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	Health Net
MCP County	Los Angeles
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.

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*	Health Net is collaborating with County and Plan partners to identify the top 3-4 underserved populations in L.A. County, including those experiencing homelessness, those with a BH/SUD need and those exiting incarceration. To determine ECM provider assignment, we will: 1) include DHCS logic in Population Health Management stratification algorithms to identify potentially eligible populations; 2) obtain WPC and HHP data to maintain continuity of care through transition; 3) solicit and integrate data from County and housing agencies to improve identification, targeting, and assignments over time; and 4) identify providers' expertise serving the 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*	Health Net understands providers have varying levels of capability and is exploring a multifaceted approach to meet providers where they are by: 1) increasing connectivity with HIEs 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) engaging in 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	Health Net 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. Health Net will collaborate with Plan partners and the County to take 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) identify opportunities 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*	Health Net 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 leverage our 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, Health Net will collaborate with our plan, LA DHS, LA DMH, LA DPH and other critical stakeholders within L.A. County to improve data integration and electronic data sharing capabilities using best practices. Efforts will include: 1) understanding current state of data exchange within L.A. 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-year roadmap; and 4) identifying sources of funding that can be braided together.

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 LA 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*	In collaboration with Plan partners statewide, Health Net conducted a comprehensive assessment of interested providers/entities to evaluate existing capabilities, infrastructure, technology capabilities and case management platforms, provider capacity, ability to integrate with PCP and/or specialty care, and identify gaps or needs requiring Plan support. While data exchange efforts between the homeless sector and health sector are underway, we want to pursue improvements to data exchange between the justice sector and health sector as well for 2023. Similar efforts will also be required around data sharing between the behavioral health and physical health sector.

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, Health Net has been heavily engaged with L.A. Care, our global sub-contractors, County partners, providers, and CBOs to address identified gaps in ECM provider capacity in L.A. 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 through coaching 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*	Health Net has collaborated with L.A. Care and our global sub-contractors to survey ECM providers to identify workforce, training, and TA needs in L.A. County. Leveraging a CalAIM Roundtable, we will review results with our plan, county, provider, and CBO partners to jointly identify and implement opportunities to address 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*	Health Net has collaborated with L.A. Care to survey ECM providers to understand their areas of expertise and their training and TA needs. Based on the results, we are developing 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 Providers are	To ensure ECM providers are successfully engaging with hard-to-reach Populations of Focus in L.A. County, Health Net will use our established mechanisms to conduct oversight, monitoring, identify outliers, and engage with providers to implement improvement plans. We

successfully engaging with hard to reach Populations of Focus, including homeless and justice involved populations, among others *100 word limit*	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 improvements needed 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, Health Net and our plan, county, provider, and CBO partners will ensure involvement of key stakeholders, including but not limited to, county social services, county behavioral health, public healthcare systems, county/local public health jurisdictions, CBOs, correctional partners, housing continuum, ECM providers and others to achieve the above activities, improve outreach to and engagement with hard to reach individuals within each Populations of Focus, and reduce underlying health disparities.
7. Describe approach to build, develop, or invest in the necessary behavioral health workforce to support the launch of ECM *100 word limit*	We recognize and are committed to partnering to address the statewide, systemic issue of behavioral health workforce shortages. Health Net surveyed our ECM behavioral health providers to understand workforce needs, including specific questions about current and planned FTEs, caseload, and staffing needs or gaps. Based on the results, we will continue local level discussions to understand how we may best support behavioral health workforce development with our plan, county, provider, and CBO partners. We will also conduct environmental scans to identify efforts already in place to ensure non-duplication of efforts. These discussions will inform our behavioral health workforce investment approach.

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
100 word limit
	a) Across all MCPs, we expect that approximately 37 providers will be contracted to provide ECM services.
	b) A 2011 report by the USC Center for Religion and Civic Culture estimated that over 8,600 religious nonprofits existed in L.A. County in 2010.
	c) Some estimates are that over 60,000 CBOs are currently operating.
	d) L.A. DMH currently directly operates 75 program sites, over 100 co-located sites and contracts with over 1000 community providers. LA DPH currently works with over 350 SUD providers in the county. These numbers may not include other community clinics and private providers of BH services.

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*	Health Net has longstanding relationships with many ECM providers, faith-based groups, CBOs, and BH providers and networks in L.A. County, and we continually seek opportunities to build new relationships. For the purposes of launching ECM and Community Supports, Health Net will begin by strategically partnering with the above existing networks and other community based networks with plans to expand outreach to others on an ongoing basis. Through a CalAIM Roundtable, which will meet at least quarterly, L.A. Care and our plan, county, provider, and CBO partners will ensure involvement of key stakeholders. Please see attached documentation.

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 to appropriate care.
		3. **Adult high utilizers** with:
		    a) <u>Co-occurring chronic conditions</u>: Lifestyle factors contribute to worsening health conditions. Partner ECM with plan clinical pharmacists to manage.
		    b) <u>Serious chronic illness</u>: Unaware of benefits of Palliative Care. Ensure ECM providers refer to Palliative Care Program.
		    c) <u>Frequent ED visits</u>: Barriers connecting to medical home. Use predictive analytics to identify 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*	Health Net and our Plan partner are committed to working collaboratively with Tribal Partners on ECM. Although Los Angeles does not have any associated tribal partners, Los Angeles is home to the United American Indian Involvement, Inc. (UAII), which is the largest provider of health and human services for American Indians/Alaskan Natives living in the County of Los Angeles. UAII provides health services, substance abuse services, and behavioral and mental health services to members.
2. Outline a plan to establish a strategic partnership including any plans for formalization such as a MOU or other agreements *100 word limit*	We remain committed to serving American Indians and Alaskan Natives, improving access to care, using existing tribal programs, and working together to improve the health of their communities. Health Net continues to foster a relationship with UAII. As we grow this relationship, we are continuing to explore opportunities to partner with UAII on areas including ECM and community health workers. In addition, we will partner with L.A. Care and our global sub-contractors to ensure we have a unified approach to establish strategic partnerships with any willing Tribes and Tribal providers, which may include MOUs or other formal agreements.
3. Describe plan to develop provider capacity and ECM services for members *100 word limit*	Health Net will continue to grow our relationship with UAII in an effort to coordinate around ECM. In the meantime, Health Net will ensure sufficient and timely ECM Provider access for American Indian enrollees through the same network and oversight mechanisms used for all ECM member populations. These mechanisms include ensuring an adequate ECM provider network and ongoing monitoring for equity in access to ECM services and

	addressing identified disparities. Health Net will also continue partnering with our Plan partners, County partners, providers, and CBOs to address identified gaps in ECM provider capacity.

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*	Health Net identified the following racial and ethnic groups that disproportionately experience homelessness in L.A. County: (1) Black/African Americans make up 33.7% of the homeless population in L.A. County but only 7.9% of the total county population; (2) American Indians/Alaska Natives make up 1.1% of the county's homeless population but only .2% of the total county population; and (3) Hispanics/Latinos make up 36.1% of the homeless population and 48.5% of the total L.A. County population. All other groups represent a lesser percentage of the homeless than their overall representation in the L.A. County population. (Source: 2020 Greater L.A. Homeless Count).
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	We will improve outreach and engagement to the above populations by leveraging our longstanding partnerships with the CoC; local homeless providers, including but not limited to LA Christian Health Centers, JWCH, Venice Family Clinic, Illumination Foundation, and LA DHS; and the coordinated entry system. Utilizing local, statewide, and national best practices and insights, we engage with trusted community messengers to provide culturally responsive outreach and meet members where they are, meeting immediate needs first and connecting them to culturally appropriate resources (e.g., street medicine). To ensure alignment, we will discuss outreach and engagement to these populations in a CalAIM Roundtable.

experiencing homelessness *100 word limit*	

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*	We have identified the following racial and ethnic groups with the highest incarceration rates in L.A. County: (1) Black/African Americans make up 29% of the County jail population; (2) Hispanic/Latino individuals make up 54% of the County jail population; and (3) White individuals make up 13% of the County jail population. All other races make up 3% of the County jail population. We use this data, along with county-level population and membership data, to identify and address these disparities in LA County. (Source: L.A. County Sherriff's Dept.)
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	Health Net will improve outreach and engagement to populations disproportionately experiencing transitions from incarceration by leveraging our partnerships with ECM providers; County and CBO partners in L.A. County, including but not limited to MLK, Watts, Via Care, and AltaMed; and leveraging data from correctional facilities to inform care planning. 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 (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.

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*	For CS services that went live in January 2022, gaps in Los Angeles County may include: 1) Coverage for specific populations due to experience by currently contracted providers with the 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 January 2022 or July 2022 *100 word limit*	Health Net is committed to a robust rollout of CS to ensure members are connected with needed services through 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 potential partners through a local level CalAIM Roundtable; (2) conducting internal data mining to understand member need and refine network to meet that need; (3) making strategic investments to help providers update their CM, workflows, and data capabilities; and (4) soliciting and integrating community feedback into our programming.

[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*	Health Net has surveyed our Community Supports providers to understand capacity gaps. Results in L.A. County show gaps and readiness concerns around physical and IT infrastructure, volume, and training. Several providers indicated additional capacity for recuperative care, short-term post hospitalization housing, and sobering centers. These findings will inform our IPP investment strategy to close gaps. Our robust oversight approach that includes internal and external management (consent, authorization, payment, and data sharing); program evaluation and reporting; and others. We will continually evaluate 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*	Health Net has collaborated with our Plan partner to survey Community Supports providers to identify workforce, training, and TA needs in the county. These results have enabled us to identify key workforce, training, and TA needs in L.A. 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, and CBO 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*	We have developed a robust training and TA program for our CS providers based on the successful training suite provided to our HHP network. Our approach includes live and on-demand webinars on topics including authorizations, referrals, claims, eligibility, data sharing, member engagement, grievances and appeals, operations, and others. We have historically partnered with other plans to support training and TA efforts in L.A. County. We will continue local level discussions with Plan partners to identify opportunities to collaborate on training and TA needs to minimize provider burden, where possible. We will also leverage statewide and/or regional efforts to avoid duplication.
6. Plan to establish programs to support Community Supports	Health Net intends to leverage critical learnings from over $4 million in past workforce development investments to build capacity in Community Supports by awarding incentives to providers with strong approaches to (1) recruit and hire qualified individuals; (2) train,

(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*	upskill, advance through career ladders, and/or retain qualified employees; and (3) partner with others to build workforce pipelines. Health Net 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, Health Net 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 workforce development, address capacity gaps in L.A. 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*	Health Net and our Plan partners are committed to working collaboratively with Tribal Partners on ECM. Although Los Angeles does not have any associated tribal partners, Los Angeles is home to the United American Indian Involvement, Inc. (UAII), which is the largest provider of health and human services for American Indians/Alaskan Natives living in the County of Los Angeles. UAII provides health services, substance abuse services, and behavioral and mental health services to members. Currently UAII does not provide any Community Supports services launching in LA County in 2022.
2. Outline a plan to establish a strategic partnership including any plans for formalization such as a MOU	We remain committed to serving American Indians and Alaskan Natives, improving access to care, using existing tribal programs, and working together to improve the health of their communities. Health Net continues to foster a relationship with UAII. As we grow this relationship, we are continuing to explore opportunities to partner with UAII on areas including Community Supports and community health workers. In addition, we will partner with L.A. Care and our global sub-contractors to ensure we have a unified approach to establish strategic partnerships with any willing Tribes and Tribal providers, which may include MOUs or other formal agreements.

	or other agreements *100 word limit*	
3.	Describe plan to develop provider capacity and Community Supports (ILOS) services for members *100 word limit*	Health Net will continue to grow our relationship with UAII in an effort to coordinate around Community Supports. In the meantime, Health Net will ensure sufficient and timely Community Supports access for American Indian enrollees through the same network and oversight mechanisms used for all Community Supports member populations. These mechanisms include ensuring an adequate Community Supports network and ongoing monitoring for equity in access to Community Supports and addressing identified disparities. Health Net will also continue partnering with our Plan partners, County partners, providers, and CBOs to address identified gaps in Community Supports provider capacity.

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, Health Net has been heavily engaged with L.A. Care, our global sub-contractors, 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 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*	
Health Net and L.A. Care are jointly engaging an external facilitator to formalize a collaborative approach to support a successful and sustainable CalAIM implementation. We will work with L.A. Care and other MCPs through a CalAIM Roundtable to identify opportunities to expand ECM Provider capacity in L.A. County and support through the IPP and to leverage and expand existing WPC capacity. Capacity expansion activities to date have included joint discussions and presentations with the county, providers, and CBOs; trainings; and others. Please see attached documentation demonstrating 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*

Health Net and L.A. Care will leverage a CalAIM Roundtable to jointly identify opportunities to expand Community Supports Provider capacity in L.A. 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.