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	Central California Alliance for Health
MCP County	Monterey
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	
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.

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*
N/A

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.

MCP Submission	
1. Describe approach to identify top 3-4 underserved populations in County and the ECM providers they are assigned to *100 word limit*	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.
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 *100 word limit*	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.
3. Describe 3-4 concrete steps the MCP will take to increase, by at least 20%, ECM Provider access to	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

certified EHR technology or a care management documentation system able to generate and manage a patient care plan *100 word limit*	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.
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 *100 word limit*	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.
5. Describe approaches for collaborating with, Social Services, County Behavioral Health, and County/Local Public	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, Smart Referral (211), 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

Health Agencies within the county to improve data integration and electronic data sharing, capabilities among physical health, behavioral health and social service providers *100 word limit*	contracting 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.
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 *100 word limit*	The initial focus for ECM launch is to transition WPC entities to ECM providers. Monterey County did not procure a care coordination software system for WPC that can transition to ECM. Monterey County utilizes their existing EHRs, EPIC and Avatar and is in the processes of procuring their own instance of Activate Care. The Alliance will support through available incentives and collaborative planning the integration of data between EHRs and coordination between Monterey County and the Alliance's instance of Activate Care
7. Any additional Information on Delivery System Infrastructure Gaps in County *100 word limit*	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. 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 expanding recuperative care and short-term post-hospitalization housing options in Monterey County.

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 Program Year 1 Populations of Focus and proposed targets, of at least 20% improvement, to address gaps *100 word limit*	The Alliance assessed an array of community-based organizations that serve the Year 1 populations of focus in Monterey County and provided ECM requirements to all interested entities. The Alliance has engaged with organizations, including FQHCs and integrated clinic systems, who are strong candidates to provide the full suite of culturally competent ECM services. The Alliance continues to vet interested and viable entities as ECM 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. Utilization data in 2Q22 will guide further identification of gaps and need for network development to support capacity for specific geographic areas and/or populations.
2. Identify ECM workforce, training, and TA needs in county, including specific cultural competency needs by county *100 word limit*	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 capacity by at least 20% *100 word limit*	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 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.

4. Describe approach to develop and administer an MCP training and TA program for ECM Providers *100 word limit*	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.
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 *100 word limit*	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.
6. Describe approaches for collaborating with, Social Services, County Behavioral Health, and County/Local Public Health Agencies within the	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 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.

county to achieve the above activities *100 word limit*	
7. Describe approach to build, develop, or invest in the necessary behavioral health workforce to support the launch of ECM *100 word limit*	The Alliance has prioritized engagement with County Behavioral Health in Monterey 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 or transitioning staff from WPC to ECM 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.

Community Partners

1.2.6 Measure Description *Optional* *Report on One Optional Measure in ECM Provider Capacity Building Priority Area to Earn 30 Points*	
Narrative summary that outlines landscape of Providers, faith-based groups, community-based organizations, and county behavioral health care providers and county behavioral health networks in the county and submission of a narrative plan to develop an MOU or other agreements with a subset of Providers, faith-based groups, county agencies and community-based organizations in the county to develop strategies for closing health disparities experienced by Populations of Focus, including agreement to meet at least quarterly to advance strategy.	
MCP Submission	
1. Describe the landscape in the county of: a. ECM b. Providers c. Faith-based groups	Not selected as optional measure.

d. Community-based organizations e. County behavioral health care providers and county behavioral health networks *100 word limit*	
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 *100 word limit*	
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 *100 word limit*	

Tribal Engagement

1.2.7 Measure Description *Mandatory 30 points*	
Narrative summary that outlines landscape of Tribes, Tribal providers used by members in the county, and members in the county who use Tribal services, and submission of a narrative plan to develop an MOU to establish a strategic partnership with Tribes and Tribal providers in county to develop Provider capacity and provision of ECM services for members of Tribes	
MCP Submission	
1. Outline the landscape of Tribes, Tribal providers, and members in the county who use Tribal services and will need ECM supports *100 word limit*	In Monterey County, there are 14 members who are currently eligible for ECM who identify as AI/AN. Overall in Monterey County, members who identify as AI/AN make up 0.1% if the Alliance membership. There are no Tribal providers in the county. 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	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

partnership including any plans for formalization such as a MOU or other agreements *100 word limit*	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.
3. Describe plan to develop provider capacity and ECM services for members *100 word limit*	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 Monterey members to the TANF program of the North Fork Rancheria.

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

1.2.9 Measure Description *Mandatory 30 points*	
Submission of narrative plan describing how the managed care plan will improve outreach to and engagement with the following Population of Focus: "people experiencing homelessness or chronic homelessness, or who are at risk of becoming homeless with complex health and/or behavioral health conditions," with a focus on Black/African American and other racial and ethnic groups who are disproportionately experiencing homelessness	
MCP Submission	
1. Identify and describe top 3 – 4 racial and ethnic groups that are disproportionately	Comparing Monterey County's Point In Time homelessness census (2019) with Monterey 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 and Multi-racial.

experiencing homelessness in the county *100 word limit*	The Alliance's 2020 Population Needs Assessment identified Hispanic members as the racial/ethnic group experiencing the highest percentage of homelessness in Monterey County (19%), with Hispanics making up 74% of the overall Alliance membership In Monterey County (Jan. 2022).
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 *100 word limit*	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 (e.g., NMC Indigenous Interpreting in Monterey County). 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.

Engagement for Key Population of Focus: Individuals Transitioning from Incarceration

1.2.10 Measure Description *Optional* *Report on One Optional Measure in ECM Provider Capacity Building Priority Area to Earn 30 Points*	
Submission of narrative plan describing how the managed care plan will improve outreach to and engagement with the following Population of Focus: "individuals transitioning from incarceration who have significant complex physical or behavioral health needs requiring immediate transition of services to the community," with a focus on Black/African American and other racial and ethnic groups who are disproportionately experiencing transitions from incarceration settings in the county.	
MCP Submission	
1. Identify and describe top 3 – 4 racial and ethnic groups that are	Not selected as Optional measure.

incarcerated in the county *100 word limit*	
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 *100 word limit*	

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

Gap-Filling Plan

1.3.5 Measure Description *Mandatory* *80 points*
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 (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	
1. Describe 3-4 identified gaps or limitations in Community Supports (ILOS) coverage within the county. If the Community Supports (ILOS) Provider network/capacity will not reasonably allow for county-wide provision of Community Supports (ILOS) to all eligible Members in the county at the time of implementation, please provide a brief explanation.[1] *100 word limit*	The Alliance plans to offer recuperative care and short-term post-hospitalization (STPHH) in Monterey County, however, there is very limited bed availability for these services 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.
2. Describe the plan to increase number and/or reach of Community Supports (ILOS) offered in January 2022 or July 2022 *100 word limit*	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 in neighboring counties that could serve Monterey County (e.g., (San Benito, San Luis Obispo).

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

3. Identify Community Supports (ILOS) Provider capacity and MCP oversight capability gaps and plan to address gap with a gap closure of 20% *100 word limit*	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% *100 word limit*	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 *100 word limit*	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 Alliance will support providers 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.
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% *100 word limit*	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.
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 *100 word limit*	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.

Tribal Engagement

1.3.6 Measure Description *Mandatory 20 points*	
Narrative summary that outlines landscape of Tribes, Tribal providers in the county, and members in the county who use Tribal services and submission of a narrative plan to develop an MOU to establish a strategic partnership with Tribes and Tribal providers in county to develop Provider capacity and provision of Community Supports (ILOS) services for members of Tribes	
MCP Submission	
1. Outline the landscape of Tribes, Tribal providers, and members in the county who use Tribal services and you anticipate will use Community Supports (ILOS) *100 word limit*	In Monterey County, there are 14 members who are currently eligible for ECM who identify as AI/AN. Overall in Monterey county, members who identify as AI/AN make up 0.1% if 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.

or other agreements *100 word limit*	
3. Describe plan to develop provider capacity and Community Supports (ILOS) services for members *100 word limit*	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 Monterey members to the TANF program of the North Fork Rancheria.

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 Monterey County. Regular meetings will continue with Monterey County with a focus on eligible WPC members successfully transitioning to ECM/ILOS and expansion of ECM capacity. Monterey County did not have a dedicated data and care coordination system to transition from WPC to ECM. 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. The Alliance will continue to work with Monterey County to identify opportunities for collaborative systems planning and efficient workflows, integration of data systems for care coordination, and support for data sharing within county divisions and across partner organizations.

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 Monterey County. Regular meetings will continue with Monterey County with a focus on eligible WPC members successfully transitioning to ECM/ILOS, expansion of number of ECM eligible members served, and development of highly skilled, multidisciplinary care teams. The Alliance will support capacity building for ECM by continuing to engage new community partners that have culturally relevant experience serving the ECM populations of focus for 2022. Several organizations are engaged in learning more about contracting 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.

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 Monterey County. The Alliance will develop the capacity of the housing services providers who participated in WPC in Monterey County as contracted providers of the Alliance to support their ability to receive referrals from more than one ILOS provider, and to coordinate services across ECM and ILOS providers, and other providers. The Alliance will build on the expertise of the various housing providers in Monterey County to refine the electronic submission of member authorization and referral process to improve efficiency and best meet members unique needs. The Alliance will also build on the success of the closed loop referral networks established in Monterey County to increase adoption and utilization by more social service providers to meet member needs.