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	L.A. Care Health Plan
MCP County	Los Angeles
Program Year (PY) / Calendar Year (CY)	Program Year 1 / Calendar Year 2022

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

Priority Area	Percentage of Points Allocated to Each Priority Area	Points Needed to Earn Maximum Payment 1	MCP Discretionary Allocation of Remaining 300 points *(MCP to enter point values in cells below)*
1. Delivery System Infrastructure	Minimum 20%	200	300
2. ECM Provider Capacity Building	Minimum of 20%	200	0
3. Community Supports (ILOS) Provider Capacity Building and Community Supports (ILOS) Take-Up	Minimum of 30%	300	0
4. Quality	Optional measures with values allocated to either ECM or Community Supports (ILOS)	N/A To be allocated to ECM or Community Supports (ILOS) based on measure	N/A To be allocated to ECM or Community Supports (ILOS) based on measure
Total Points		700	300

MCP can earn up to 1000 points across the full set of measures, including those listed here and in the accompanying excel Needs Assessment file. If an MCP achieves only a subset of measures, it will earn a partial payment.

Option for MCP to request more than 300 points to be allocated at their discretion. Please describe (in the box below) the preferred allocation and reason if MCP is requesting allocation different from that above. *100 word limit*

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

Narrative Measures for Priority Area 1: Delivery System Infrastructure

Gap-Filling Plan

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

MCP Submission	
1. Describe approach to identify top 3-4 underserved populations in County and the ECM providers they are assigned to *100 word limit*	L.A. Care, in collaboration with the County and other MCPs, identifies the top 3-4 underserved populations in L.A. County to include those experiencing homelessness, those with a mental health and/or substance use disorder need and those exiting incarceration. L.A. Care strives to connect members to providers with an existing connection to the member. Otherwise, preference is given to providers that previously served the member whenever possible. L.A. Care will attribute members based on Population(s) of Focus, matching the member to a specialty ECM Provider (i.e. homeless services agency) when possible, as well as partnering with provider & community referral sources.
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*	L.A. Care and its global subcontractors will 1) provide access to care management systems for providers to directly enter assessments, care plans, progress notes, and submit invoices, and 2) provide system training and helpdesk support for enabling platforms. L.A. Care will provide a template Care Plan to ECM Providers, or ECM Providers may use their own Care Plan tool so long as it meets all ECM requirements. L.A. Care will also 3) provide opportunities to obtain early funding for additional activities to ensure this capability through an application process that will be offered in early 2022.
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	Again, L.A. Care and its global subcontractors will 1) provide access to our care management systems for providers to directly enter assessments, care plans, progress notes, and submit invoices, and 2) provide system training and helpdesk support. Care team members will be able to generate and incorporate updates to a patient care plan through these platforms. L.A. Care will also 3) provide opportunities to obtain early funding for additional activities to ensure this capability through an application process that will be offered in early 2022.

system able to generate and manage a patient care plan *100 word limit*	
4. Describe 3-4 concrete steps the MCP will take to increase, by at least 20%, ECM Provider abilities to submit a claim or invoice to an MCP or have access to a system or service that can process and send a claim or invoice to an MCP with information necessary for the MCP to submit a compliant encounter to DHCS *100 word limit*	L.A. Care and its global subcontractors give providers access to our clearing houses for the submission of claims. All claims will be converted to encounters and managed to share encounter reports with DHCS via SFTP. L.A. Care and its subcontractors will also allow providers with limited billing capacity to submit invoices that serve as evidence of service provision, using various tools within their systems. L.A. Care will provide technical assistance through webinars, written materials and individualized support to facilitate the submission of provider claims and/or invoices as evidence of services rendered to our members.
5. Describe approaches for collaborating with, Social Services, County Behavioral Health, and County/Local Public Health Agencies within the county to improve data integration and	Through the L.A. County IPP Planning Roundtable, L.A. Care will collaborate with our plan, LA DHS, LA DMH, LA DPH and other critical stakeholders within L.A. County to improve data integration and electronic data sharing capabilities using best practices. Efforts will include: 1) understanding current state of data exchange within L.A. County, including, HIEs, HMIS, justice involved systems, behavioral health, foster care and other datasets critical to supporting whole person care; 2) collaborating on a process to modernize data sharing agreements; 3) collaborating on a county-wide multi-year roadmap; and 4) identifying sources of funding that can be braided together.

electronic data sharing, capabilities among physical health, behavioral health and social service providers *100 word limit*	
6. Describe approach for leveraging existing WPC infrastructure (if in WPC county), including tracking the ongoing viability of WPC infrastructure and improving data integration across behavioral health and physical health providers *100 word limit*	L.A. Care collaborated with other MCPs and the WPC Lead Entity to leverage existing WPC infrastructure in L.A. County to support successful transition of the populations. Activities include but are not limited to establishing processes for data exchange and eligibility through the transition; as well as notifications to partner entities, enrollees, and the public of the transition. We will continually engage providers to improve data integration jointly with our plan, county, provider, and CBO partners through our L.A. County IPP Planning Roundtable, enabling us to collectively identify gaps and opportunities.
7. Any additional Information on Delivery System Infrastructure Gaps in County *100 word limit*	L.A. Care will want to further explore improvements to data exchange between the justice, homeless, behavioral health and health sectors for 2023.

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,	Since 2020, L.A. Care has been heavily engaged with Health Net and our global sub-contractors, county partners, providers, and CBOs to address identified gaps in ECM provider capacity in L.A. County, which have been informed through our provider capacity survey and ongoing provider engagement. L.A. Care will re-evaluate the ECM Provider network adequacy and sufficiency based on member need and service provision, geography, and ability to meet ECM requirements on a quarterly basis. This includes review of quarterly provider staffing and capacity reports. L.A. Care and its global subcontractors plan to onboard new providers regularly through 2023.

	of at least 20% improvement, to address gaps *100 word limit*	
2.	Identify ECM workforce, training, and TA needs in county, including specific cultural competency needs by county *100 word limit*	L.A. Care has collaborated with Health Net and our global subcontractors to survey ECM providers to identify workforce, training, and TA needs in L.A. County. Through our initial certification activities, we have identified that different types of providers will have different needs, although many will likely need staffing and other start-up costs support. Initial surveys indicate the greatest training needs are in the areas of motivational interviewing, implicit bias, member engagement, managed care 101, person-centered care planning, documentation and other training specific to particular populations of focus.
3.	Describe plan for ECM Provider workforce recruiting and hiring of necessary staff to build and increase capacity by at least 20% *100 word limit*	L.A. Care will be proving initial, up-front, assistance to targeted providers who will become the ECM provider for members transitioning from the WPC program. This will be a fixed funding amount per FTE required to accommodate the transition and based on a 1:50 caseload ratio for ECM Lead Care Managers. L.A. Care will also work with our global subcontractors to provide opportunities to obtain early funding for additional staffing capacity through an application process that will be offered in early 2022. L.A. Care will also be exploring potential partnerships through training entities and partners currently providing workforce recruitment services.
4.	Describe approach to develop and administer an MCP training and TA program for ECM Providers *100 word limit*	L.A. Care has collaborated with Health Net and our global subcontractors to survey ECM providers to understand their areas of expertise and their training and TA needs. Based on the results, we are developing a training and TA program that uses live and on-demand webinars on topics including authorizations, referrals, claims, eligibility, data sharing, member engagement, grievances and appeals, operations, and others. We will continue local level discussions with MCPs to identify regional and/or statewide opportunities to collaborate on training and TA needs to minimize burden on our providers.
5.	Describe strategy to ensure ECM Providers are	L.A. Care and its global subcontractors will have regular calls and/or meetings with each ECM Provider to review outreach and engagement progress, Care Plan completion rates, and difficult member cases. L.A. Care will maintain more frequent contact with ECM

successfully engaging with hard to reach Populations of Focus, including homeless and justice involved populations, among others *100 word limit*	Providers as needed to address member cases, provide technical assistance and support ECM Providers with quality improvement efforts. ECM providers will be encouraged to attend supplemental ECM training offered by L.A. Care. Training and TA to ECM providers shall be offered through a variety of modalities, including, but not limited to learning collaboratives, webinars, written materials and account management and support.
6. Describe approaches for collaborating with, Social Services, County Behavioral Health, and County/Local Public Health Agencies within the county to achieve the above activities *100 word limit*	Through our L.A. County IPP Planning Roundtable which will meet at least quarterly, L.A. Care and our plan, county, provider, and CBO partners will ensure involvement of key stakeholders, including but not limited to, county social services, county behavioral health, public healthcare systems, county/local public health jurisdictions, CBOs, correctional partners, housing continuum, ECM providers and others to achieve the above activities, improve outreach to and engagement with hard to reach individuals within each Populations of Focus, and reduce underlying health disparities.
7. Describe approach to build, develop, or invest in the necessary behavioral health workforce to support the launch of ECM *100 word limit*	We recognize and are committed to partnering to address the statewide, systemic issue of behavioral health workforce shortages. L.A. Care surveyed our ECM behavioral health providers to understand workforce needs, including specific questions about current and planned FTEs, caseload, and staffing needs or gaps. Based on the results, we will continue local level discussions to understand how we may best support behavioral health workforce development with our plan, county, provider, and CBO partners. We will also conduct environmental scans to identify efforts already in place to ensure non-duplication of efforts. These discussions will inform our behavioral health workforce investment approach.

Community Partners

1.2.6 Measure Description	
Optional *Report on One Optional Measure in ECM Provider Capacity Building Priority Area to Earn 30 Points*	
Narrative summary that outlines landscape of Providers, faith-based groups, community-based organizations, and county behavioral health care providers and county behavioral health networks in the county and submission of a narrative plan to develop an MOU or other agreements with a subset of Providers, faith-based groups, county agencies and community-based organizations in the county to develop strategies for closing health disparities experienced by Populations of Focus, including agreement to meet at least quarterly to advance strategy.	
MCP Submission	
1. Describe the landscape in the county of: a. ECM b. Providers c. Faith-based groups d. Community-based organizations e. County behavioral health care providers and county behavioral health networks *100 word limit*	Across all MCPs, we expect that on January 1, 2022, approximately 57 providers will be contracted to provide ECM services. A 2011 report by the USC Center for Religion and Civic Culture estimated that over 8,600 religious nonprofits existed in L.A. County in 2010. Some estimates are that over 60,000 CBOs are currently operating. L.A. DMH currently directly operates 75 program sites, over 100 co-located sites and contracts with over 1000 community providers. LA DPH currently works with over 350 SUD providers in the county. These numbers may not include other community clinics and private providers of BH services. Plan wishes to report on this measure and acknowledges no points can be earned for the measure. Plan selects to be measured on Measure 1.2.3.

2.	Describe approach to foster relationships with a subset of the organizations described above in 1. Approach should include at least quarterly meetings, and can potentially include and MOU or letter of agreement *100 word limit*	L.A. Care and its global subcontractors have longstanding relationships with many ECM providers, faith-based groups, CBOs, and BH providers and networks in L.A. County, and we continually seek opportunities to build new relationships. For the purposes of launching ECM and Community Supports, we will begin by strategically partnering with the above existing networks and other community based networks with plans to expand outreach to others on an ongoing basis. Through our L.A. County IPP Planning Roundtable, which will meet at least quarterly, L.A. Care and our plan, county, provider, and CBO partners will ensure involvement of key stakeholders. Plan wishes to report on this measure and acknowledges no points can be earned for the measure. Plan selects to be measured on Measure 1.2.3.
3.	Describe the strategy for closing identified health disparities with at least one strategy for each population of focus that will go live in the County in 2022, for a total of at least five identified health disparities *100 word limit*	1) Access to care challenges all populations of focus (POF). We plan to train our network on hard-to-reach populations specific to POF. 2) We will improve linkages between ECM and CS providers to improve housing status; 3) For our SMI POF we will continue to engage BH provider in our ECM network to improve mental health. 4) We will improve quality of care through improved treatment adherence by training providers on reducing treatment barriers. 5)To improve mortality among the reentry POF, we will connect with the L.A. County DHS care transitions team in jail to do cross referrals into ECM. Plan wishes to report on this measure and acknowledges no points can be earned for the measure. Plan selects to be measured on Measure 1.2.3.

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*	L.A. Care and its global subcontractors are committed to working collaboratively with Tribal Partners on ECM. Although Los Angeles does not have any associated tribal partners, Los Angeles is home to the United American Indian Involvement, Inc. (UAII), which is the largest provider of health and human services for American Indians/Alaskan Natives living in the County of Los Angeles. UAII provides health services, substance abuse services, and behavioral and mental health services to members.
2. Outline a plan to establish a strategic partnership including any plans for formalization such as a MOU or other agreements *100 word limit*	To date, UAII has declined partnering with L.A. Care on ECM and Community supports but we will continue to reach out periodically to revisit partnership. We remain committed to serving American Indians and Alaskan Natives, improving access to care, using existing tribal programs, and working together to improve the health of their communities. We will partner with Health Net and our global sub-contractors to ensure we have a unified approach to establish strategic partnerships with any willing Tribal providers. The MCPs are partnering with providers who do have active, collaborative relationships with UAII to keep possibilities open for future partnership.
3. Describe plan to develop provider capacity and ECM services for members *100 word limit*	L.A. Care Health Plan will continue to outreach to UAII in effort to coordinate in advance of the launch of ECM. In the meantime, L.A. Care and its global subcontractors will ensure sufficient and timely ECM Provider access for American Indian enrollees through the same network and oversight mechanisms used for all ECM member populations. These mechanisms include ensuring an adequate ECM provider network and ongoing monitoring

	for equity in access to ECM services and addressing identified disparities. L.A. Care will also continue partnering with our MCPs, county partners, providers, and CBOs to address gaps in ECM provider capacity.

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

1.2.9 Measure Description	
	Mandatory
	30 points
Submission of narrative plan describing how the managed care plan will improve outreach to and engagement with the following Population of Focus: "people experiencing homelessness or chronic homelessness, or who are at risk of becoming homeless with complex health and/or behavioral health conditions," with a focus on Black/African American and other racial and ethnic groups who are disproportionately experiencing homelessness	
MCP Submission	
1. Identify and describe top 3 – 4 racial and ethnic groups that are disproportionately experiencing homelessness in the county *100 word limit*	L.A. Care identified the following racial and ethnic groups that disproportionately experience homelessness in L.A. County: (1) Black/African Americans make up 33.7% of the homeless population in L.A. County but only 7.9% of the total county population; (2) American-Indians/Alaska Natives make up 1.1% of the L.A. County homeless population but only .2% of the total county population; and (3) Hispanics/Latinos make up 36.1% of the homeless population and 48.5% of the total L.A. County population. All other groups represent a lesser percentage of the homeless than their overall representation in the L.A. County population. (Source: 2020 Greater L.A. Homeless Count).
2. Describe approach to improve outreach and engagement by at least 20% to Black/African American and other racial and ethnic groups who are disproportionately	L.A. Care will promote overlap in ECM provider skills to serve the reentry and homeless populations through training and TA due to the interconnectedness of black mass incarceration & homelessness. This will also apply to the Latino population as that group also experiences disproportionate homelessness and incarceration. L.A. Care will also focus on housing retention for formerly homeless ECM clients, with goal to refer to CS tenancy services wherever appropriate. L.A. Care plans to provide training on the child welfare system for ECM providers, as black people experiencing homelessness have disproportionately high rates of child welfare system involvement.

experiencing homelessness *100 word limit*	

Engagement for Key Population of Focus: Individuals Transitioning from Incarceration

1.2.10 Measure Description	
	Optional *Report on One Optional Measure in ECM Provider Capacity Building Priority Area to Earn 30 Points*
Submission of narrative plan describing how the managed care plan will improve outreach to and engagement with the following Population of Focus: "individuals transitioning from incarceration who have significant complex physical or behavioral health needs requiring immediate transition of services to the community," with a focus on Black/African American and other racial and ethnic groups who are disproportionately experiencing transitions from incarceration settings in the county.	
MCP Submission	
1. Identify and describe top 3 – 4 racial and ethnic groups that are incarcerated in the county *100 word limit*	L.A. Care has identified the following racial and ethnic groups with the highest incarceration rates in L.A. County: (1) Black/African Americans make up 29% of the County jail population; (2) Hispanic/Latino individuals make up 54% of the County jail population; and (3) White individuals make up 13% of the County jail population. All other races make up 3% of the County jail population. (Source: L.A. County Sherriff's Dept.)\n\nPlan wishes to report on this measure and acknowledges no points can be earned for the measure. Plan selects to be measured on Measure 1.2.3.
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	L.A. Care and its global subcontractors will engage in a variety of strategies including collaborating with partners such as the LA Regional Reentry Partnership and their member agencies, including non-health community partners. L.A. Care will also explore work with the Transitions Clinic Network to recruit and train people with lived experience of incarceration to work as ECM CHWs. Through training and TA to ECM providers, we will also promote overlap in ECM provider skills to serve the reentry and homeless populations due to the interconnectedness of black mass incarceration & homelessness.

from incarceration settings in the county *100 word limit*	Plan wishes to report on this measure and acknowledges no points can be earned for the measure. Plan selects to be measured on Measure 1.2.3.

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*	L.A. Care is carefully planning a gradual expansion of recuperative care eligibility criteria due to an anticipated high level of need for this service from both WPC-LE and our other hospital partners. We may initially be unable to offer county-wide provision of this service depending on the demand we experience but we plan to closely monitor this network and add provider capacity as necessary. In housing navigation and tenancy services, we may also experience challenges in county-wide offering of this service due to an anticipated gap in staffing capacity for that network due to high demand for housing navigators and lower capacity in the Antelope and East San Gabriel Valleys. We plan to launch sobering center services in July of 2022 and anticipate that only 2-3 facilities will be available to contract for that service countywide and that this will initially not allow for county-wide provision of that service.
2. Describe the plan to increase number and/or reach of Community Supports (ILOS) offered in January 2022 or July 2022 *100 word limit*	We are working closely with our global subcontractors to expand Community Supports offerings and provider networks over the coming 3 years. As with ECM, we will re-evaluate CS provider networks adequacy regularly based on member need, geography, and ability to meet CS requirements, and more frequently in the first year of implementation. L.A. Care and its global subcontractors have also established schedules to expand its CS offerings by 1-4 services in July 2022, and all CS options are included in those offerings except Day Habilitation.

[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*	L.A. Care expects housing navigation providers who are homeless services providers to need support in navigating Medi-Cal, claims, and billing, while for community clinics, our HHP experience shows that experience in navigation the Coordinated Entry System and housing application processes is a greater need. In recuperative care, we expect a need to offer training and TA regarding discharge planning, housing placement, harm reduction and on managing those with behavioral health needs. L.A. will need to continue to build its oversight program and staff, develop metrics, and enhance our infrastructure to ensure a comprehensive quality monitoring and reporting program.
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*	Through our initial certification activities, we have identified that different types of providers will have different needs, although many will likely need staffing and other start-up costs support. In terms of training and TA, community clinics will likely need housing navigation and tenancy services training. Meals providers may need specialized cultural competency training with regard to offering culturally specific meals. All will likely need training and TA on outreach to specified populations experiencing disparities. L.A. Care and its global subcontractors are also exploring variations in Community Supports offerings that take into account specified needs of populations of focus.
5. Plan to develop and administer a training and TA program for Community Supports (ILOS) Providers *100 word limit*	L.A. Care will seek to develop a robust training and TA program for our Community Supports providers based on the successful training suite provided to our Health Homes Program (HHP) network. Our approach will likely include live and on-demand webinars on topics including authorizations, referrals, claims, eligibility, data sharing, member engagement, grievances and appeals, operations, and others. We have historically partnered with other plans to support training and TA efforts in L.A. County. We will continue local level discussions with MCPs to identify opportunities to collaborate on training and TA needs to minimize burden on our 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, and increase Community Supports (ILOS) workforce by at least 20% *100 word limit*	L.A. Care will provide opportunities to obtain early funding for additional staffing capacity and other start-up costs through an application process that will be offered in early 2022. L.A. Care will also be exploring potential partnerships through partners (trade associations, community colleges, etc.) currently providing workforce recruitment services.
7. Describe approach for collaborating with, Social Services, County Behavioral Health, and County/Local Public Health Agencies within the county to achieve the proposed activities *100 word limit*	Through our L.A. County IPP Planning Roundtable which will meet at least quarterly, L.A. Care and our plan, county, provider, and CBO partners will ensure involvement of key stakeholders, including but not limited to county social services, county behavioral health, public healthcare systems, county/local public health jurisdictions, CBOs, correctional partners, housing continuum, Community Supports providers, and others to achieve the above activities, support workforce development, address capacity gaps in L.A. County, and reduce underlying health disparities. Please see attached documentation demonstrating these good faith efforts to collaborate.

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*	L.A. Care and its global subcontractors are committed to working collaboratively with Tribal Partners on ECM. Although Los Angeles does not have any associated tribal partners, Los Angeles is home to the United American Indian Involvement, Inc. (UAII), which is the largest provider of health and human services for American Indians/Alaskan Natives living in the County of Los Angeles. UAII provides health services, substance abuse services, and behavioral and mental health services to members. Currently UAII does not provide any Community Supports services launching in LA County in 2022.
2. Outline a plan to establish a strategic partnership including any plans for formalization such as a MOU	To date, UAII has declined partnering with L.A. Care on ECM and Community supports but we will continue to reach out periodically to revisit partnership. We remain committed to serving American Indians and Alaskan Natives, improving access to care, using existing tribal programs, and working together to improve the health of their communities. We will partner with Health Net and our global sub-contractors to ensure we have a unified approach to establish strategic partnerships with any willing Tribal providers. The MCPs are partnering with providers who do have active, collaborative relationships with UAII to keep possibilities open for future partnership.

	or other agreements *100 word limit*	
3.	Describe plan to develop provider capacity and Community Supports (ILOS) services for members *100 word limit*	L.A. Care Health Plan will continue to outreach to UAII in effort to coordinate in advance of the launch of Community Supports. In the meantime, L.A. Care and its global subcontractors will ensure sufficient and timely access for American Indian enrollees through the same network and oversight mechanisms used for all CS member populations. These mechanisms include ensuring adequate CS provider networks and ongoing monitoring for equity in access to CS services and addressing identified disparities. L.A. Care will also continue partnering with MCPs, county partners, providers, and CBOs to address identified gaps in CS provider capacity.

Collaboration with Other MCPs

1.1.7 Delivery System Infrastructure Building Measure Description	
	Mandatory
	20 points
Submission of a narrative describing how the MCP will collaborate with all MCPs in the county to enhance and develop needed ECM/ Community Supports (ILOS) infrastructure, including certified EHR technology, care management document systems, closed-loop referral, billing systems/services, and onboarding/enhancements to health information exchange capabilities and submission of documentation demonstrating good faith efforts to begin this collaboration in the form of letters with MCPs in county, emails demonstrating progress, meeting meetings, or other documentation. If only one MCP is operating in the county, the MCP must submit a narrative describing how they will leverage and expand existing WPC capacity and support ongoing ECM and Community Supports (ILOS) capacity building approaches	
MCP Submission *100 word limit*	
Since 2020, L.A. Care has been heavily engaged with Health Net, our global sub-contractors, county partners, providers, and CBOs to prepare for and support ECM and Community Supports implementation. We are in the process of engaging an external facilitator to formalize this robust, transparent stakeholder engagement process in 2022 and beyond. We will continually assess opportunities to enhance and develop needed ECM/Community Supports infrastructure, including certified EHR technology, care management document systems, closed-loop referral, billing systems/services, and onboarding/enhancements to health information exchange capabilities. Please see attached documentation demonstrating these good faith efforts to collaborate.	

1.2.8 ECM Provider Capacity Building Measure Description	
	Mandatory
	10 points
Submission of a narrative describing how the MCP will collaborate with all MCPs in the county to support expansion of ECM Provider capacity, including leveraging and expanding existing WPC capacity and building/expanding ECM Provider networks and compliance and oversight capabilities. MCP should also submit documentation demonstrating good faith efforts to begin this collaboration in the form of letters with MCPs in county, emails demonstrating progress, meeting meetings, or other documentation. If only one MCP is operating in the county, the MCP must submit a narrative describing how they will leverage and expand existing WPC capacity and support ongoing ECM capacity building approaches	
MCP Submission *100 word limit*	
L.A. Care and Health Net are jointly engaging an external facilitator to formalize a collaborative approach to support a successful and sustainable CalAIM implementation. We will work with Health Net and other MCPs through the L.A. County IPP Planning Roundtable to identify opportunities to expand ECM Provider capacity in L.A. County and support through the IPP and to leverage and expand existing WPC capacity. Capacity expansion activities to date have included joint discussions and presentations with the county, providers, and CBOs; trainings; and others. Please see attached documentation demonstrating these good faith efforts to collaborate.	

1.3.7 Community Supports (ILOS) Provider Capacity Building and Community Supports (ILOS) Take-Up Measure Description
Mandatory *50 points*
Submission of a narrative describing how the MCP will collaborate with all MCPs in the county to leverage and expand existing WPC capacity and support ongoing Community Supports (ILOS) capacity building approaches. MCP should also submit documentation demonstrating good faith efforts to begin this collaboration in the form of letters with MCPs in county, emails demonstrating progress, meeting meetings, or other documentation. If only one MCP is operating in the county, the MCP must submit a narrative describing how they will leverage and expand existing WPC capacity and support ongoing Community Supports (ILOS) capacity building approaches
MCP Submission *100 word limit*
Since 2020, L.A. Care has been heavily engaged with Health Net, our global subcontractors, county partners, providers, and CBOs to prepare for and support ECM and Community Supports implementation. We are in the process with Health Net of jointly engaging an external facilitator to formalize this robust, transparent stakeholder engagement process in 2022 and beyond. We will continually assess opportunities to enhance and develop needed ECM/Community Supports infrastructure, including certified EHR technology, care management document systems, closed-loop referral, billing systems/services, and onboarding/enhancements to health information exchange capabilities. Please see attached documentation demonstrating these good faith efforts to collaborate.