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	California Health & Wellness
MCP County	Placer
Program Year (PY) / Calendar Year (CY)	Program Year 1 / Calendar Year 2022

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

Priority Area	Percentage of Points Allocated to Each Priority Area	Points Needed to Earn Maximum Payment 1	MCP Discretionary Allocation of Remaining 300 points *(MCP to enter point values in cells below)*
1. Delivery System Infrastructure	Minimum 20%	200	100
2. ECM Provider Capacity Building	Minimum of 20%	200	100
3. Community Supports (ILOS) Provider Capacity Building and Community Supports (ILOS) Take-Up	Minimum of 30%	300	100
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*

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

Narrative Measures for Priority Area 1: Delivery System Infrastructure

Gap-Filling Plan

1.1.6 Measure Description *Mandatory* *80 points*
Submission of a narrative Gap-Filling plan describing how MCPs will identify underserved populations and the ECM providers they are assigned to, and enhance those ECM Providers' capabilities to: (1) Electronically exchange care plan information and clinical documents with other care team members. (2) Have access to certified EHR technology or a care management documentation system able to generate and manage a patient care plan. (3) Submit a claim or invoice to an MCP or have access to a system or service that can process and send a claim or invoice to an MCP with information necessary for the MCP to submit a compliant encounter to DHCS. MCPs should also describe any plans to build physical plant (e.g., sobering centers) or other infrastructure to support the launch of ECM and Community Supports (ILOS). Gap-Filling Plan narrative should include approaches for collaborating with entities, including but not limited to, county social services, county behavioral health, public healthcare systems, county/local public health jurisdictions, community based organizations (CBOs), correctional partners, housing continuum and others within the county to achieve the above activities, and should describe how health plans will leverage existing WPC infrastructure, including how they will track the ongoing viability of WPC infrastructure and improve data integration across behavioral health and physical health providers.

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MCP Submission	
1. Describe approach to identify top 3-4 underserved populations in County and the ECM providers they are assigned to *100 word limit*	CH&W will collaborate with County and Plan partners to identify the top underserved populations in Placer County. To determine ECM provider assignment, we will: 1) include DHCS logic in Population Health Management stratification algorithms to identify potentiallyeligible populations; 2) obtain WPC data to maintain continuity of care through the initial transition; 3) solicit and integrate data from housing agencies and other County agencies toimprove identification, targeting, and assignments over time; and 4) identify providers' expertise serving the needs of populations of focus to assign members appropriately.
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*	CH&W understands providers have varying levels of capability and is exploring a multifaceted approach to meet providers where they are by: 1) increasing connectivity withHIEs and exploring whether HIEs may be able to support the ability to share care plans; 2)connecting with local Community Information Exchanges where they exist; 3) enhancing plan capabilities to allow care plan sharing through our care management and provider portal platforms; 4) facilitating data exchange for key care plan elements; and 5) engagingin county-wide collaborations to leverage county-wide and standardized solutions where possible, including joint trainings.
3. Describe 3-4 concrete steps the MCP will take to increase, by at least 20%, ECM Provider access to certified EHR technology or a care management documentation	CH&W surveyed our contracted ECM providers to determine their ability to access certified EHR technology or a care management documentation system able to generate and manage a patient care plan, including requesting feedback on limitations/barriers. CH&W willtake the following steps to increase, by at least 20%, ECM provider capabilities in this area: 1) assess and share findings, 2) partner to identify solutions that can be adopted, 3) identifyopportunities to support the adoption of technology through the IPP, and 4) develop joint training and provider engagement opportunities, where possible.

system able to generate and manage a patient care plan *100 word limit*	
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*	CH&W surveyed our ECM providers to determine ability to submit a claim or invoice or access to a system or service that can process and send a claim or invoice to an MCP, including requesting feedback on limitations/barriers. We will take the following steps to increase, by at least 20%, ECM provider capabilities in this area: 1) assess and share findings, 2) identify opportunities to support development of capabilities through the IPP, and 3) develop training and engagement opportunities, including training providers to leverageour portal or other tools to submit claims/invoices, where possible.
5. Describe approaches for collaborating with, Social Services, County Behavioral Health, and County/Local Public Health Agencies within the county to improve data integration and	Through a CalAIM Roundtable, CH&W will collaborate with our Plan, County, provider partners within Placer County to improve data integration and electronic data sharing capabilities using best practices. Efforts include: 1) understanding current state of data exchange within Placer County, including HIEs, CIEs, HMIS, justice involved systems, BH, foster care and other datasets critical to supporting whole person care; 2) collaborating on a process to modernize data sharing agreements; 3) collaborating on a county-wide multi-yearroadmap to achieve optimal levels of integration; and 4) identifying sources of funding that can be braided together to support the requisite levels of integration.

electronic data sharing, capabilities among physical health, behavioral health and social service providers *100 word limit*	
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*	We collaborated with our Plan partners and the WPC Lead Entity to leverage existing WPC infrastructure in Placer County to support successful transition. Activities include but are not limited to extending contracts to WPC LEs and working directly with them to develop our processes and network, contracting with existing CS providers, establishing processes for data exchange and eligibility through transition; and notifications to partner entities, enrollees,and the public of the transition. We will continually engage providers to improve data integration with our plan, county, provider, and CBO partners through a CalAIM Roundtable, enabling us to collectively identify gaps/opportunities.
7. Any additional Information on Delivery System Infrastructure Gaps in County *100 word limit*	CH&W conducted a comprehensive assessment of interested providers/entities. Developed in collaboration with Plan partners state-wide, this assessment evaluates existing capabilities, infrastructure, provider capacity, the provider's ability to integrate with primary care providers and/or specialty care, and identify any gaps or needs that require Plan support. CH&W has worked with each WPC/HHP provider transitioning to an ECM Provider to identify infrastructure and technology capabilities and case management platforms. We willwork in collaboration with County and Plan partners and ECM providers to better integrate health care, social services, and justice systems and processes.

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,	Throughout 2021, CH&W has been heavily engaged with our Plan and County partners, providers, and CBOs to address identified gaps in ECM provider capacity in Placer County, which have been informed through our provider capacity survey and ongoing provider engagement. Strategies include continually evaluating network and contracting opportunities; monitoring capacity, including caseloads and engagement rates; supporting providers throughcoaching and partnership; implementing incentive programs to ensure effectiveness; and holding providers accountable to effectively deploying incentive dollars. The CalAIM Roundtable will provide us another opportunity to continue active local-level discussions to address identified gaps.

of at least 20% improvement, to address gaps *100 word limit*	
2. Identify ECM workforce, training, and TA needs in county, including specific cultural competency needs by county *100 word limit*	CH&W has surveyed ECM providers to identify workforce, training, and TA needs in Placer County, including managed care 101, motivational interviewing, member engagement, and person-centered care planning. Leveraging a CalAIM Roundtable, we will review results with our plan, county, provider, and CBO partners to jointly identify and implement opportunities toaddress stated needs. Strategies include identifying culturally responsive organizations with workforce development expertise in populations of focus and methods to incorporate lived experiences to develop curriculum to improve effectiveness and create a pipeline of talent,providing technical assistance and training, and others.
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*	We have surveyed ECM providers to understand their workforce needs, including current and planned FTEs, caseload, and staffing needs or gaps. Based on the results, we will continue local level discussions to understand how to best support workforce development with our Plan,County, provider, and CBO partners. We will identify efforts already in place to ensure non- duplication. These discussions will inform our investment approach to support workforce recruiting and hiring. To support culturally-responsive care, we will focus on workforce development and capacity building of staff with lived experiences, in addition to local providers with trust and credibility in their communities.
4. Describe approach to develop and administer an MCP training and TA program for ECM Providers *100 word limit*	CH&W surveyed ECM providers to understand their areas of expertise and their training and TAneeds. Based on the results, we have developed a training and TA program that uses live and on-demand webinars on topics including authorizations, referrals, claims, eligibility, data sharing, member engagement, grievances and appeals, operations, and others. We will continue local level discussions with our Plan partners to identify regional and/or statewide opportunities to collaborate on training and TA needs to minimize burden on our providers, where possible.
5. Describe strategy to ensure ECM	To ensure ECM providers are successfully engaging with hard-to-reach Populations of

Providers are successfully engaging with hard to reach Populations of Focus, including homeless and justice involved populations, among others *100 word limit*	Focus in Placer County, CH&W will use our established mechanisms to conduct oversight, monitoring, identify outliers, and engage with providers to implement improvement plans. We will also leverage a CalAIM Roundtable to facilitate collaboration with Plan, County, provider, and CBO partners, enabling us to jointly identify barriers and local system-wide improvementsneeded to successfully engage hard-to-reach populations; discuss best practices; develop provider education, training, and tools on member referrals and engagement; and implement methods to track engagement rates and continually assess progress.
6. Describe approaches for collaborating with, Social Services, County Behavioral Health, and County/Local Public Health Agencies within the county to achieve the above activities *100 word limit*	Through a CalAIM Roundtable which will meet at least quarterly, CH&W and our plan, county, provider, and CBO partners will ensure involvement of key stakeholders, includingbut not limited to, county social services, county behavioral health, public healthcare systems, county/local public health jurisdictions, CBOs, correctional partners, housing continuum, Tribes and Tribal providers, ECM providers and others to achieve the above activities, improve outreach to and engagement with hard to reach individuals within eachPopulations of Focus, and reduce underlying health disparities.
7. Describe approach to build, develop, or invest in the necessary behavioral health workforce to support the launch of ECM	We recognize and are committed to partnering to address the statewide, systemic issue of behavioral health workforce shortages. CH&W has surveyed our ECM behavioral health providers to understand workforce needs, including specific questions about current and planned FTEs, caseload, and staffing needs or gaps. Based on the results, we will continuelocal level discussions to understand how we may best support behavioral health workforcedevelopment with our plan, county, provider, and CBO partners. We will also conduct environmental scans to identify efforts already in place to ensure non-duplication of efforts. These discussions will inform our behavioral health

100 word limit	workforce investment approach.

Community Partners

1.2.6 Measure Description *Optional* *Report on One Optional Measure in ECM Provider Capacity Building Priority Area to Earn 30 Points*	
Narrative summary that outlines landscape of Providers, faith-based groups, community-based organizations, and county behavioral health care providers and county behavioral health networks in the county and submission of a narrative plan to develop an MOU or other agreements with a subset of Providers, faith-based groups, county agencies and community-based organizations in the county to develop strategies for closing health disparities experienced by Populations of Focus, including agreement to meet at least quarterly to advance strategy.	
MCP Submission	
1. Describe the landscape in the county of: a. ECM b. Providers c. Faith-based groups d. Community-based organizations e. County behavioral health care providers and county behavioral health networks	a. We are contracted with 5 ECM providers in Placer County. We are working to understandthe full availability of potential providers. b&c. Per findhelp.org, there are at least 543 potential CBOs, inclusive of faith-based groups,in Placer County. We are continually building new relationships and strengthening existing relationships. d. Placer County Department of Behavioral Health directly operates 15 programs, 21 sites, 5co-located sites and contracts with over 25 community providers. Placer County Departmentof BH currently works with 6 SUD providers in the county. These numbers may not include other community clinics and private providers of BH services.

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*	CH&W has existing relationships in Placer County and we continually seek opportunities to buildnew relationships. Through a CalAIM Roundtable which will meet at least quarterly, CH&W and our plan, county, provider, and CBO partners will ensure involvement of key stakeholders, including but not limited to the organization and provider types listed above. The attached Letterof Collaboration documents the collaboration MCPs have agreed to, and we look forward to partnering with the organization types listed above to establish a joint vision for CalAIM stakeholder engagement (i.e., charter, shared mission/vision, MOU, letter of agreement).
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*	1. Disparities <u>obtaining care post-hospitalization</u> for **adults experiencing homelessness**:Enable ECM to facilitate timely post discharge care. 2. <u>Underdiagnoses</u> of **adults with SUD**: Ensure ECM provers screen and link members toappropriate care. 3. **Adult high utilizers** with: a. <u>Co-occurring chronic conditions</u>: Lifestyle factors contribute to worsening healthconditions. Partner ECM with plan clinical pharmacists to manage. b. <u>Serious chronic illness</u>: Unaware of benefits of Palliative Care. Ensure ECMproviders refer to Palliative Care Program. c. <u>Frequent ED visits</u>: Barriers connecting to medical home. Use predictive analytics toidentify members. Enable ECM providers connect with usual care and supports.

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*	The United Auburn Indian Community is a federally-recognized Tribe located in PlacerCounty. (Source: NCIDC) The tribal designations of the California Indians in Placer County are Nisenan and Washo.(Source: UC Berkeley) Chapa-De Indian Health Program and Shingle Springs Tribal Health Program are Tribal providers serving Placer members. We estimate there are 244 CH&W members in Placer County who use Tribal services andmay use ECM.
2. Outline a plan to establish a strategic partnership including any plans for formalization such as a MOU or other agreements *100 word limit*	CH&W strongly supports Tribes and Tribal providers across the state, including those identified above in Placer County. In addition to holding contracts with Tribal providers in thecounty, we work with the entities that have expertise in serving Tribal nations, such as the California Rural Indian Health Board, California Consortium for Urban Indian Health, and Office of Tribal Health Affairs, to develop culturally responsive strategies. We are also partnering with our Plan partners to ensure a unified approach where possible, including partnering on joint educational webinars and ensuring these entities are included in regular stakeholder engagement meetings and activities.
3. Describe plan to develop provider	CH&W has been engaged with Tribal providers to address identified gaps in ECM provider capacity in Placer County, which have been informed through our provider capacity survey

capacity and ECM services for members *100 word limit*	and ongoing provider engagement. Through a CalAIM Roundtable, we will continue active local-level discussions to further develop ECM capacity for members accessing Tribal services. Strategies include continually evaluating network and contracting opportunities; collaborating to enhance workforce development/pipeline; providing technical assistance and training; and supporting providers in expanding their footprint.

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 experiencing homelessness in the county *100 word limit*	Placer County has identified the following racial and ethnic groups that disproportionately experience homelessness in Placer County: (1) Multiple races, (2) African American, and (3) American Indian / Alaska Native. Based on data including unhoused population, proportion to total membership, admits, and emergency department data, CH&W found that (1) White, (2) American Indian/Alaska Native,and (3) Asian individuals experience disproportionately high rates of homelessness in the county.
2. Describe approach to improve outreach and engagement by at least 20% to Black/African American and other	CH&W will improve outreach and engagement to the populations listed above by leveraging our partnerships with the Continuum of Care and homeless providers in Placer County, including but not limited to Chapa-de Indian Health, and the coordinated entry system. Utilizing local, statewide, and national best practices and insights, we engage with trusted messengers in the community to provide culturally responsive outreach and meet members where they are, meeting immediate needs first and connecting them to culturally

racial and ethnic groups who are disproportionately experiencing homelessness *100 word limit*	appropriateresources (e.g., street medicine). To ensure alignment, we will discuss outreach and engagement to these populations in a CalAIM Roundtable.

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 incarcerated in the county *100 word limit*	Placer County has identified the following racial and ethnic groups that have the highest incarceration rates: (1) White, (2) Hispanic/Latinx, and (3) African American. Additionally, according to the Vera Institute, the (1) White and (2) Black/African American populations are disproportionately incarcerated in Placer County. In terms of raw numbers,the White population comprises 75% of the total incarcerated population in Placer County,followed by Latinx (12%), Black/African American (8%), Asian American/Pacific Islander (2%), and Native American (1%). Source: https://trends.vera.org/state/CA, as of Q2 2018
2. Describe approach to improve outreach and engagement by at least 20% to Black/African	CH&W will improve outreach and engagement to populations disproportionately experiencing transitions from incarceration by leveraging our partnerships with ECM providers; County and CBO partners in Placer County, including but not limited to The Gathering Center and WellSpace; and leveraging data from correctional facilities to

American and other racial and ethnic groups who are disproportionately experiencing transitions from incarceration settings in the county *100 word limit*	informcare planning. Utilizing local, statewide, and national best practices, we engage with trusted messengers in the community to provide culturally responsive outreach and meet members where they are (i.e., engaging members pre-release, connecting members to peers/individuals with lived experience). We will discuss additional strategies in a CalAIM Roundtable to ensure alignment.

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*	For CS services that went live in January 2022, gaps in Placer County may include: 1) Coverage for specific populations due to experience by currently contracted providers withthe full range of our populations of focus, including culturally-responsive outreach and engagement; 2) Coverage for specific neighborhoods/zip codes; and 3) Coverage for housing transition, housing tenancy, recuperative care, medically-tailored meals, sobering center, and asthma remediation. We will focus future provider recruitment on local CBOs who are trusted messengers within the communities they serve but who may lack managed care experience and require more support.
2. Describe the plan to increase number and/or reach of Community Supports (ILOS) offered in	CH&W is committed to a robust rollout of CS to ensure members are connected with needed servicesthrough local, trusted providers. We will take a phased approach to expanding scope of CS launched in January 2022 and increasing offerings in July 2022 to ensure capacity and service quality by (1) engaging with potential partners through a local level CalAIM Roundtable; (2) conducting internal datamining to understand member need and refine network to meet that need; (3) making strategic investments to help providers

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

January 2022 or July 2022 *100 word limit*	update their CM, workflows, and data capabilities; and (4) soliciting andintegrating community feedback into our programming.
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*	CH&W has surveyed our Community Supports providers to understand capacity gaps. Results in Placer County show capacity gaps and readiness concerns around volume, contracting/credentialing, billing, reporting, and training. These findings will inform our IPP investment strategy to close identified gaps. CH&W has designed a robust oversight approach that includes both internal and external management such as consent, authorization, payment, and data sharing; program evaluation and reporting; and others. Wewill continually evaluate our oversight mechanisms to ensure they are adequate and appropriate as we further enhance our Community Supports network over time.
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*	CH&W has surveyed Community Supports providers to identify workforce, training, and TAneeds in the county. These results have enabled us to identify key workforce, training, andTA needs in Placer County, including Managed Care 101, claims and referral processes, cultural competency and implicit bias, behavioral health, and service expectations. Leveraging a CalAIM Roundtable, we will review results with our plan, county, provider, andCBO partners to jointly identify and implement opportunities to address stated needs.
5. Plan to develop and administer a training and TA program for Community Supports (ILOS) Providers *100 word limit*	Based on the needs identified above, CH&W has developed a robust training and TA program for our Community Supports providers. Our approach includes live and on-demand webinars on topics including authorizations, referrals, claims, eligibility, data sharing, memberengagement, grievances and appeals, operations, and others. We will continue local level discussions with our Plan partners to identify opportunities to collaborate on training and TA needs to minimize burden on our providers, where possible. We will also leverage statewide and/or regional efforts to avoid duplication.

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*	CH&W intends to leverage critical learnings from over $4 million in past workforce development investments to build capacity in Community Supports by awarding incentives toproviders with strong approaches to (1) recruit and hire qualified individuals; (2) train, upskill,advance through career ladders, and/or retain qualified employees; and (3) partner with others to build workforce pipelines. CH&W will also support CBOs to build on local, regional, or statewide initiatives to advance similar goals.
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*	Through a CalAIM Roundtable which will meet at least quarterly, CH&W and our plan, county, provider, and CBO partners will ensure involvement of key stakeholders, including but not limited to county social services, county behavioral health, public healthcare systems,county/local public health jurisdictions, CBOs, correctional partners, housing continuum, Community Supports providers, and others to achieve the above activities, support workforcedevelopment, address capacity gaps in Placer County, and reduce underlying health disparities.

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*	The United Auburn Indian Community is a federally-recognized Tribe located in Placer County. (Source: NCIDC) The tribal designations of the California Indians in Placer County are Nisenan and Washo. (Source:UC Berkeley) Chapa-De Indian Health Program and Shingle Springs Tribal Health Program are Tribal providers serving Placer members. We estimate there are 244 CH&W members in Placer County who use Tribal services and may useCommunity Supports.
2. Outline a plan to establish a strategic partnership including any plans for formalization such as a MOU	CH&W strongly supports Tribes and Tribal providers across the state, including those identified above in Placer County. In addition to holding contracts with Tribal providers in the county, we work with the entities that have expertise in serving Tribal nations, such as the California Rural Indian Health Board, California Consortium for Urban Indian Health, and Office of Tribal Health Affairs, to develop culturally responsive strategies. We are also partnering with our Plan partners to ensure a unified approach where possible, including partnering on joint educational webinars and ensuring these entities are included in regular stakeholder engagement meetings and activities.

or other agreements *100 word limit*	
3. Describe plan to develop provider capacity and Community Supports (ILOS) services for members *100 word limit*	CH&W will engage with Tribal providers to address identified gaps in Community Supports providercapacity in Placer County, which have been informed through our provider capacity survey and ongoing provider engagement. Through a CalAIM Roundtable, we will continue active local-level discussions to further develop Community Supports capacity for members accessing Tribal services. Strategies include continually evaluating network and contracting opportunities; collaborating to enhance workforce development/pipeline; providing technical assistance and training; and supporting providers in expanding their footprint.

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*
Throughout 2021, CH&W has been heavily engaged with our Plan and County partners, providers, and CBOs to prepare for and support ECM and Community Supports implementation. We are in the process of engaging an external facilitator to formalize a local level CalAIM Roundtable in 2022 and beyond. We will continually assess opportunities to enhance and develop needed ECM/Community Supports infrastructure, including certified EHR technology, care management document systems, closed-loop referral, billing systems/services, and onboarding/enhancements to health information exchange capabilities. Please see attached MCP documentation demonstrating examples of these good faith efforts to collaborate.

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*
CH&W and our Plan partners are jointly engaging an external facilitator to formalize a local level CalAIM Roundtable to support a successful and sustainable CalAIM implementation. We will work with our Plan partners through a CalAIM Roundtable to identify opportunities to expand ECM Provider capacity in Placer County and support through the IPP. Capacity expansion activities to date have included joint discussions and presentations with the county, providers, and CBOs. Please see attached documentation demonstrating examples of these good faith efforts to collaborate.

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*
CH&W will work with our Plan partners through a CalAIM Roundtable to identify opportunities to expand Community Supports Provider capacity in Placer County. Capacity expansion activities to date have included joint discussions and presentations with the county, providers, and CBOs. Additional activities may include extending contracts to WPC LEs and working directly with them to develop our processes and network, contracting with existing CS providers, establishing processes for data exchange and eligibility through transition; and notifications to partner entities, enrollees, and the public of the transition. Please see attached documentation demonstrating examples of good faith efforts to collaborate.