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 Plan of San Mateo
MCP County	San Mateo
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	200
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	
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*	HPSM conducted our annual population needs assessment in summer 2021. This y population needs assessment that concentrated on opportunities to promote improved access to health plan resources, utilization of preventative services/supports and triangulates population demographics such as race or situation (housing status, rural/urban living situation, language, and disease prevalence) and underserved populations were identified. Members with social determinants of health needs (homelessness, not stably housed, and social isolation); health disparities due to language, race/ethnicity, and geography (with HPI mapping); members with disabilities and older adult members with caregiving needs living alone without a caregiver; and health status/high disease burden were identified as the top 4 underserved HPSM populations based on this assessment. Now that we have ECM and Community Support providers working with many of these underserved populations, HPSM will begin working on mapping to determine which providers they are assigned to.
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*	All contracted agencies currently possess the ability to exchange clinical documents with HPSM. Tactics to broaden care plan exchange to the larger care team include: 1. Identify existing care team organizations (build on WPC information) 2. Design data exchange processes with all contracted ECM entities 3. Initiate MOU process between ECM providers and other care partners to enable data and information sharing (targeted high-volume partners)
3. Describe 3-4 concrete steps the MCP will	All contracted agencies currently possess the ability to access, generate and manage an EHR care plan. HPSM will focus on the following:

take to increase, by at least 20%, ECM Provider access to certified EHR technology or a care management documentation system able to generate and manage a patient care plan *100 word limit*	1. Standardize care plan themes (content) 2. Assess and standardize care plan requirements between ECM/MCP and County Health System delivery systems and programs that include behavioral health and physical health 3. Identify and apply two care management best practices across network
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*	All contracted agencies currently possess the ability to submit a claim or encounter report. HPSM has worked closely with Community Based Organizations to test encounter templates and reporting over the last year. While available, we do not have any providers that will be invoicing us directly. To increase provider ability to submit clean claims or encounter reporting, HPSM will utilize the following strategies: 1. Readiness work and technical assistance for new providers who are unfamiliar or uncomfortable with claims or encounter submissions offered by internal resources or a contracted entity. 2. Provide regular feedback to contracted providers to improve process and ensure compliance and rapid payment. 3. Gain optimal efficiencies in claims/encounter submissions with focus on coding accuracy for improved analytics and population targeting.
5. Describe approaches for collaborating with, Social Services,	HPSM focused early efforts in identifying provider capabilities with a Request for Information (RFI).

County Behavioral Health, and County/Local Public 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*	The RFI provided a significant information about the current provider landscape relative to capabilities for both current and prospective ECM/CS providers. Based on the RFI process, HPSM will: 1. Review RFI responses to determine opportunities for data integration and automation amongst potential and current ECM/CS providers. 2. Work to establish a data sharing agreement with the County Human Service Agency to get coordinated entry and homeless data information for HPSM members. 3. Determine mechanism for providing automation in reporting and data sharing to contracted community based organizations outside of the HPSM and County structures.
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*	For WPC, the County providers leveraged both the start of a Health Information Exchange (HIE) that integrated data from physical health, case management and behavioral health programs. The primary WPC provider that HPSM also has contracted with for services will continue to use the County Behavioral Health system for service documentation, encounters, and claiming. HPSM receives data this system as well as information from case management systems via a regular monthly data exchange with the County. HPSM then integrates this data with our own claims, medication and physical health data in our own data repository. We have the ability and interest to share this integrated information with our ECM and Community Support providers. We will also offer access to the system for those providers who are most interested.
7. Any additional Information on Delivery System	While HPSM receives regular data feeds from the County, we have identified opportunities in data matching of members in EMR systems and coding challenges amongst providers documenting in the system. HPSM is currently in conversation with County Behavioral Health on a data accuracy assessment and process improvement project. As a COHS

Infrastructure Gaps in County *100 word limit*	plan, we have a strong relationship with the County and often work collaboratively together to address infrastructure gaps.

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*	Since dispatching an RFI HPSM has identified enough willing and able providers to support ECM for all populations of focus. Soon after ECM implementation, HPSM will begin to concentrate on creating a network that is high performing in outcome, administrative efficiency, and drive integration into the existing care ecosystem. A few areas of focus are as follows: 1. Define a strategy for ECM provider network (wide vs narrow network) 2. Develop performance measures for ongoing service management that reflect a mature capability 3. Leverage/prioritize ECM-like and ECM services in coordination with County Behavioral Health
2. Identify ECM workforce, training, and TA needs in county, including specific cultural competency needs by county *100 word limit*	The RFI process has offered a baseline for understanding staff constraints and training/TA opportunities, such as more extensive training needs in becoming a MCP provider (credentialing, contracting, etc) and pivoting current services into ECM model with focus on encounter tracking/claims. ECM providers (many of whom are transitioning from WPC will continue to promote and hire staff from diverse backgrounds mirroring those of HPSM's members (primarily focused on language matches where able). HPSM views this needs assessment process as ongoing and will conduct at least an annual assessment of ongoing needs and match with our own annual population needs assessment.
3. Describe plan for ECM Provider workforce recruiting and hiring of necessary staff to build and increase capacity by at least 20%	As indicated in an earlier response, based on the RFI that was dispatched this year we have a number of interested providers who can meet the needs of the current estimated demand. Our goal for network management will be to promote longevity of service for the care team so that a personalized and longer lasting relationship with members can be established. All ECM Providers have committed to continuing to hire based on volume/need and provider their field-based staff and supervisors with necessary training to increase overall capacity by at least 20%. HPSM will regularly oversee staffing levels, caseloads, and members grievances related to ECM providers.

100 word limit	
4. Describe approach to develop and administer an MCP training and TA program for ECM Providers *100 word limit*	The plan to offer training and ongoing technical assistance is targeted to be developed and implemented in both live virtual and recorded format for both implementation phases and ongoing program management. The goal is to move the providers from merely performing the tasks of the benefit to optimizing the service in partnership with other care partners to support higher outcomes for recipients. Training will concentrate on encounter/claiming process (with as needed ongoing TA), being an MCP provider including workflows and resources, achieving health outcomes for the member, the health systems and improvement in utilization of resource to serve these populations.
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*	HPSM will target the following in the inaugural year to drive population engagement: 1. Design incentive models that emphasize engagement and graduation 2. Monitor reach rate, compare with past experiences, and initiate corrective actions early 3. Triangulate data-driven eligibility with community relationships to ensure that we understand the intake and disposition of members in related systems so that HSPM can catch and connect to appropriate services
6. Describe approaches for collaborating with, Social Services, County Behavioral Health, and County/Local Public Health Agencies within the	HPSM and San Mateo County agencies already have a robust relationship and existing structures that serve to promote collaboration and joint system/program development. A couple noteworthy convenings are: 1. San Mateo County/HSPM adult services oversight committee – monthly meeting that brings HSPM and a number of County Health System partners together to communicate and concentrate on shared interest populations and programming.

county to achieve the above activities *100 word limit*	2. Housing Our Clients Workgroup – quarterly meeting between HPSM, San Mateo County Health, Department of Housing, Housing Authority, Probation, Human Service Agency, County Manager's Office, and other invited guests to coordinate housing on behalf of shared beneficiaries. 3. Lower Level of Care Meetings - weekly meetings with County Hospital staff, County Behavioral Health, HPSM, County Conservator, and Primary Care providers to coordinate discharges from inpatient psych back into the community.
7. Describe approach to build, develop, or invest in the necessary behavioral health workforce to support the launch of ECM *100 word limit*	1. County Behavioral Health efforts include supporting 1.) existing residency programs, 2.) peer counselor models that were in existence in WPC, and 3.) organizing opportunities with County/Schools to identify gaps in service and subsequent staffing options. 2. CBO workforce assessments will include readiness activities for upcoming ECM populations that impact families and youth populations while building upon existing adult programs. CalAIM has caused HPSM to explore CBO capabilities using an RFI tool to explore current CBO capabilities. 3. HPSM also actively promotes community health worker model within current programs such as home-based medical care and community care settings program as well as supports intern/fellow programs with a population health, health equity and behavioral health focus.

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*	The current ECM landscape of RFI responders included 32 dispatched forms, 25 responders for a total of 13 ECM provider responses. The RFI responses included four San Mateo County agencies and programs (including County Behavioral Health). Six of the responses were from other community-based organizations or FQHC's and three responses were from for-profit organizations. In the future HPSM will need to develop a network strategy and a provider strategy for ECM based on service need and capabilities in existence in the network. No faith-based organizations responded to the RFI, but the County leverages faith-based organizations and we will work with them to leverage those relationships. HPSM has, in the past developed new capabilities when they did not exist in the community and will follow this approach if there are populations that are challenged to connect into service.
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	Our community approach to organizing ECM services and care alignment is built on the following: 1. Recruit and mobilize community navigation team and continue to participate in community convenings 2. Develop comprehensive messages for service outcomes and provider expectation about helping members achieve success 3. Establish an MOU as outlined in response 1.1.9 #2 4. Create a provider collaborative and meet with the group or individual participating organization no less than quarterly (or as appropriate)

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*	HPSM uses a data driven approach to identify health disparities within the major populations that it serves. As a part of the Population Needs Assessment in 2021, we used the HEDIS measures to identify disparities across race/ethnicity, language, age, gender, and disability status. The strategy to identify and address disparities for CalAIM eligible members will utilize similar methods and will include: 1. Data driven analysis to identify demographic disparities by cohorts with similar health conditions 2. Community navigator meetings to further include key stakeholders and organizations in defining health disparities in San Mateo County 3. Broaden referral sources for CalAIM related services/supports to include non-traditional sources such as faith biased organizations or other county entities 4. Consider seeking approval for additional Community Supports inclusion 5. Others as determined through analysis

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*	There are no formal Tribal providers in San Mateo County. There are tribal providers available in the neighboring counties of San Francisco and Santa Clara counties that members can access, if needed. HPSM members who identify as American Indian or Alaska Native comprise 2% of our overall membership. As part of our population needs assessment we will continue to look at health disparities in this population. Currently, we have no record of members using tribal health services.
2. Outline a plan to establish a strategic partnership including any plans for formalization such as a MOU or other agreements *100 word limit*	HPSM allows for out of network utilization and we will monitor this utilization to determine if there is member interest in adding additional out of county Tribal providers to our network. If so, HPSM will execute MOUs or contracts as appropriate to meet the demand.
3. Describe plan to develop provider capacity and ECM services for members *100 word limit*	HPSM will our data for ECM populations of focus stratified by race and ethnicity. If we determine pockets of gaps related to this population, we will work with Tribal entities to assist in training or recruitment of providers with expertise in working with this population.

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*	Data provided by the Human Services Agency and trended from WPC activities will support the development of strategies and tactics to address homelessness. This data along with HPSM's data (for 2020 and half of 2021) shows that the groups disproportionately experiencing homeless (homelessness based on race/ethnicity data vs populations in the County/HPSM membership) in order are: Black/African American, Hispanic/Latino, and Caucasian/White. We will continue to review this data alongside the 2022 homeless one day count later this month.
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*	1. Collaborate with WPC program to support the identification and engagement into service using demographic data relative to which race(s) and/or ethnicity(ies) might be disproportionally experiencing homelessness based on 2022 one day count. 2. Triangulate HPSM race/ethnicity data with San Mateo County data and community feedback to better understand the variation in homeless definitions (sheltered vs unsheltered) in diverse communities 3. Engage community partners with expertise in outreaching to these diverse population to implement best practices and leverage existing relationships.

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*	For HPSM and San Mateo County, the top 3 racial and ethnic groups transitioning from incarceration identify as follows in order of prevalence: 1. Caucasian 2. Hispanic/Latino 3. Black/African American. HPSM also has a number of members who have identified as "other" or not specified that will also be an area of focus for further assessment.
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*	1. Collaborate with WPC program (Service Connect) to support the identification and engagement into service using demographic data regarding which race and/or ethnicity (s) might be disproportionately experiencing transitions from incarceration. Crosswalk this with HPSM data. 2. Mobilize community navigator team to work with the justice system for early identification of potential recipients who may be eligible for services (Sheriff's office, Jail, Probation, Courts/Mental Health Court, and County Health System) 3. Determine if behavioral health conditions-initiated interaction with the justice system (track and trend) and determine if appropriate resources are in place while beneficiary is incarcerated and needed upon release.

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*	Below are some gaps and limitations as follows: 1. MOC narrative regarding limited Community Support for personal care assistance and respite care for MSSP transitioning members to start. HPSM will re-launch the RFI to personal care assistance providers in mid-2022 to determine interest and capability amongst providers for expansion. HPSM does view this Community Support as a necessity for the nursing home eligible and nursing home transitioning populations going live in 2023. 2. HPSM has concerns about the availability of appropriate housing to connect members to as part of the suite of other housing services (location, deposits, and tenancy/sustaining services) that are currently being offered due to the high cost of living in San Mateo County and limited availability of affordable housing/lottery process. 3. The ability to mobilize care partners to transition members into housing for nursing home transitions requiring environmental adaptations and cases that require long lead times.
2. Describe the plan to increase number and/or reach of Community Supports (ILOS) offered in January 2022 or July 2022 *100 word limit*	HPSM plans to implement seven Community Supports during the first phase of implementation starting in January 2022 with the other two limited Community Supports at the same time per our MOC submission. We will look to expand the limited services in 2022 and 2023 to serve the entire County and eligible population. HPSM is still working with the County and other partners to determine needs and readiness for future implementations in 2023 and beyond.

[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*	HPSM has delivered CS-like services since 2014 and has developed structures to manage these relationships. Organizationally, HPSM has specific program managers and a team devoted to managing key relationships. The strategic partnerships team in collaboration with the provider services team has developed a core set of oversight measures that include many of the current DHCS contract requirements. Any gap in this area will likely be associated with provider capacity (e.g. staff turnover, delayed hiring) or performance since the oversight infrastructure has been in place for several years and will continue. HPSM will work closely with these providers to ensure that staffing capacity is adequate to deliver the services and create action plans if it is not.
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*	As with ECM providers, Community Support providers also completed an RFI. Most training and technical assistance needs identified were focused on orientating CS providers toward a different reimbursement model from previous reimbursement structures and providing assistance in MCP credentialing, reporting, and claims/encounter tracking. Cultural competency and the larger concept of health equity will be developed and aligned with current HPSM initiatives and will be assessed on an ongoing basis.
5. Plan to develop and administer a training and TA program for Community Supports (ILOS) Providers *100 word limit*	Similar to ECM providers, implementation training will begin with Provider Services and will be conducted with contracting activities. Ongoing technical support will be based on feedback from partners and the need to deliver new/unique requirements based on the DHCS contract. As mentioned previously, all the 2022 providers are currently working with HPSM. Program outcomes training will be developed and delivered in Q1 2022.
6. Plan to establish programs to support Community Supports (ILOS) workforce	This requirement assumes a baseline that is not consistent with our current experience. Hiring is an an intermittent issue but retention is a greater challenge and opportunity. HPSM is developing some options to improve retention of staff and seeking high

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*	performing partners who can reliably staff at appropriate levels and expand services and staffing a volume/needs arise.
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*	HPSM and San Mateo County Health and other county departments have a longstanding relationships that serve to continue to advance our work in organizing care systems that include ECM and CS. Many of the CS services have been part of a Health Plan/County relationship that spans 6-7 years as a convening named “Housing Our Clients,” Adult Services Oversight (mentioned above) or through other existing programs like MSSP and WPC. HPSM will look to evolve service offerings collaboratively with the County in the future through existing meeting/structures.

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*	There are no formal Tribal providers in San Mateo County. There are tribal providers available in the neighboring counties of San Francisco and Santa Clara counties that members can access, if needed. HPSM members who identify as American Indian or Alaska Native comprise 2% of our overall membership. As part of our population needs assessment we will continue to look at health disparities in this population. Currently, we have no record of HPSM members using tribal health services.
2. Outline a plan to establish a strategic partnership including any plans for formalization such as a MOU	HPSM allows for out of network utilization and we will monitor this utilization to determine if there is member interest in adding additional out of county Tribal providers to our network. If so, HPSM will execute MOUs or contracts as appropriate to meet the demand.

or other agreements *100 word limit*	
3. Describe plan to develop provider capacity and Community Supports (ILOS) services for members *100 word limit*	HPSM will our data for Community Support eligibility stratified by race and ethnicity. If we determine pockets of gaps related to this population, we will work with Tribal entities to assist in training or recruitment of providers with expertise in working with this population.

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*
HPSM is a COHS plan, so the only MCP in San Mateo County. As described above, HPSM is in process of (with letters of intent) or has already contracted with a number of County WPC entities and CBOs providing services through WPC. All ECM providers already have access to EMR/care management document systems, onboarding programs, billing systems and data exchange with HPSM. We have maintained and expanded the number of Community Support services that were being offered through WPC (housing suite plus nursing home transitions) and have similar contracts and systems in place with the providers. Additionally, 7 of our selected Community Supports will be available County-wide with 2 limited to MSSP transitioning members. We will work through 2022 and into 2023 on expanding the 2 limited CS services to be provided County-wide and will work with the providers for the other 7 CS to expand staffing if/when volume and needs increase.

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*
As described above, HPSM will continue to work with ECM providers to provide oversight and monitoring of a number of indicators which include but are not limited to, staffing sufficiency, caseload sizes, outreach and engagement trends, and needs to increase staff, expand services or training to meet the needs of the population of focus. Additionally, 7 of our selected Community Supports will be available County-wide with 2 limited to MSSP transitioning members. We will work through 2022 and into 2023 on expanding the 2 limited CS services to be provided County-wide and will work with the providers for the other 7 CS to expand staffing if/when volume and needs increase.

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*
HPSM will work with the WPC program to right-size current CS capacity, increase efficiency of provider base, identify alternative CS as appropriate, and create specialized services and support where it makes sense. The amount of capacity to serve members is not entirely relative to the number of providers in the network, rather the skill of the provider, caseload sizes and efficiencies and the alignment of services/expectation relative to roles and outcomes.