

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	Kaiser Foundation Health Plan, Inc.
MCP County	Placer 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	100
3. Community Supports (ILOS) Provider Capacity Building and Community Supports (ILOS) Take-Up	Minimum of 30%	300	200
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

Kaiser Permanente plans to offer two Community Supports services in Placer County in 2022. As such, the Plan is eligible only to receive a maximum of 60 points for Measure 1.3.4 out of possible 80 points.

On February 18, 2022, DHCS informed the Plan that due to the evaluation criteria for Measure 1.3.4, the Plan may request the differential be allocated to another measure.

The Plan requests that the unearned 20 points from Measure 1.3.4 be reallocated to Measure 1.1.3.

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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

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	
<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>Kaiser Permanente (KP) identifies the three underserved populations by using a data algorithm based on DHCS criteria to define the three underserved populations of focus. The algorithm is run regionally across all plan partners and counties. All members are assigned to KP as the Lead ECM Provider. The ECM Provider reviews the Member chart and confirms eligibility. Referrals can also be made by internal and external sources, including internal KP providers and departments and external KP providers (e.g., The Community-Based ECM Provider).</p>
<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>Kaiser Permanente as Lead ECM Provider: 1) Provides care teams access to HealthConnect (care management system) to enter assessments, care plans, progress notes, and invoices; 2) Provides HealthConnect training and support, allowing teams to exchange clinical information; 3) Uses several tools to share data securely with contracted providers (e.g., Secure File Transfer). The KP Lead ECM Care Manager makes appropriate updates to the care plan based on the contracted entities' feedback and retains oversight. 4) Provides contracted entities with CareLink (read-only access to care plans and clinical documents); 5) Identifies opportunities to enhance HealthConnect and Epic for care plan sharing.</p>
<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 system able to</p>	<p>Kaiser Permanente as the lead ECM provider will Provide HealthConnect access to internal ECM providers, system training and helpdesk support to document, update, and exchange care plan information and clinical documents. KP will use a combination of tools to share data securely with community-based providers (CBP), including secure fax and Secure File Transfer Protocol. Care Plan updates provided by CBP ECM providers will be shared by phone, during case conference rounds, etc. The KP Lead ECM Care Manager will make updates to the Care Plan based on CBP feedback. KP Lead ECM Care Manager retains ownership and oversight of the member's care plan within HealthConnect. CBP can access a CareLink via read only access to a member's care plan information and</p>

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<p>generate and manage a patient care plan <i>100 word limit</i></p>	<p>clinical documents. KP will identify opportunity to enhance HealthConnect and Epic for Care Plan sharing.</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>Kaiser Permanente is leveraging current technology, EMR, and claims teams to design and implement the following components: 1) Ensure KPHC Tapestry system can process internal services provided by KP providers. 2) Provide external ECM and CS CBPs providers access to our clearing house, Office Ally, for submission of Claims in 837p format. 3) Work with external providers to support the submission of claims by ensuring they have all the necessary data elements required like NPI. Provide data guidance via companion guides, technical assistance, resources for secure connections and critical instructions like bundling of encounters for the same HCPCS/Modifier combination for the same subscriber by the same provider on the same DOS. For those providers who are unable to send us claims, Kaiser will convert and report utilization via 837p files on their behalf for services reimbursed via invoice (enhanced with simple proprietary spreadsheets submitted by providers that has key data elements to create an 837p). Kaiser Permanente is ensuring that all claims are converted to capitated encounters and reported via the standard outbound encounter reporting process 4) Provide opportunities to obtain funding for contracted ECM Providers working for a CP to implement billing systems to ensure ECM Providers can submit claims.</p>
<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 electronic data</p>	<p>Kaiser Permanente has established regular meetings with Placer County to discuss ways to improve data integration. Kaiser Permanente will work in conjunction with the Placer County Collaborative to identify approaches to improve data integration and data sharing. KP will also identify county liaisons who will participate on ECM care teams and attend case conferences. Kaiser Permanente is developing a strategy to improve bi-directional data exchange.</p>

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<p>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>Kaiser Permanente has collaborated with the Placer Whole Person Care (WPC) lead entity to leverage existing WPC infrastructure to successfully transition the WPC populations into ECM. Activities include but are not limited to establishing processes for data exchange and eligibility through the transition, as well as notifications to enrollees and Community partners of the transition. KP will continually identify gaps and opportunities including those related to the homeless population transitions, identified as a priority. KP will also continually engage relevant community partners through the Placer County collaborative group.</p>
<p>7. Any additional Information on Delivery System Infrastructure Gaps in County <i>100 word limit</i></p>	<p>Kaiser Permanente and Placer County do not have interoperable health records. However, Kaiser and Placer have established a process to escalate care delivery issues and exchange PHI securely and efficiently until interoperability is achieved. Significant investments need to be made in the county to connect health care, housing, behavioral health, justice involved and child welfare datasets. Certain Community Supports would benefit from having licensed nursing, administrative and behavioral health staff positions to serve the Populations of Focus and to be able to perform information sharing with the ECM and billing and authorization support. We see a future, where the managed care plans, County and the State look at upstream solutions for increasing the number of people choosing these professions to overcome current and future shortages of licensed staff.</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>Kaiser Permanente’s provider capacity in Program Year 1 meets current projected enrollment. Additionally, ECM providers who have deep experience with each Population of Focus have been contracted and exist internally within our ECM model. KP will conduct monthly business meetings to continuously review Member ECM eligibility and discuss</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>Provider capacity. If there is a need to increase capacity, KP will work with contracted entities to add team members.</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>To address the needs in Placer County, KP is providing training on ECM workflows and new technology tools. Also, KP will provide training on the needs of 2022 Populations of Focus: Homeless, High Utilizers and SMI/SUD. Additional training includes cultural competency training on the needs and health systems of American Indians.</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>KP will conduct monthly business meetings to review Member ECM eligibility and discuss Provider capacity. If there is a need to increase capacity, KP will work with contracted entities to add team members or will develop plans to increase internal capacity. KP is partnering with external providers who recruit and hire team members with lived experiences that reflect the ECM Populations of Focus.</p>
<p>4. Describe approach to develop and administer an MCP training and TA program for ECM Providers</p>	<p>KP has collaborated with the Community-Based ECM Provider (CBP) to understand their areas of expertise and their training and technical assistance (TA) needs on topics including authorizations, referrals, claims, eligibility, data sharing, member engagement, grievances and appeals, operations, and others. The CBP management team will attend KP's ECM training for frontline staff and will have access to support tools such as FAQs, workflow documents and job aids. Throughout Year 1, KP will collaborate with the CBP to determine</p>

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<p><i>100 word limit</i></p>	<p>and develop training materials for CBP frontline staff. Training needs will be a standing item on monthly CBP and KP business meeting agendas. Through the Placer County collaborative group, we will continue local level discussions to identify regional and/or statewide opportunities to collaborate on training and TA needs to minimize burden on ECM providers.</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>KP Lead Care Managers will be responsible to ensure appropriate outreach to all ECM members including those who are hard to reach. The Lead Care Managers receive daily reports on ED and inpatient transitions, including KP and non-KP hospitals. For populations that are hard to reach, the Lead Care Manager will review the daily reports and attempt to meet members at appointments or at other points of service. Contracted ECM Providers will conduct in person outreach to hard-to-reach Populations of Focus starting Q3 2022.</p>
<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>Kaiser will utilize quarterly meetings with county behavioral health and monthly meetings with Managed Care Plan collaborative to collaborate with Social Services and other stakeholders to improve outreach to and engagement with hard-to-reach individuals within each Populations of Focus and reduce underlying health disparities. KP will participate in the Placer County Collaborative, which plans to engage key stakeholders, including but not limited to, county social services, county behavioral health, public healthcare systems, county/local public health jurisdictions, community-based organizations, correctional partners, housing continuum, tribes and tribal providers , community partners 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>

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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>Discussions will continue to understand how to best support behavioral health workforce development in our provider network and with our county partners, with a focus on streamlining workflows for referral and follow-up. 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. We will continue these efforts with the behavioral health providers related to populations of focus coming on in 2023.</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>KP is participating in the Placer County Collaborative, which has plans to leverage longstanding relationships with many ECM providers, faith-based groups, community-based organizations (CBOs), and behavioral health providers and networks in Placer County, and to seek opportunities to build new relationships. These plans include quarterly meetings with the, county, provider, and CBO partners to engage key stakeholders, including but not limited to the organization and provider types listed in this section.</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>KP is participating in the Placer County Collaborative, which has plans to leverage longstanding relationships with many ECM providers, faith-based groups, community-based organizations (CBOs), and behavioral health providers and networks in Placer County, and to seek opportunities to build new relationships. These plans include quarterly meetings with the, county, provider, and CBO partners to engage key stakeholders, including but not limited to the organization and provider types listed in this section.</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>Homeless: On a daily basis, identify temporary housing vouchers that can be provided to Members who do not have housing. Adult High Utilizers:</p> <ul style="list-style-type: none"> • Reduce hypertension in the African-American Population by providing blood pressure machines • Attend high utilizer rounds with inpatient care coordinators to identify strategies to support members upon discharge <p>SMI/SUD:</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>	<ul style="list-style-type: none"> • Diabetes screening for patients who have been diagnosed with schizophrenia; • Partner with an external organization to provide medication support and after hours support for SMI/SUD Members
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Tribal Engagement

1.2.7 Measure Description		<i>Mandatory 30 points</i>
<p>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</p>		
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>Kaiser Foundation Health Plan, Inc. has one contract fully executed with an Indian Health Facility in Placer County, Chapa-de. The Plan estimates there are between 17 and 58 members in Placer County who use Tribal services and may qualify for ECM. KP will reach out to their tribal primary care providers as noted by care individual plan needs.</p>	
<p>2. Outline a plan to establish a strategic partnership including any plans for formalization such as</p>	<p>Kaiser Foundation Health Plan, Inc. (the Plan) is required to contract with each willing Indian Health Facility (IHF) in Sacramento County. Kaiser Permanente has one contract fully executed with an Indian Health Facility in Placer County, Chapa-de. Kaiser has been continuously reaching out to all IHFs in Placer County since 2018.</p>	

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a MOU or other agreements <i>100 word limit</i>	In cases where tribal members enrolled in ECM request to receive ECM services at Indian Health Facilities other than Chape De, the Plan will strive to enter into Letters of Agreements or other formal arrangements to address the needs of members. The Plan will work to ensure that members who prefer to receive ECM services from tribal providers will have the ability to do so.
3. Describe plan to develop provider capacity and ECM services for members <i>100 word limit</i>	Kaiser has one contract fully executed with an Indian Health Facility in Placer County, Chapa-de. KP will continue to proactively outreach to Tribal providers and collaborate. This could include providing technical assistance and training; and supporting these providers in expanding their footprint. KP will help develop capacity and ECM services that will support Tribal members accessing these services as needed.

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 <i>100 word limit</i>	According to County of Placer Health and Human Services, 600+ individuals are homeless in Placer County. <ul style="list-style-type: none"> ○ American Indian or Alaska Native: 3.2% of homeless compared to .5% of general population ○ Black/AA: 7.4% of homeless compared to 1.7% of general population ○ Multiple races: 10.5% of homeless compared to 4.9% of general population
2. Describe approach to improve outreach	KP's diverse staff will conduct targeted outreach and engagement to homeless populations, particularly those racial and ethnic groups that are disproportionately experiencing

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<p>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></p>	<p>homelessness. KP’s community-based ECM Provider will provide intensive outreach to members that are particularly challenging to engage and hard-to-reach. The intensive outreach will be conducted in community-based settings (e.g., churches, homeless encampments, cafes, recycling centers, food banks) in alignment with the member’s preference for ongoing engagement. This will also include meeting members at their preferred times of day and based on their communication preferences. Plans are underway for ongoing tracking of homeless populations by racial/ethnic groups. KP will enhance its outreach activities based on ongoing data analysis.</p>
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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>	
<p>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.</p>	
MCP Submission	
<p>1. Identify and describe top 3 – 4 racial and ethnic groups that are incarcerated in the county <i>100 word limit</i></p>	
<p>2. Describe approach to improve outreach and engagement by at least 20% to Black/African</p>	

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American and other racial and ethnic groups who are disproportionately experiencing transitions from incarceration settings in the county <i>100 word limit</i>	
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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> <ul 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 (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 <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, Community Supports (ILOS)</p>	

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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	
<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>There are gaps in housing support in Placer County. According to the County of Placer Health and Human Services, 600+ people in Placer County experience homelessness on any given night. The report identified 3 opportunities for improvements in ending homelessness that are needed in the county: 1. Improve coordination and align priorities; 2. Increase system capacity; and 3. Explore and address disparities in program outcomes. While KP is partnering with Community Based Providers and has contracted with CS providers to offer housing-related CS, the lack of temporary and permanent housing solutions are barriers to success.</p>
<p>2. Describe the plan to increase number and/or reach of Community Supports</p>	<p>KP will continue to provide 2 Community Supports services (Housing Navigation & Housing Tenancy) that went live on January 1, 2022. KP continues to conduct monthly data analysis of member needs to determine additional Community Supports to be offered in July 2022.</p>

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

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<p>(ILOS) offered in January 2022 or July 2022 <i>100 word limit</i></p>	
<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>KP's provider capacity in Program Year 1 meets current projected enrollment. Additionally, Community Supports providers who have deep experience with housing tenancy and housing sustaining services have been contracted and exist internally within KP's ECM model. KP will conduct monthly business meetings to review Member housing navigation and housing tenancy eligibility and discuss Provider capacity. If there is a need to increase capacity, KP will work with contracted entities to add team members.</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>KP is facilitating all required cultural competency training required by DHCS. KP is prepared to provide additional training based on needs identified. KP leverages the existing relationships of our contracted entities to ensure the housing services provided are relevant to the community members.</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>KP has collaborated with contracted CS Providers to understand their areas of expertise and their training and TA needs on topics including authorizations, referrals, claims, eligibility, data sharing, member engagement, grievances and appeals, operations, and others. The provider management team will attend KP's ECM training for frontline staff and will have access to support tools such as FAQs, workflow documents and job aids. Throughout Year 1, KP will collaborate with the provider to determine and develop training materials for provider frontline staff. Training needs will be a standing item on monthly</p>

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	<p>provider and KP business meeting agendas. Through the Placer County collaborative, KP will continue local level discussions to identify regional and/or statewide opportunities to collaborate on training and TA needs to minimize burden on CS providers.</p>
<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% <i>100 word limit</i></p>	<p>KP will work with contracted entities to determine workforce needs. KP is partnering with external Providers who recruit and hire team members who have experienced homelessness or risk of homelessness.</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 <i>100 word limit</i></p>	<p>KP will utilize quarterly meetings with county behavioral health and monthly meetings with the Placer County collaborative to collaborate with Social Services and other stakeholders to improve outreach to and engagement with hard-to-reach individuals within each Populations of Focus and reduce underlying health disparities. KP will participate in the Placer County collaborative that has plans to engage key stakeholders, 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 , community partners 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>

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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>	Kaiser Foundation Health Plan, Inc. has one contract fully executed with an Indian Health Facility in Placer County, Chapa-de. The Plan estimates there are between 17 and 58 members in Placer County who use Tribal services and may qualify for ECM. KP will reach out to their tribal primary care providers as noted by care individual plan needs.	
2. Outline a plan to establish a strategic partnership including any plans for formalization such as a MOU	Kaiser Foundation Health Plan, Inc. (the Plan) is required to contract with each willing Indian Health Facility (IHF) in Sacramento County. Kaiser Permanente has one contract fully executed with an Indian Health Facility in Placer County, Chapa-de. Kaiser has been continuously reaching out to all IHFs in Placer County since 2018. In cases where tribal members enrolled in ECM request to receive ECM services at Indian Health Facilities other than Chape De, the Plan will strive to enter into Letters of Agreements or other formal arrangements to address the needs of members. The Plan will work to ensure that members who prefer to receive ECM services from tribal providers will have the ability to do so.	

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or other agreements <i>100 word limit</i>	
3. Describe plan to develop provider capacity and Community Supports (ILOS) services for members <i>100 word limit</i>	Kaiser has one contract fully executed with an Indian Health Facility in Placer County, Chapa-de. KP will continue to proactively outreach to Tribal providers and collaborate. This could include providing technical assistance and training; and supporting these providers in expanding their footprint. KP will help develop capacity and ECM services that will support Tribal members accessing these services as needed.

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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

KP is participating in the Placer County collaborative, which has plans to leverage longstanding relationships with many ECM providers, faith-based groups, CBOs, and BH providers and networks in Placer County, and to seek opportunities to build new relationships. These plans include quarterly meetings with the, county, provider, and CBO partners to engage key stakeholders, including but not limited to the organization and provider types listed in this section.

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

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MCP Submission *100 word limit*

Kaiser Permanente is participating in the Placer County collaborative. This group has been heavily engaged with our plan partners, county partners, providers, and CBOs to prepare for and support ECM and Community Supports implementation. The Collaborative is in the process of engaging an external facilitator to formalize this robust, transparent stakeholder engagement process in 2022 and beyond. The Collaborative has plans to 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 these good faith efforts to collaborate.

1.3.7 Community Supports (ILOS) Provider Capacity Building and Community Supports (ILOS) Take-Up Measure Description

Mandatory

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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*

Kaiser Permanente, through our participation with the Placer County collaborative, has plans to work collaboratively with other MCPs in Placer County to identify opportunities to expand Community Supports provider capacity.