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	Partnership HealthPlan of California
MCP County	Marin
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*
PHC requests that 10 additional points be allocated toward Delivery System Infrastructure and removed from Community Supports Measure 1.3.4. The reason the points cannot be earned in their current measure is because PHC is not offering the full list of Community Support Services. PHC sees a strong need for funding to support the focus on high quality data for reporting and analytics. We understand and anticipate that some of the funding needs for these IT and system implementation projects may be costly. We would like to support all desired projects that address this need for higher quality data and expand our providers' access to these electronic systems. Allocating these additional points to this priority area would provide the largest impact across all of our counties.

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*	As part of our population health strategy, Partnership stratifies our entire membership by county to identify subpopulations that have the highest disparities and are the most underserved. We assign the subpopulations to a provider with that level of expertise. If no such ECM providers exist, we identify that gap to bring in technical assistance and training.
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*	Upon launch of the ECM benefit, there is no single existing system that supports care plan and clinical documentation exchange between care team members in Partnership's network today. 1. Partnership will assess the systems being used by the plan, county partners, PCPs, FQHCs, Tribal Partners, and CBOs, who will all serve as ECM providers. 2. Collaboratively work to identify system component needs. 3. Work with identified vendors to select a vendor that will meet the needs of our plan and provider network.
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	PHC envisions these following steps to address supporting providers that do not already have a system in place to address this need: 1. Partnership will assess the systems being used by the plan, county partners, PCPs, FQHCs, Tribal Partners, and CBOs, who will all serve as ECM providers. 2. Collaboratively work to identify system component needs. 3. Work with identified vendors to select a vendor that will meet the needs of our plan and provider network.

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*	PHC envisions these following steps: 1. Upon go-live, Partnership will develop an internal intake process for an Excel spreadsheet with all data requirements for a compliant encounter and convert to a claim. 2. We will perform an environmental scan of our ECM provider network's ability to generate and submit a claim or invoice. 3. Determine system, service, or combination thereof that meets the network's needs.
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	PHC will have 1-on-1 meetings with HHS leadership to discuss community needs, followed by regional meetings with counties to work together to learn best practices, discuss contracting with PHC, and utilize Collective Medical. In addition, PHC will invite County representatives to participate in our stakeholder process which includes information and provider based webinars and meetings.

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*	PHC continues to build on the collaboration with WPC entities from the last few years. PHC has been focused on contracting with the WPC network, ensure few interruptions of care and contracting with any subcontractors or community partners who participated in WPC pilot, evaluating the current infrastructure and systems in place and how they may align or not align with the ECM benefit of Partnership's network.
7. Any additional Information on Delivery System Infrastructure Gaps in County *100 word limit*	At this time, we have not identified any additional infrastructure gaps.

Narrative Measures for Priority Area 2: ECM Provider Capacity Building

Gap-Filling Plan

1.2.5 Measure Description *Mandatory 70 points*	
Submission of a narrative Gap-Filling plan demonstrating: (1) How the MCP will address identified gaps in ECM Provider capacity for Program Year 1 Populations of Focus. (2) Identified ECM workforce, training, TA needs in county, including specific cultural competency needs by county. (3) Plan for ECM Provider workforce recruiting and hiring of necessary staff to build capacity. (4) Approach for MCP to develop and administer an MCP training and TA program for ECM Providers. (5) Strategy to ensure ECM Providers are successfully engaging with hard to reach Populations of Focus, including homeless and justice involved populations, among others. (6) Approach to build, develop, or invest in the necessary behavioral health workforce to support the launch of ECM Gap-Filling Plan narrative should include approach for collaborating with other entities, including but not limited to, county social services, county behavioral health, public healthcare systems, county/local public health jurisdictions, community based organizations (CBOs), correctional partners, housing continuum, Tribes and Tribal providers (except for Plans in Counties without recognized Tribes), ECM providers and others to achieve the above activities, improve outreach to and engagement with hard to reach individuals within each Populations of Focus and reduce underlying health disparities	
MCP Submission	
1. Describe approach to address identified gaps in ECM Provider capacity for Program Year 1 Populations of Focus and proposed targets,	PHC will discuss with current ECM network about what their needs are to increase capacity (funding for staffing, administrative support, etc.). We will evaluate the interested organizations who have applied but have not demonstrated experience in working with population of focus and offering technical assistance or training to improve competency and bring them into the ECM network.

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*	PHC is committed to ensuring that our ECM providers are supported and have access to training and technical assistance to help them successfully engage and remain connected to hard-to-reach members. Examples of early identified training needs include: • Transitional Care / Coordination Across Settings • ACES / trauma informed care • Best practices in care planning & documentation • Motivational Interviewing, Patient Activation Measure (PAM) and other engagement techniques • Medi-Cal benefits 101 • Communicating effectively with Seniors and/or Persons with Disabilities • Advanced Care Planning / End of Life Decisions • Addressing Social Determinants of Health: Clinical vs nonclinical issues
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*	PHC shall monitor ECM provider capacity and as mentioned in #2 above, shall survey providers in December of 2022 to understand staffing challenges and gaps. PHC will take feedback from our ECM providers, as well as feedback from local community partners (ex. county, behavioral health dept., CBOs, hospitals, etc.) and will develop a Community Health Worker Scholarship Program. This program will be made available to our contracted ECM providers and will help pay for staff become trained and certified as a CHW with the focus that individual continue their employment with the ECM provider and their commitment to serve members in the ECM benefit.
4. Describe approach to develop and administer an MCP training and TA	Our provider education team will provide webinars, trainings, and TA to ensure provider is meeting the requirements of Medi-Cal. PHC has already been conducting webinars and will continue to provide general education and more nuanced training opportunities to support the development of the ECM workforce.

program for ECM Providers *100 word limit*	
5. Describe strategy to ensure ECM Providers are successfully engaging with hard to reach Populations of Focus, including homeless and justice involved populations, among others *100 word limit*	The plan intends to track and monitor the ECM providers' successful engagement rate with referrals and ECM services as part of our quality monitoring and oversight to establish a baseline for potential future quality payments related to the ECM benefit. This baseline will also help the plan determine if there are any ECM providers that need TA in the delivery of ECM. (Best practices, face-to-face engagement, etc.)
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*	PHC will collaborate with these entities via MOUs, data information sharing, and utilizing existing referral streams to further develop and expand upon the ECM workforce capacity.
7. Describe approach to build, develop, or invest in the	PHC will work in increase the behavioral health workforce needed to support ECM with our current investments in our Drug Medi-Cal program, BHI grant program, and by leveraging our existing infrastructure and building upon it.

necessary behavioral health workforce to support the launch of ECM *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*	There are no Tribal Health Providers in Marin Co. There are tribal Health Providers in nearby Sonoma Co. The total prevalence of AI/AN members in the county is 0.2% or 82. PHC does not limit care or access for Tribal-Affiliated Medi-Cal members within PHC's network due to CCR Title 22 § 55110 provision (b) – Indians who are enrolled in a Medi-Cal managed care plan, including county organized health systems, shall not be restricted in their access to Indian Health Service Facilities by the Medi-Cal managed care plan. Due to this flexibility in access, PHC is unable to distinguish Tribal-Affiliated ECM projections from the general ECM need projections for Marin Co. The potential eligible members for each of the POFs for Marin Co. encompass members who may be Tribal Affiliated. PHC shall also continue to make available and include Tribal resource agencies in all CalAIM trainings and webinars when appropriate.
2. Outline a plan to establish a strategic partnership including	PHC does not currently have network restrictions. If any Member is found to receive Tribal services in neighboring counties the Plan will engage with these providers.

any plans for formalization such as a MOU or other agreements *100 word limit*	
3. Describe plan to develop provider capacity and ECM services for members *100 word limit*	There are no Tribal Health providers in Marin Co. However, if upon PHC's ECM provider survey in December of 2022 we learn or hear feedback that there is need/gap in ECM tailored services for tribal members in Marin Co PHC will look to Tribal partners in nearby Sonoma Co, and/or Tribal Resource groups to strength the capacity for this subpopulation in Marin.

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*	According to statewide California's Continuums of Care (COCs / HDIS) level Data, in the 2020 Marin Co. homelessness response system, there were 1,092 people experiencing homelessness. The identified top 3-4 racial/ethnic groups disproportionately experiencing homelessness are Black/African American, American Indian or Alaskan Native, and Native Hawaiian and other Pacific Islander.

2. Describe approach to improve outreach and engagement by at least 20% to Black/African American and other racial and ethnic groups who are disproportionately experiencing homelessness *100 word limit*	In Marin Co., the groups disproportionately experiencing homelessness are American Indian or Alaskan Native, and Native Hawaiian and other Pacific Islander and Multiple Races.. As part of PHC's comprehensive approach to increase successful engagement PHC will: ▪ Perform an ECM provider survey in December of 2022 to identify gaps/needs for successful engagement (ex: training, staff, technical assistance, infrastructure support, etc.) ▪ Monitor and track ECM provider level engagement rates and leverage best practices ▪ Beginning 1/1/2022, will facilitate bi-weekly ECM Provider Roundtable discussions to share ideas and approaches for successful engagement ▪ Actively recruit beneficiaries in receipt of ECM to participate in PHC's Consumer Advisory Committee and/or Whole Child Model Family Advisory Committee to cultivate ideas and approaches to share with providers and in plan policies ▪ Leverage a one-time successful engagement fee with contracted ECM providers to promote and incentivize quality engagement ▪ Partner with PHC's Health Education Dept. to provide training to ECM providers to target groups disproportionately experiencing homelessness

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*	PHC is not contracting with the county as a Community Supports provider, as the County is not a direct provider of services. There is a need to continue engaging and on boarding CBOs who were WPC providers for Community Supports, specifically for Housing Tenancy and Sustaining services. We have however, been able to secure alternate providers in Marin County as well as providers in neighboring counties that are considering assistance should the need arise. For Marin County, PHC has identified these potential limitations in expanding our CS Network: 1. Marin County continues to offer their WPC program outside of CalAIM. Many providers of WPC do not have capacity to offer services to two competing programs: WPC and CalAIM (ECM & CS). 2. Many providers (FQHCs and CBOs) have open positions budgeted and ready to fill. The issue is they cannot find the people to fill them. 3. Building a healthcare workforces takes years. PHC would advocate for DHCS to allow flexibility in the expectations to grow ECM & CS to align with these larger workforce investments.
2. Describe the plan to increase number and/or reach of Community Supports (ILOS) offered in January 2022 or July 2022 *100 word limit*	PHC intends to work with current CS provider to build capacity and engage potential providers to provide the selected Community Supports. PHC will host numerous meeting educating stakeholders on CS and providing support through our Provider Education services.

[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*	PHC has had frequent meetings with Marin County and CBO's to determine what their needs are in preparing for CalAIM. Late 2021, it was determined Marin County would not contract with PHC as a CS provider. In part everyone is needing people to fill open positions. Lack of applicants limits filling vacant positions. Higher rates for ECM and CS services are mentioned often as they are lower than what WPC payments were. We continue to have round table informational meetings with contracted and potential contracted providers of service in Marin. We have involved our cultural and linguistic team to review our training scripts. After each training and or roundtable, the team evaluates the success and areas for growth or improvement.
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*	PHC recognizes workforce and training needs and shall monitor CS provider capacity and survey providers to understand staffing challenges and gaps. PHC will take feedback from our CS providers, as well as feedback from local community partners (ex. county, behavioral health dept., CBOs, hospitals, etc.) and will develop a Community Health Worker Scholarship Program. This program will be made available to our contracted CS providers and will help pay for staff become trained and certified as a CHW with the focus that individual continue their employment with the provider and their commitment to serve members. PHC is committed to ensuring that our CS providers are supported and have access to training and technical assistance to help them successfully engage and remain connected to hard-to-reach members.
5. Plan to develop and administer a training and TA program for Community Supports (ILOS) Providers *100 word limit*	Our provider education team will provide webinars, trainings, and TA to ensure provider is meeting the requirements of Medi-Cal. PHC has already been conducting webinars and will continue to provide general education and more nuanced training opportunities to support the development of the ECM workforce.
6. Plan to establish programs to support Community Supports (ILOS) workforce	PHC intends to conduct a quarterly call/survey with all current and new Providers to address current workforce, gaps, recruitment, and retention of staff. Next steps will be determined by the needs of the Provider. This approach will include continuing to educate/train through Webinars, PHC CalAIM page information, and other means.

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*	
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*	PHC will collaborate with these entities via MOUs, data information sharing, and utilizing existing referral streams to further develop and expand upon the CS workforce capacity.

Tribal Engagement

1.3.6 Measure Description *Mandatory 20 points*	
Narrative summary that outlines landscape of Tribes, Tribal providers in the county, and members in the county who use Tribal services and submission of a narrative plan to develop an MOU to establish a strategic partnership with Tribes and Tribal providers in county to develop Provider capacity and provision of Community Supports (ILOS) services for members of Tribes	
MCP Submission	
1. Outline the landscape of Tribes, Tribal providers, and members in the county who use Tribal services and you anticipate will use Community Supports (ILOS) *100 word limit*	There are no Tribal Health Providers in Marin Co. There are tribal Health Providers in nearby Sonoma Co. The total prevalence of AI/AN members in the county is 0.2% or 82. PHC does not limit care or access for Tribal-Affiliated Medi-Cal members within PHC's network due to CCR Title 22 § 55110 provision (b) – Indians who are enrolled in a Medi-Cal managed care plan, including county organized health systems, shall not be restricted in their access to Indian Health Service Facilities by the Medi-Cal managed care plan. Due to this flexibility in access, PHC is unable to distinguish Tribal-Affiliated CS projections from the general CS need projections for Marin Co. The potential eligible members for each of the POFs for Marin Co. encompass members who may be Tribal Affiliated. PHC shall also continue to make available and include Tribal resource agencies in all CalAIM trainings and webinars when appropriate.
2. Outline a plan to establish a strategic partnership including any plans for formalization such as a MOU	PHC does not currently have network restrictions. If any Member is found to receive Tribal services in neighboring counties the Plan will engage with these providers.

or other agreements *100 word limit*	
3. Describe plan to develop provider capacity and Community Supports (ILOS) services for members *100 word limit*	There are no Tribal Health providers in Marin Co. However, if upon PHC's CS provider survey if we learn or hear feedback that there is need/gap in CS tailored services for tribal members in Marin Co PHC will look to Tribal partners in nearby Sonoma Co, and/or Tribal Resource groups to strength the capacity for this subpopulation in Marin.

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*	
During year 1, PHC shall develop a crosswalk to identify key elements of data infrastructure needed to support both ECM and CS. As part of the methodology, PHC shall: • Assess all DHCS reporting requirements as it relates to ECM and CS. • Conduct an environmental scan of existing systems used within the ECM and CS network (ex: EHRs, HIEs, referral management systems, etc.) and create a global crosswalk of key element relevant to the ECM and CS benefits. • Conduct interviews with subject matter experts as it relates to data information availability, portability, and sharing. • Compile a 'technical list' as it relates to needed components for streamlined solutions.	

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*
Whenever and wherever possible PHC shall make every attempt to contract directly with WPC entities and/or subcontractors to leverage existing infrastructure and capacities. PHC shall work with those WPC lead entities to identify and recruit subcontractors who are a good 'match' for the ECM benefit; and partner together to develop shared communication tools for provider recruitment and engagement.

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*
Whenever and wherever possible PHC shall make every attempt to contract directly with WPC entities and/or subcontractors to leverage existing infrastructure and capacities. PHC shall work with those WPC lead entities to identify and recruit subcontractors who are a good 'match' for the Community Support services (conducting outreach via email, webinars, phone calls, county referrals, etc.) and partner together to develop shared communication tools for provider

recruitment and engagement. If a provider is interested in contracting, PHC would then send an assessment to the provider and evaluate their submission for approval.