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	Molina Healthcare of California
MCP County	San Diego
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	150
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	150
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*	Molina's approach for identifying the top underserved populations in the County is to utilize an internal system called iPro, which the Plan will build out to include logic for the population of focus criteria and identifying eligible members for ECM services. As part of our gap-filling plan, our approach for supporting the CalAIM delivery system infrastructure is to enhance the iPro algorithm and IT infrastructure for reporting to include demographic data for identifying the top 3-4 underserved populations in the County and also the ECM providers to which the members will be assigned to for receiving services.
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*	Molina will increase the capabilities of ECM Providers by 20% to electronically exchange care plan information and clinical documents through the following three methods: 1) We will provide ECM providers access to Clinical CareAdvance (CCA), our fully integrated and comprehensive care management and care coordination system that has built-in data sharing capabilities; 2) We will seek to implement a bidirectional data exchange process with ECM providers' clinical care systems; and 3) We will proactively work with each ECM provider to determine their specific need or potential barriers to data exchange and partner with them to improve their capabilities.
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	Molina will leverage CCA to enable ECM providers access to a care management documentation system to generate and manage a patient care plan. First, the Plan will provide existing CB-CMEs and newly contracted ECM providers with system training and real time TA to ensure they understand how to access and utilize the documentation system for managing patient care plans. Next, we will upgrade capabilities and functionality to enhance user experience. Finally, Molina will also work with providers who choose not to use CCA on HIE implementations to access EHR certified technology.

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*	Molina will take the following three steps to increase by 20% the ability of ECM Providers to electronically submit a claim or invoice or have access to systems or services that can process and send a claim: 1) Provide ECM providers access and technical assistance to our Clinical CareAdvance (CCA) system to input the necessary information for the Plan to generate encounters; 2) Work with providers who elect to use their own systems or services to customize an approach for producing encounter information; and 3) Perform quality monitoring to ensure encounters meet DHCS compliance requirements.
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	Molina's approach for collaborating with Social Services, County Behavioral Health, and County/Local Public Health Agencies to improve data integration and electronic data sharing, capabilities among physical health, behavioral health and social service providers includes: 1) Updating all MOUs to include CalAIM services; 2) Work with the County Behavioral Health agencies to contract for directly for services; 3) Establishing direct EMR and HMIS connectivity when providers allow; 4) Creating integrated reports for providers with available data: 5) Encouraging and onboarding providers onto our provider portal; and 5) Establishing HIE connectivity as applicable.

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*	Molina is currently contracting with the County WPC agencies to partner together to provide services to members and improve data integration. As a part of our contracting approach with the WPC agencies, the Plan is assessing capabilities for leveraging existing WPC infrastructure, including options for tracking the ongoing viability of WPC infrastructure and identifying potential opportunities for improving data integration across behavioral health and physical health providers. Additionally, we are establishing a bidirectional data exchange process to accommodate the County's data sharing capabilities in order to improve data exchange for care coordination.
7. Any additional Information on Delivery System Infrastructure Gaps in County *100 word limit*	Molina will set up data integration within our systems to improve the user experience for ECM providers. A Member360 report of assigned ECM members will be available in CCA for ECM providers that will provide member-specific data on clinical utilization, authorizations, pharmacy claims data, lab results, and preventive health data. The Plan will work on these delivery system infrastructure enhancements to make it easier for providers and address their multiple needs through the CCA capabilities. To the extent providers are unwilling to work in CCA, Molina will establish an alternative data exchange option.

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,	Molina's approach to address identified gaps in ECM Provider capacity for Program Year 1 Populations of Focus includes: 1) Utilizing all currently contracted WPC/HHP providers to ensure transition of and continuity of care; 2) Recruiting ECM providers through the identification of clinic and service providers with specific local population expertise. Identification based on provider survey, referrals and data analysis; 3) Securing contracts with new ECM providers with specific expertise with commitments to address gaps and capacity needs; and

of at least 20% improvement, to address gaps *100 word limit*	3) Monitoring and evaluating provider capacity through analysis of longitudinal outcomes and enrollment data.
2. Identify ECM workforce, training, and TA needs in county, including specific cultural competency needs by county *100 word limit*	Molina conducted a survey of ECM providers to identify workforce, training, and TA needs in San Diego County. The survey results indicated a need for staff with expertise serving SMI/SUD and homeless Population of Focus. San Diego is a culturally diverse county, with multiple ethnicities and languages, especially the Arabic refugee population. To address this specific cultural competency need, ECM providers need staff who are bilingual and understand how to engage and assist members in a culturally sensitive manner. Providers also need to understand the availability, connection to resources, and linkage to services in bordering counties where needed.
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*	Molina's plan for ECM Provider workforce recruiting and hiring staff to increase capacity by 20% is to partner with ECM and other providers interested in becoming an ECM provider to complete a needs assessment, budget and work plan detailing the investments necessary to expand capacity. Molina collaborated with plan partners to survey ECM providers to identify workforce gaps. Based on survey feedback, Molina will prioritize "quick hit" investments with ECM providers to expand capacity. Molina will work with prospective providers on contracting and capacity building as identified. Molina will hire dedicated ECM staff to assist providers with capacity building.
4. Describe approach to develop and administer an MCP training and TA program for ECM Providers *100 word limit*	Molina has developed a robust training and TA program for ECM providers. Molina's approach includes administering onboarding training, resource guides, frequently asked questions, and real-time TA support. The ECM provider onboarding training includes outreach, engagement, program operations, systems training, care management, and care coordination. ECM providers can contact the Plan's dedicated ECM team for real-time TA support, questions, and any ongoing training needs. As majority of Molina's ECM providers utilize our care management system, the Plan has access to real-time data to identify gaps and refine training and provide immediate TA support when needed.
5. Describe strategy to ensure ECM	Molina's strategy for San Diego County is to ensure ECM Providers are successfully engaging with hard to reach populations includes data capture, oversight, and removal of

Providers are successfully engaging with hard to reach Populations of Focus, including homeless and justice involved populations, among others *100 word limit*	barriers. Providers will have access to Molina's care documentation system that captures outreach and engagement activities. The Plan will train providers on the progressive outreach process to tailor efforts to the member's assigned Population of Focus. Molina is building outreach reporting to monitor number of outreach attempts, mode of contact, and outreach disposition. With this reporting, Molina will be able to identify trends and offer ECM providers resources to help reach these populations successfully.
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*	Molina has longstanding relationships with San Diego County Behavioral Health (BH) agencies for collaborating on activities. Molina has MOUs with the County BH agencies to be able to work on member identification and data exchange for care coordination. Molina is currently working with the county BH agencies to secure contracts for serving as ECM providers. Molina is working on outreach efforts with Social Services and County/Local Public Health agencies to develop county-wide collaboration roadmap/approach including MOUs for data exchange and care coordination.
7. Describe approach to build, develop, or invest in the necessary behavioral health workforce to support the launch of ECM	Molina's approach to build and invest in the necessary behavioral health (BH) workforce to support the launch of ECM is to hire a behavior health (BH) Director and Program Manager to offer sufficient BH support to the Molina ECM team and ECM provider network. Molina is collaborating with ECM providers to understand their perceived BH needs. Concurrently, Molina is partnering with BH providers to understand and document the unique menu of services they provide to address BH needs as well as their capacity to provide telehealth ECM services.

100 word limit	

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	
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*	
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*	

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*	Molina has 528 American Indian/Alaskan Native members in San Diego County. The County has 17 Native American Tribes, many tribal providers, and Indian Health Facilities listed as mandatory providers for the County. The Plan is contracted with Southern Indian Health Council and Sycuan Indian Government is exploring opportunities to partner with both providers for providing ECM services to our tribal members. The Plan continues to attempt to engage with tribal partners in good faith to secure contracts for serving our members and partnering for incentive investment opportunities.
2. Outline a plan to establish a strategic partnership including any plans for formalization such as a MOU or other agreements *100 word limit*	Molina's plan to establish a strategic partnership in the County is to work with Southern Indian Health Council and Sycuan Indian Government as an established provider partner that serves this population and is able to build capacity to support ECM services. The Plan is also reaching to other tribal providers within the County, such as Santa Ysabel Community Health Center, for possible interest in contracting to provide services to our tribal membership. While the Plan has established ECM providers in the County, the Plan is still working on establishing a tribal partnership that agrees to serve our tribal members specifically for ECM services and to provide incentive investment opportunities for building capacity.
3. Describe plan to develop provider capacity and ECM	Molina will develop its provider capacity for ECM services by 1) working with existing WPC and HHP providers to hire and recruit staff to expand capacity for ECM based on their proven track record and 2) Molina will identify new contracting opportunities through provider surveys and data analytics. Molina will work with behavioral health, county and

services for members 100 word limit	medical care providers as well as community-based organizations to expand contracts to ECM to the extent capabilities exist or can be built over time. Molina is reaching out to existing tribal providers, Southern Indian Health Council and Sycuan Indian Government, for expanding contracting opportunities to provide ECM services to our tribal members.

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	The Plan found the following three top racial/ethnic groups experience homelessness at a disproportionate rate compared to total market share within the county. The below ratios represent % homelessness divided by total % market share of the racial/ethnic group in the county. 1) Puerto Rican (1.23) 2) Black/African American (1.22) 3) Hispanic, Latino, or Spanish Origin (1.11)
2. Describe approach to improve outreach and engagement by at least 20% to Black/African American and other racial and ethnic groups who are	Molina's approach to improve outreach and engagement of members by 20% who are disproportionately experiencing homelessness in San Diego County includes the following: 1) data analysis and segmentation using Molina's internal system tools to identify and target those at risk; 2) participation in community-based workgroup to better understand needs and available resources; 3) leveraging community assets that are trusted sources in the targeted disparity segment to assist with outreach efforts, and 4) implementing strategies to address SDOH needs including offering all CS benefits, including but not limited to housing transitions, housing deposits, and housing tenancy.

disproportionately 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*	
2. Describe approach to improve outreach and engagement by at least 20% to Black/African American and other racial and ethnic groups who are disproportionately experiencing transitions	

from incarceration settings in the county *100 word limit*	

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*	Molina has identified the following gaps for CS coverage in San Diego County: 1) home modification providers; 2) transitions to assisted living facilities; and 3) respite care. The gaps identified for the 3 CS are related to the complexity of these services, which requires building relationships and infrastructure to support county-wide implementation. To implement these CS services county-wide a network of multiple providers, with varying expertise and specialties, is needed. To further understand the county's need and address gaps identified, Molina implemented pilot programs in San Diego that provided Post-Hospitalization meals (comparable to Medically-tailored meals), Housing Deposits and Recuperative care.
2. Describe the plan to increase number and/or reach of Community Supports (ILOS) offered in January 2022 or July 2022 *100 word limit*	Molina's approach to increase the number of CS offered involves assessment, collaboration, and data analysis. The Plan is working directly with CS providers and community agencies in San Diego County to identify and assess what services are currently available, what services may be available in the near-term, and what barriers providers are experiencing. Molina is applying insight from current and future provider capability and capacity to develop a pathway for improving CS services offered. Molina is developing a CS dashboard that will allow the Plan to monitor utilization trends and identify when additional providers or services will be needed.

[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*	Molina continuously analyzes Community Supports provider capacity and member data to identify gaps for provider recruitment opportunities. Gaps identified in San Diego County include additional clinical staff, expansion of facility/office space, increase Sober Center capacity, # of recuperative care and short-term housing beds to meet additional requests for these services. To address gaps and needs, Molina's dedicated CS staff, will work with existing CS providers to expand capacity. Oversight will occur through provider capacity reports from the CS network and internal auditing process. Additionally, any gaps and needs in provider capacity will be identified and discussed during operational meetings. Molina confirms it does not have any specific MCP oversight capability gaps at this time.
4.	Identified Community Supports (ILOS) workforce, training, TA needs in region / county, including specific cultural competency needs by region/county, and a training gap closure of at least 20% *100 word limit*	Molina identified the following training/TA needs; training on the managed care process (i.e., authorizations, claims and billing) and cultural sensitivity training to address the various ethnicities/languages. The Plan has also identified that training is needed for the CS workforce to address the refugee and homeless population in a culturally sensitive manner and offer housing CS services. To address the identified needs, the Plan has created a robust training module, provides TA support, provides cultural competency training and materials to providers. Furthermore, operational meetings with the CS Providers will also provide an avenue to address training needs and gaps.
5.	Plan to develop and administer a training and TA program for Community Supports (ILOS) Providers *100 word limit*	Molina has developed a robust training and TA program for CS providers. Molina's approach includes administering onboarding training, resource guides, frequently asked questions, and real time TA support. The CS provider onboarding training includes outreach, engagement, program operations, systems training, care management, and care coordination. Onboarding training will be provided to all contracted CS providers by 12/31/21 and going forward within 30 days of new CS providers becoming effective. CS providers can contact the Plan's dedicated CS team for real-time TA support, questions, and any ongoing training needs.
6.	Plan to establish programs to support Community Supports	Molina is establishing a program to encourage and support CS workforce recruiting and hiring. One program feature is a provider incentive which will provide CS providers with funding necessary to hire needed staff. The incentive will be tailored to individual CS

(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*	providers based on their staffing needs and performance against CalAIM-aligned performance indicators (e.g., readmissions). A second program feature is a dashboard that will be monitored by Molina to assess service utilization and to alert the Plan when additional workforce may be needed for a specific Community Supports provider.
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*	Molina has longstanding relationships with San Diego County BH agencies and will continue to collaborate to achieve proposed activities. Currently, we have MOUs with the County BH agencies to improve member identification and data exchange for care coordination. Molina is currently working with the county BH agencies to secure contracts for serving as ECM providers. We are also working on outreach efforts with Social Services and County/Local Public Health agencies to develop a county-wide, collaborative approach, including establishing MOUs for data exchange and care coordination to support CS services.

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*	Molina has 528 American Indian/Alaskan Native members in San Diego County. The County has 17 Native American Tribes, many tribal providers, and Indian Health Facilities listed as mandatory providers for the County. The Plan is contracted with Southern Indian Health Council and Sycuan Indian Government is exploring opportunities to partner with both providers for providing CS services to our tribal members. The Plan continues to attempt to engage with tribal partners in good faith to secure contracts for serving our members and partnering for incentive investment opportunities.
2. Outline a plan to establish a strategic partnership including any plans for formalization such as a MOU	Molina's plan to establish a strategic partnership in the County is to work with Southern Indian Health Council and Sycuan Indian Government as an established provider partner that serves this population and is able to build capacity to support CS. The Plan is also reaching to other tribal providers within the County, such as Santa Ysabel Community Health Center, for possible interest in contracting to provide services to our tribal membership. While the Plan has established CS providers in the County, the Plan is still working on establishing a tribal partnership that agrees to serve our tribal members specifically for CS services and to provide incentive investment opportunities for building capacity.

	or other agreements *100 word limit*	
3.	Describe plan to develop provider capacity and Community Supports (ILOS) services for members *100 word limit*	Molina will develop its provider capacity for CS by 1) working with existing WPC and HHP providers to hire and recruit staff to expand capacity for CS based on their proven track record and 2) Molina will work key community-based organizations to contract for CS and partner through incentive investment to build capacity. Molina is reaching out to existing tribal providers, such as Southern Indian Health Council and Sycuan Indian Government, for expanding contracting opportunities to provide CS services to our tribal members.

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*	
Molina is heavily engaged with plan partners, county partners, providers, and CBOs to prepare and support ECM and CS implementation. Molina is collaborating with Health Plans to hire a facilitator through Transform Health that will support the Health Plans in working with community partners to address identified gaps and needs. As it's important to create a state-wide standardized approach, we are proposing use of this facilitator to provide standardized processes, policies, program updates, coaching, TA and training. We will continually assess opportunities to enhance/develop needed ECM and CS infrastructure. Please see attached documentation demonstrating 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*
Molina and our plan partners are jointly engaging an external facilitator to formalize a collaborative approach to support a successful and sustainable CalAIM implementation. We will continue to work with other MCPs through the Healthy San Diego CalAIM Workgroup that meets at least quarterly to identify opportunities to expand ECM provider capacity in San Diego County, support through the Incentive Payment Program and to leverage and expand existing WPC capacity. To date, capacity expansion activities have included quarterly joint discussions and presentations with the county, providers, CBOs, 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*
Molina and our plan partner are jointly engaging to formalize a collaborative approach to support a successful and sustainable CalAIM implementation. We continue to work with other MCP to identify opportunities to expand CS provider capacity in San Diego County with support through the Incentive Payment Program. To date, capacity expansion activities have included quarterly joint discussions with the county, providers, and CBOs. Please see attached documentation demonstrating these good faith efforts to collaborate.