

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	Kern Health Systems
MCP County	Kern County
Program Year (PY) / Calendar Year (CY)	Program Year 1 / Calendar Year 2022

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

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

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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

KHS requests to reallocate the 10 unearned points from Community Supports Priority Area to the ECM Provider Capacity Building Priority Area. Based on the tiered evaluation methodology for Measure 1.3.4, KHS has earned the maximum points available as we elected to offer 6 Community Supports within the given time frame. The reason our Plan requests to allocate the 10 unearned points to ECM Provider Capacity Building Priority Area is due to the need for additional ECM Providers and staff in Kern County.

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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	<i>Mandatory 80 points</i>
<p>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:</p> <ol style="list-style-type: none"> (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. <p>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).</p> <p>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.</p>	

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MCP Submission	
<p>1. Describe approach to identify top 3-4 underserved populations in County and the ECM providers they are assigned to <i>100 word limit</i></p>	<p>Most populations in Kern County are underserved with 2/3 of the county designated as a Federal Medically Underserved Area (MUA) and/or as Medically Underserved Populations (MUP). KHS is committed to building a sustainable network to support the ECM population. KHS will collaborate with the other MCP partner to identify the top 3-4 underserved populations in Kern County.</p> <p>In addition, KHS is taking the following steps:</p> <ul style="list-style-type: none"> • Create a geographical map of Members and their provider assignment • Crosswalk geographical map with provider capacity staffing ratios as outlined in our policy to determine the top 3 - 4 underserved populations in Kern County
<p>2. Describe 3-4 concrete steps MCP will take to increase, by at least 20%, ECM Provider capabilities to electronically exchange care plan information and clinical documents with other care team members <i>100 word limit</i></p>	<p>The KHS ECM Care Team and Staff will provide training and education to ECM providers regarding required technologies and ability to leverage existing data exchange capabilities to electronically exchange information with other care team members. KHS will also fund the following to increase provider capabilities:</p> <ul style="list-style-type: none"> • Evaluate current EMR capabilities for electronic data exchange • Enhance Providers' EMR to share clinical documents • Implement standard data exchange file transfers for ECM Providers in Kern County • Add technical resources to provide support to ECM Providers
<p>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</p>	<p>All contracted ECM Providers have access to certified EHR technology. One does not have the ability to generate and manage care plans, although the other ECM Providers do. However, none of the EHR care management plans include automated interventions. KHS is proposing to increase the ECM Providers' access, by at least 20%, an enhanced care coordination component of the EHR with capability to generate automated evidence-based interventions and follow-ups. The steps to accomplish this include:</p> <ul style="list-style-type: none"> • Evaluate current state process/capabilities of ECM Providers' care management system • Fund software enhancement to enhance Provider care management system • Provide technical assistance to implement enhancements

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<p>system able to generate and manage a patient care plan <i>100 word limit</i></p>	
<p>4. Describe 3-4 concrete steps the MCP will take to increase, by at least 20%, ECM Provider abilities to submit a claim or invoice to an MCP or have access to a system or service that can process and send a claim or invoice to an MCP with information necessary for the MCP to submit a compliant encounter to DHCS <i>100 word limit</i></p>	<p>Current ECM providers have the capability to submit a claim or invoice. However, new CSS Providers do not have the ability to submit claims. The steps KHS will take to increase, by at least 20%, these providers' ability to submit a claim include:</p> <ul style="list-style-type: none"> • Develop a process for providers who do not have current ability to file claims/invoices • Provide education and training to providers for filing electronic claims/invoices per established process • Contract with Stria Clearinghouse to provide access to a service that can process claims or invoices for all providers
<p>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</p>	<p>KHS is committed to work closely with county and community partners to improve data integration, improve electronic data sharing capabilities and modernize data sharing agreements. KHS executed an Interagency Network Data Sharing Agreement with Bakersfield-Kern Regional Homeless Collaborative (BKRHC) to access Member data in HMIS system. Shared data includes Universal Data Elements, intake, medical condition, treatment plan/goals, enrollments and services related to the Homeless population. KHS has an MOU with Kern County Behavioral Health but confidentiality restrictions prohibit the agency sharing information regarding Members enrolled in their services. Therefore, KHS will leverage data received from DHCS for this population.</p>

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<p>electronic data sharing, capabilities among physical health, behavioral health and social service providers <i>100 word limit</i></p>	
<p>6. Describe approach for leveraging existing WPC infrastructure (if in WPC county), including tracking the ongoing viability of WPC infrastructure and improving data integration across behavioral health and physical health providers <i>100 word limit</i></p>	<p>WPC infrastructure will be evaluated to determine if the current platform is viable. Currently, WPC data infrastructure and data are not shared with the plan. However, since the Lead WPC entity is currently a HHP provider, our plan is to leverage the ECM data infrastructure to accommodate the WPC data exchange. One component of the data gap is the WPC providers ability to gather data from the AB 109 committee which identifies post incarcerated data as well as homeless status. Our plan is to work with WPC to create a full-service data sharing infrastructure.</p>
<p>7. Any additional Information on Delivery System Infrastructure Gaps in County <i>100 word limit</i></p>	<p>KHS recognizes infrastructure gaps for populations experiencing homelessness, SMI/SUD, and transitioning from incarceration. The county wide homeless census system will be leveraged to increase access to data but delivering care to the homeless population presents challenges. KHS will work with Kern County Behavioral Health, probation, and community partners to enhance data sharing agreements and bridge current gaps of KHS members in SMI/SUD population. KHS recognizes the need to better identify Members transitioning from incarceration. One approach is collaborating with our plan partners and leaders within AB 109 committee to create an infrastructure and communication loop to better close this gap.</p>

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Narrative Measures for Priority Area 2: ECM Provider Capacity Building

Gap-Filling Plan

1.2.5 Measure Description		<i>Mandatory 70 points</i>
<p>Submission of a narrative Gap-Filling plan demonstrating:</p> <ol style="list-style-type: none"> (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 <p>Gap-Filling Plan narrative should include approach for collaborating with other entities, including but not limited to, county social services, county behavioral health, public healthcare systems, county/local public health jurisdictions, community based organizations (CBOs), correctional partners, housing continuum, Tribes and Tribal providers (except for Plans in Counties without recognized Tribes), ECM providers and others to achieve the above activities, improve outreach to and engagement with hard to reach individuals within each Populations of Focus and reduce underlying health disparities</p>		
MCP Submission		
<ol style="list-style-type: none"> 1. Describe approach to address identified gaps in ECM Provider capacity for 	<p>KHS analyzed a geographical map of members and providers to determine the locations within Kern County that will benefit most from additional team members. For Program Year 1 Populations of Focus (PoF), KHS identified the need to add ECM care team members to meet the demand of adults experiencing homelessness, adult high utilizers, and adults with serious mental illness (SMI) or Substance Abuse Disorder (SUD).</p>	

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<p>Program Year 1 Populations of Focus and proposed targets, of at least 20% improvement, to address gaps <i>100 word limit</i></p>	<p>To address these gaps, KHS proposes increasing provider capacity by adding at least two additional care team members or increasing Provider capacity for each population of focus to close the gaps by at least 20%.</p>
<p>2. Identify ECM workforce, training, and TA needs in county, including specific cultural competency needs by county <i>100 word limit</i></p>	<p>In addition to increasing the number of ECM Providers, KHS plans to increase care management / care coordination and outreach staff at ECM Provider sites. KHS will also recruit and train Community Health Workers to provide ECM services. There are specific cultural competency needs in Kern County related to our vulnerable populations (homelessness and justice involved) and to our Hispanic and Black/African American ethnic and racial groups. KHS will include cultural competency education in training being developed by KHS staff and third-party vendors. This education will include specific TA training and be provided at onboarding and as on demand modules.</p>
<p>3. Describe plan for ECM Provider workforce recruiting and hiring of necessary staff to build and increase capacity by at least 20% <i>100 word limit</i></p>	<p>KHS will evaluate current ECM Provider sites to determine need to increase capacity. The evaluation includes assigned members, the engagement of assigned members, and the need to assign additional members to that site. KHS will work with providers to increase capacity by:</p> <ul style="list-style-type: none"> • Determining ECM site’s ability and willingness to expand their current case management workforce • Developing internal processes to create sufficient workforce to provide a full ECM model led and provided by the site. <p>KHS also plans to add at least two additional provider sites to increase capacity at locations within the county identified to have gaps.</p>
<p>4. Describe approach to develop and administer an MCP training and TA</p>	<p>KHS developed standardized training for providers and staff. Required training modules describe the goals and scope of the ECM, team member roles and how they should work together, the services that should be provided, and how ECM intersects with other California</p>

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<p>program for ECM Providers <i>100 word limit</i></p>	<p>state care coordination programs. The training introduces topics related to caring for the populations served under ECM and the impact of social determinants of health on members. KHS will continue to provide monthly training for ECM staff on focused topics. In addition, KHS is developing on-demand training that can be accessed by providers and staff as needed.</p>
<p>5. Describe strategy to ensure ECM Providers are successfully engaging with hard to reach Populations of Focus, including homeless and justice involved populations, among others <i>100 word limit</i></p>	<p>KHS will ensure Providers are engaging with hard to reach populations by:</p> <ul style="list-style-type: none"> • Providing list of assigned members to Providers • Collaborate with and help Providers conduct outreach and engagement calls <ul style="list-style-type: none"> ○ KHS will provide training on engagement process to promote communication that is culturally and linguistically appropriate. ○ KHS and ECM Providers will seek to engage hard to reach populations through “in reach” and “Outreach” strategies via multiple modalities including in person where the member lives, seeks care, or is accessible • KHS will partner with Providers to collaborate with local government and community-based organizations to meet members’ needs for engagement.
<p>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 <i>100 word limit</i></p>	<p>KHS has historically partnered with public agencies, private organizations and non-profit entities to implement evidence-based strategies to promote an expanded safety-net of quality services for members. KHS has agreements with county Social Service, Behavioral Health, and local Public Health agencies and will seek to expand its collaboration to meet ECM needs including:</p> <ul style="list-style-type: none"> • Partnering with Bakersfield-Kern Regional Homeless Collaborative (BKRHC) to access data in the Homeless Management Information System (HMIS) database to improve services to members experiencing homelessness • Partnering with the Community Corrections Partnership and other local law enforcement agencies to improve outreach and engagement of members experiencing transition from incarceration

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<p>7. Describe approach to build, develop, or invest in the necessary behavioral health workforce to support the launch of ECM <i>100 word limit</i></p>	<p>ECM providers either have Behavioral Health providers on staff or can refer to KHS contracted Behavioral Health providers. KHS will evaluate each ECM provider’s capacity to support the Behavioral Health needs of ECM members through these established contracts. If there is a gap in providers’ capacity, KHS will connect the site with its contracted mobile Behavioral Health unit to help meet the behavioral health needs of ECM members. KHS will also create a plan based on identified opportunities to enhance capacity and/or increase available Behavioral Health providers to meet demand.</p>
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Community Partners

1.2.6 Measure Description	
<i>Optional</i>	
<i>Report on One Optional Measure in ECM Provider Capacity Building Priority Area to Earn 30 Points</i>	
<p>Narrative summary that outlines landscape of Providers, faith-based groups, community-based organizations, and county behavioral health care providers and county behavioral health networks in the county and submission of a narrative plan to develop an MOU or other agreements with a subset of Providers, faith-based groups, county agencies and community-based organizations in the county to develop strategies for closing health disparities experienced by Populations of Focus, including agreement to meet at least quarterly to advance strategy.</p>	
MCP Submission	
<p>1. Describe the landscape in the county of:</p> <ul style="list-style-type: none"> a. ECM b. Providers c. Faith-based groups d. Community-based organizations 	<p>In addition to the community Provider groups contracted to provide clinical oversight and care management to eligible ECM members, Kern County has a plethora of faith-based, community-based organizations, and local government and health care plan partners/ providers. Currently KHS is participating in monthly whole person care collaborative meeting with other Community Based Organizations (CBOs). Kern Health System and plan partners will work closely with community agencies to continue collaborative meetings with the key stakeholders that include state and county agencies, CBOs and faith-based groups that can provided resources for the populations of focus.</p>

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<p>e. County behavioral health care providers and county behavioral health networks <i>100 word limit</i></p>	
<p>2. Describe approach to foster relationships with a subset of the organizations described above in 1. Approach should include at least quarterly meetings, and can potentially include and MOU or letter of agreement <i>100 word limit</i></p>	<p>KHS identifies agencies that will be affiliated with the ECM population and can provide referrals and/or ECM services. KHS then determines if an agreement for services or an MOU for collaboration would be appropriate and seeks to execute one if possible. In an effort to foster relationships with the organizations described in the previous question, KHS will promote collaboration between these stakeholders by attending and/or hosting quarterly meetings. During these meetings presentations will include state reports, census review and updates on activities.</p>
<p>3. Describe the strategy for closing identified health disparities with at least one strategy for each population of focus that will go</p>	<p>The top five health disparities include Hypertension, Dyslipidemia, depression, metabolic disorders, and asthma. KHS is working with providers and local agencies connecting members to innovative solutions such as funding for: Homeless: • ATV vehicles allowing access to homeless encampments to bring needed medical equipment (e.g. oxygen for members with asthma) High-Utilizer: • expanding office hours (increase access to treat hypertension/dyslipidemia)</p>

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<p>live in the County in 2022, for a total of at least five identified health disparities <i>100 word limit</i></p>	<p>SMI/SUD:</p> <ul style="list-style-type: none"> • test kitchen to overcome obstacles in sustaining healthy diet (decrease diabetes and other metabolic disorders) • mobile telehealth clinic vehicle to increase access to behavioral health care (treat depression) <p>Transitioning from Incarceration:</p> <ul style="list-style-type: none"> • work with Central California Asthma Collaborative providing asthma remediation services
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Tribal Engagement

1.2.7 Measure Description		<i>Mandatory 30 points</i>
Narrative summary that outlines landscape of Tribes, Tribal providers used by members in the county, and members in the county who use Tribal services, and submission of a narrative plan to develop an MOU to establish a strategic partnership with Tribes and Tribal providers in county to develop Provider capacity and provision of ECM services for members of Tribes		
MCP Submission		
<p>1. Outline the landscape of Tribes, Tribal providers, and members in the county who use Tribal services and will need ECM supports <i>100 word limit</i></p>	<p>The Tejon Indian Tribe of California is a federally recognized tribe of Kitanemuk, Yokuts, and Chumash indigenous people of California. Today they are the only federally recognized tribe in Kern County. As of January 2021, there were 1,111 members enrolled in the Tejon Tribe, a vast majority residing in the Bakersfield area of Kern County. There are 631 KHS members identified as American Indian with 59 of those members eligible for ECM services.</p>	
<p>2. Outline a plan to establish a strategic partnership including any plans for formalization such as</p>	<p>KHS is committed to provide sufficient and timely ECM Provider access for any identified American Indian enrollees eligible to receive ECM. Currently, there is not an American Indian Health Facility within the plan’s service area of Kern County.</p>	

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a MOU or other agreements <i>100 word limit</i>	However, KHS has established a strategic partnership with the Bakersfield American Indian Health Project. The project is a local Indian Health Service funded program. KHS will collaborate with the project to identify opportunities to improve care to tribal members.
3. Describe plan to develop provider capacity and ECM services for members <i>100 word limit</i>	Through collaboration with the Bakersfield American Indian Health Project, KHS will evaluate any gaps in less concentrated areas of Kern County without contracted ECM providers or services. Though the majority of Tejon Indian Tribe members are located in the Bakersfield area where there are multiple ECM providers available, the plan to address provider capacity needs is: <ul style="list-style-type: none"> • strategic engagement with Tribal partnerships and entities, including NAFT and Tejon Tribe leadership • drive greater identification efforts for eligible members and associated needs for Providers based on expressed concerns • further develop provider education on tribal membership • continued stratification across all ECM POF

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

1.2.9 Measure Description		<i>Mandatory 30 points</i>
Submission of narrative plan describing how the managed care plan will improve outreach to and engagement with the following Population of Focus: "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	The Point-in-Time count released in 2021 indicates approximately 2,150 Kern County residents are homeless. The top three racial / ethnic groups include Caucasian (71%), Black/African American (22%), and Hispanic (34%) residents. The latest Population Needs Assessment indicates that Caucasian residents make up 33.5% of the total population in Kern County, Hispanic residents total 54% and Black/African Americans represent only 6.3%. It is evident from these numbers that the most disproportionate groups experiencing	

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homelessness in the county <i>100 word limit</i>	homelessness in Kern County include Caucasian and Black/African American populations. The greatest disparity is among the Black/African American population.
2. Describe approach to improve outreach and engagement by at least 20% to Black/African American and other racial and ethnic groups who are disproportionately experiencing homelessness <i>100 word limit</i>	KHS will evaluate current outreach practices to determine specific practices that need to improve to increase engagement. KHS has partnered with community-based organizations as part of the Covid-19 incentive project to better reach out to members of minority groups. KHS plans to leverage these partnerships to strengthen relationships within these targeted groups. Through these relationships, KHS can partner with ECM providers to increase outreach efforts to Black/African American and other racial or ethnic groups disproportionately experiencing homelessness.

Engagement for Key Population of Focus: Individuals Transitioning from Incarceration

1.2.10 Measure Description	
<i>Optional</i>	
<i>Report on One Optional Measure in ECM Provider Capacity Building Priority Area to Earn 30 Points</i>	
Submission of narrative plan describing how the managed care plan will improve outreach to and engagement with the following Population of Focus: "individuals transitioning from incarceration who have significant complex physical or behavioral health needs requiring immediate transition of services to the community," with a focus on Black/African 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	According to the latest available census, there are 23,800 adult residents of Kern County who are incarcerated. Of this total, the top three racial and ethnic groups are Caucasian, Black/African American, and Hispanic. There are 8357 of Caucasian race (35%), 6133 of Black/African American race (26%), and 9146 of Hispanic ethnicity (38%).

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<i>100 word limit</i>	
2. Describe approach to improve outreach and engagement by at least 20% to Black/African American and other racial and ethnic groups who are disproportionately experiencing transitions from incarceration settings in the county <i>100 word limit</i>	<p>KHS has reached out to leaders for inclusion in the local Community Corrections Partnership. In addition to attending meetings, KHS is strengthening partnerships with leaders at Kern County Sheriff Department, Kern Behavioral Health and Recovery Services, and Kern County Probation to better serve members transitioning from incarceration.</p> <p>KHS will evaluate current outreach practices to determine specific practices that need to improve to increase engagement in the Black/African American racial group.</p> <p>KHS has partnered with community-based organizations as part of the Covid-19 incentive project. KHS plans to leverage these partnerships to strengthen relationships and increase outreach within the Black/African American population.</p>

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

Gap-Filling Plan

1.3.5 Measure Description	<i>Mandatory 80 points</i>
<p>Submission of a narrative Gap-Filling plan describing:</p> <ol style="list-style-type: none"> (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 	

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(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.

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MCP Submission	
<p>1. Describe 3-4 identified gaps or limitations in Community Supports (ILOS) coverage within the county. If the Community Supports (ILOS) Provider network/capacity will not reasonably allow for county-wide provision of Community Supports (ILOS) to all eligible Members in the county at the time of implementation, please provide a brief explanation.¹ <i>100 word limit</i></p>	<p>KHS holds MOUs with 4 local agencies and community-based organizations to provide 6 selected Community Support Services (CSS) for all eligible members throughout Kern county at implementation in January 2022. Identified gaps and limitations in CSS coverage include:</p> <ul style="list-style-type: none"> • Current MOUs are specific to a small segment of the KHS eligible population. • Although transportation will be provided to members in outlying areas, Providers are not available in every geographic area in Kern County • Housing Authority and Central California Asthma Collaborative (CCAC) will need to increase provider capacity to meet expected demand
<p>2. Describe the plan to increase number and/or reach of Community Supports (ILOS) offered in January 2022 or July 2022 <i>100 word limit</i></p>	<p>Beginning January 2022, KHS initially implemented six Community Supports to best mitigate the transition of our county’s previous WPC services based on population modeling. Beginning July 2022, KHS will add Community Integration Treatment, a tattoo removal service, for eligible Members. To increase reach of all CSS offered, KHS will:</p> <ul style="list-style-type: none"> • develop network utilizing IPP funding for appropriate investments including sustainable workforce capacity, IT, and data exchange • provide enhanced training for CBO Staff on outreach and engagement, care management, and referrals

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

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	<ul style="list-style-type: none"> • ongoing participation in community collaboratives with local entities beyond Metro-Bakersfield area • work closely with existing CBOs ensuring high-quality service delivery
<p>3. Identify Community Supports (ILOS) Provider capacity and MCP oversight capability gaps and plan to address gap with a gap closure of 20% <i>100 word limit</i></p>	<p>KHS completed geographical analysis of members who qualify for CSS and applied ratio of predicted engagement to determine expected demand, calculate and address gaps in capacity. However, CSS is a new program and expected demand and gaps in capacity are only estimates.</p> <p>The Kern County Housing Authority and The Central California Asthma Collaborative (CCAC) have agreed to add providers and/or increase provider capacity as needed to address gaps. To achieve a target of at least 20% improvement, KHS proposes increasing provider capacity by adding additional provider(s) and/or increasing provider capacity by an equal amount for identified gaps in CSS.</p>
<p>4. Identified Community Supports (ILOS) workforce, training, TA needs in region / county, including specific cultural competency needs by region/county, and a training gap closure of at least 20% <i>100 word limit</i></p>	<p>All CSS providers are new to the KHS network and will require training. The target is to train at least 20% of the entire CSS workforce to achieve the targeted training gap closure. KHS minority groups include Hispanic (52%), Black/African American (12%), and Filipino (1%) populations. In addition to the cultural competency needs of these racial/ethnic groups, there are specific cultural needs related to the vulnerable homeless population, and members experiencing transition from incarceration. KHS will include cultural competency education in training being developed by KHS staff and third-party vendors that will be available at onboarding and as on-demand modules.</p>
<p>5. Plan to develop and administer a training and TA program for Community Supports (ILOS) Providers <i>100 word limit</i></p>	<p>KHS will utilize various training methods and modalities to ensure that the training sessions are customized to the target audience's roles and responsibilities. Examples of training methods and modalities include in-person presentations, webinars, and self-study modules. Presentations may be conducted by KHS staff and contracted, or external, subject matter experts.</p> <p>Training will include eligibility and referral requirements, resource directories that outline populations served, services provided, and any KHS contracted agreements with the</p>

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	community Providers. Additional topics identified by KHS based on program, regulatory, and business requirements will be provided as necessary.
<p>6. Plan to establish programs to support Community Supports (ILOS) workforce recruiting and hiring, including incentives for Community Supports (ILOS) Providers to hire necessary staff, and increase Community Supports (ILOS) workforce by at least 20%</p> <p><i>100 word limit</i></p>	<p>KHS plans to evaluate CSS programs and analyze staffing ratios and demand for services to identify existing gaps. Incentive funds will be provided to CSS Providers to build their programs. Building CSS programs may include funds to provide specific services to members, to strengthen infrastructure, to increase the number of providers or to increase the providers' workforce, and/or to provide greater access to services.</p>
<p>7. Describe approach for collaborating with, Social Services, County Behavioral Health, and County/Local Public Health Agencies within the county to achieve the proposed activities</p> <p><i>100 word limit</i></p>	<p>KHS has historically partnered with public agencies, private organizations and non-profit entities to implement evidence-based strategies to promote an expanded safety-net of quality services for members. KHS is regularly participating in meetings with the Kern County Homeless Collaborative, the local Community Corrections Partnership, and Adult & Aging to better deliver support to members eligible for CSS. KHS is also collaborating with Neighborhood Partnerships to partner with social service agencies and schools to increase referrals to CSS.</p> <p>As KHS identifies key social service or county entities that can help to achieve the proposed CSS activities, KHS will partner with those groups.</p>

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Tribal Engagement

1.3.6 Measure Description	
<i>Mandatory 20 points</i>	
Narrative summary that outlines landscape of Tribes, Tribal providers in the county, and members in the county who use Tribal services and submission of a narrative plan to develop an MOU to establish a strategic partnership with Tribes and Tribal providers in county to develop Provider capacity and provision of Community Supports (ILOS) services for members of Tribes	
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) <i>100 word limit</i>	The Tejon Indian Tribe of California is a federally recognized tribe of Kitanemuk, Yokuts, and Chumash indigenous people of California. Today they are the only federally recognized tribe in Kern County. There are currently 631 Kern Family Health Care members identified as American Indian. KHS has identified 111 of these Tribal members as potentially eligible for Community Support Services.
2. Outline a plan to establish a strategic partnership including any plans for formalization such as a MOU	KHS is committed to provide sufficient and timely Community Supports Services for any identified American Indian enrollees eligible to receive CSS. Currently, there is not an American Indian Health Facility within the plan’s service area of Kern County. However, KHS has established a strategic partnership with the Bakersfield American Indian Health Project. The project is a local Indian Health Service funded program. KHS will collaborate with the project to identify opportunities to improve care to tribal members.

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<p>or other agreements <i>100 word limit</i></p>	
<p>3. Describe plan to develop provider capacity and Community Supports (ILOS) services for members <i>100 word limit</i></p>	<p>Although, at this time, there is no identified need to develop provider capacity and CSS services specifically for tribal members, KHS will continue to evaluate opportunities. KHS will continue to collaborate with county partners and CSS providers to develop capacity and community supports that will support future Tribal members' access of services. Through collaboration with the Bakersfield American Indian Health Project, KHS will evaluate gaps in other areas of Kern County and if gaps are identified, will work with the project to develop a plan to address CSS provider capacity needs for tribal members.</p>

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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

KHS established a partnership with Health Net, the commercial MCP for Kern County Medi-Cal. Through this partnership, KHS worked collaboratively with Health Net to develop an ECM Provider Certification application to be a shared resource between both plans allowing Providers to submit the same application to both KHS and Health Net. KHS and Health Net meet bi-weekly with Providers to discuss ECM core services, Member transitions / communication, data sharing, provider capacity and overall implementation strategies. KHS will continue to work collaboratively with Health Net to deploy innovative techniques to support the provider network and align processes to reduce duplication.

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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*

KHS established a partnership with Health Net, the commercial MCP for Kern County Medi-Cal to standardize the vetting and onboarding of new providers. KHS will continue to collaborate with Health Net to develop and administer county-wide standardized training on core components for ECM Providers within Kern County. The two plans also meet regularly with the current WPC lead entity to collaborate on the transfer of members from WPC to ECM.

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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*

KHS established a partnership with Health Net, commercial MCP for Kern County Medi-Cal to leverage and expand existing WPC capacity. The two Managed Care Plans meet regularly to collaborate on member transfer from WPC. After January, KHS will lead these collaborative meetings and will likely retain a 3rd party facilitator to assist with the formal collaborative process

The team is collaborating on CSS expansion and will agree on a Community Based Organization referral platform to standardize documentation and referral process for CSS providers.

KHS and Health Net closely aligned the CSS they are focusing on the first two program years.