultural competency concept and skills. In cases that language translation services cannot be provided by ECM staff, the Alliance ensures providers have access to language line services and other available services. Providers also identified the need to educate non-traditional partners, such as churches, on ECM and ILOS to increase adoption and utilization of the collaborative referral network of local social services agencies and homeless service providers.</p>

**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	

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

American and other racial and ethnic groups who are disproportionately experiencing transitions from incarceration settings in the county.

**MCP Submission**

<p>1. Identify and describe top 3 – 4 racial and ethnic groups that are incarcerated in the county  <i>100 word limit</i></p>	<p>Based on available data, Black/African American, Hispanic/Latinx and White are the top three race and ethnic groups identified as incarcerated in the county. Black/African Americans have the highest rate of over representation in the incarcerated population compared to general population. In Merced County, Black/African American are 4% of the general population and were arrested at a rate of 11% (2017), Latinx/Hispanic are 59% of the population and were arrested at a rate of 56%, and White are 28% of the general population and were arrested at a rate of 29%.</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>The Alliance is exploring a partnership with a key program in Merced County, the Trident Center, to assess approaches for outreach and engagement of its client population with ECM and Community Support service. The Trident Center provides intensive supervision of Post Release Community Supervision and Mandatory Community Supervision populations and is a collaborative of the Sheriff’s Office, Probation Department, Human Services Agency, and Behavioral Health and Recovery Services’ Justice and Community Integration Division. Building on existing systems and relationships, these would be partners in data sharing for targeted outreach, referrals to ECM/ILOS, and care coordination. Further assessment would also be conducted of inreach activities or care coordination in stages. A collaborative with county partners/ECM/CS contracted providers is planned to leverage and expand tactics already in place regarding justice involved population. The Alliance will work toward improving outreach to and engagement with this population by improving collaboration with law enforcement, especially divisions that incorporate homeless, mental health, and SUD services. Alliance staff will match members with ECM Providers who have experience providing relevant, culturally appropriate services for the incarcerated population and make TA available if engagement gaps are identified. The Alliance will work with contracted ECM/CS networks to encourage recruitment of peer mentors that are representative of this population.</p>

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

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

**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>	



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

<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>The Alliance plans to offer recuperative care and short-term post-hospitalization (STPHH) in Merced County, however, there is limited bed availability for STPHH in the county. Contracted providers concur there is a need to expand services, but that will likely need to be built over the next few years. The accompanying Needs Assessment Template reported the number of needed providers based on bed capacity of currently contracted providers (pilot) and recuperative care referrals in last 12 months. (Note: capacity is viewed by number of beds, not necessarily provider organization per template). There is a recognition on the part of the Alliance that the housing suite of services may not be available in all geographical areas within the county. The Alliance will continue to engage with contracted providers and potential providers to fill those gaps over the next two years.</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>In Merced County where no WPC infrastructure exists, the Alliance will begin engaging willing and qualified providers for the three housing-related ILOS in February 2022. . Alliance staff will monitor referrals and utilization data to identify any need to either expand capacity at existing organizations, and/or engage with other entities to start delivering ILOS. The Alliance will utilize our existing recruitment strategies to ensure ongoing engagement of new or interested organizations in the provision of ILOS, and to contemplate additional ILOS/CS services to meet the needs of the new 2023 ECM populations of focus. The recruitment strategy includes exploring potential ILOS providers</p>

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

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

	in neighboring counties that could serve Merced County (e.g., (Fresno, Madera, Stanislaus).
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>	In each county, there is a gap in the ILOS provider’s ability to meet data management needs and there is a desire to elevate the sophistication of current technology to effectively engage in care coordination with other providers working with members, and to meet Plan operations and requirements. This includes gaps in the capability for contracted providers to systematically and electronically submit standardized invoices or claims, as detailed on the accompanying Needs Assessment Template. The Alliance will provide a standardized invoice template and New Provider Orientation will include how to submit the invoice. Providers will be supported through technical assistance in utilizing the Alliance’s Provider Portal to submit authorizations. Available incentive funding could be utilized for provider training and additional staff to elevate providers’ ability to utilize care coordination software and claims billing capabilities using a clearinghouse.
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>	The Alliance gathered input from providers on cultural competency in the provider readiness questionnaire. Providers already demonstrate the capacity to provide culturally appropriate services and have identified strategies to address workforce skills and abilities beyond Health Plan operations and administrative functions for service delivery. In assessing their own current organizational training programs, many providers identified a need for training topics already planned for ECM providers, including best practices for engaging members, linguistically appropriate service, integrating community health workers into the service team, documentation, use of closed loop referral system, submitting TARs, coordinating care across providers, harm reduction strategies, trauma informed care, and motivational interviewing. Learning sessions will be held by county to allow opportunities for ILOS providers to share strategies and experiences in working with specific underserved and hard to reach populations.
5. Plan to develop and administer a training and TA program for Community Supports (ILOS) Providers	The Alliance will provide training to ILOS providers on referrals and authorizations process to deliver contracted service. The Alliance is engaging with the active closed loop referral system in the county that will allow us to open, track, and manage referrals to ILOS providers. The referral system also supports ILOS providers with invoicing, utilizing the encounter information submitted by the ILOS provider. The Alliance will support providers

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

<p><i>100 word limit</i></p>	<p>not currently using the systems to adopt and optimize use. Reporting of ILOS provider utilization of the system will guide ongoing training and TA. Provider Services Representatives will be the first point of contact for identifying technical assistance needs and routing ILOS providers to the appropriate Alliance SME and/or developing necessary resources and support materials.</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>The number of staff positions needed to meet expected demand for the specific ILOS varies, but a common identified need is to increase direct service and administrative/data coordination positions to increase overall organizational capacity. Available incentive funding will be provided in year one to support hiring costs of direct service staff to increase service delivery volume. Provider requests for incentive funding for administrative positions would also be prioritized for data analytics staff dedicated to ILOS data requirements, data integrity, staff training, and compliance. The Alliance would need to conduct a formal assessment of the number of FTE staff dedicated for each contracted ILOS provider organization at implementation to determine the 20% increase.</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>Alliance staff will directly engage with ECM providers and other county agencies community-based organizations to inform these entities of Community Supports, how to identify members who may benefit from ILOS services, and how to request Community Supports for members. The closed loop referral system will serve as a hub for engaging partners and potential additional ILOS providers if the need for additional capacity is identified. Learning sessions and webinar trainings will be interdisciplinary and available to all staff involved in the implementation of ILOS. The Alliance will engage these partner agencies to identify areas of improvement for collaborating and data sharing.</p>

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

**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>	In Merced County, there are 8 members who are currently eligible for ECM who identify as AI/AN. Overall in Merced County, members who identify as AI/AN make up 0.19% of the Alliance membership. There are no Tribal providers in the county. Based of the lack of members seeking to or accessing care at out-of-county tribal health centers, we are unable to determine at this time the need for Community Supports specific to AI/AN members. The Alliance does not restrict contracting to our Service Area, and would engage tribal provider partners in contracting should such a need be identified through members (i.e. new patterns of accessing care through tribal providers) or through the tribal providers themselves.	
2. Outline a plan to establish a strategic partnership including any plans for formalization such as a MOU	As the need for Tribal services has not been identified at this time for health care services and Community Supports, the Alliance would focus efforts on these partnerships at a later time when such need is identified. Future need may be influenced by Service Area expansion, when the volume of AI/AN members might increase. To the extent that an AI/AN member wishes to seek services through an out of area tribal provider, the Alliance would engage in necessary conversations to ensure that such services remained accessible and afforded to such members. The Alliance contracts with a diverse network whom, to date, has met the needs of enrolled members. We have not been aware to date of patterns of access to tribal services that would warrant contract exploration.	

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

or other agreements <i>100 word limit</i>	
3. Describe plan to develop provider capacity and Community Supports (ILOS) services for members <i>100 word limit</i>	<p>We have not seen members seeking to or accessing care at out-of-county tribal health centers which has necessitated or warranted a contract. Our network has thus far been sufficient to serve all members, including those who identify as AI/AN. We would explore relationships outside of our service area to support those members when and if indicated. The Alliance could engage with IHF and tribes via standard email contact and offer to provide an ECM/CS overview, including how to submit a referral for potentially eligible ECM/CS members within our service area. The Alliance could also engage with tribal partners to broaden the network for referrals to support services, such as referral of Merced members to the TANF program of the North Fork Rancheria.</p>

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

**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**

The Alliance is a County Organized Health System (COHS) and is the only MCP operating in Merced County. Merced County did not participate in WPC. Meetings will continue with Merced County with a focus on educating county providers about the core components and delivery of ECM, activities included in ILOS, identifying a lead County agency for implementation of ECM, community-based ECM/ILOS partners, and implementation of data and care coordination systems. The goal for the Alliance in supporting their implementation of infrastructure for ECM is effective utilization of Activate Care as a centralized care coordination system and the closed loop referral systems to maximize referral to ILOS.

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

**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*

The Alliance is a County Organized Health System (COHS) and is the only MCP operating in Merced County. Merced County did not participate in WPC. Meetings will continue with Merced County with a focus on readiness to launch ECM in Merced County in July 2022. The Alliance will support capacity building for ECM by continuing to engage additional community partners that have culturally relevant experience serving the ECM populations of focus for 2022. Outreach continues to those organizations interested in learning more about becoming contracted to be ECM providers. Technical assistance and training will be designed for multi-disciplinary teams of licensed and un-licensed staff aimed at educating on best practices for successfully engaging members, integrating behavioral, physical and social determinants of health to address health disparities, and maintaining member engagement for the CalAIM populations of focus.

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

**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*

The Alliance is a County Organized Health System (COHS) and is the only MCP operating in Merced County. Merced County did not participate in WPC. Meetings will continue with Merced County with a focus on readiness to launch Community Supports in Merced County in July 2022. The Alliance will continue network development strategy to engage potential providers and build on the expertise of the various housing providers who are already partners with the Alliance in Merced County. The Alliance will also build on the success of the closed loop referral networks established Merced County to increase adoption and utilization by more social service providers to meet member needs.