State of California—Health and Human Services Agency
Department of Health Care Services
CalAIM Incentive Payment Program (IPP) Measures
Payment 2: Gap Assessment Progress Report
August 2022

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Contents

End of Section

Cover Sheet

Response Required to this Section

This document outlines instructions for completing the Payment 2: Gap Assessment Progress Report submission. This document also outlines the required components in the Narrative Reporting Template.

When submitting Payment 2 responses, managed care plans (MCPs) should include: (1) the MCP name; and (2) the county to which this Gap Assessment Progress Report applies in the header of their submission (header should repeat across all pages except Page 1). MCPs should also include a Cover Sheet with tables as shown below.

MCPs that operate in multiple counties will need to submit a separate Gap Assessment Progress Report for each county in which they operate.

1. Details of Gap Assessment Progress Report	
MCP Name	
MCP County	
Is County a Former Whole Person Care (WPC) Pilots or Health Homes Program (HHP) County?	
Program Year (PY) / Calendar Year (CY)	Program Year 1 / Calendar Year 2022 Payment 2
Reporting Period	January 1, 2022 – June 30, 2022
2. Primary Point of Contact for This Gap Assessment Progress Report	
First and Last Name	
Title/Position	
Phone	
Email	

End of Section

Introduction

The CalAIM Incentive Payment Program (IPP) is intended to support the implementation and expansion of Enhanced Care Management (ECM) and Community Supports by incentivizing MCPs, in accordance with 42 CFR Section 438.6(b), to drive MCP delivery system investment in provider capacity and delivery system infrastructure; bridge current silos across physical and behavioral health care service delivery; reduce health disparities and promote health equity; achieve improvements in quality performance; and encourage take-up of Community Supports.

IPP Payment 1

To qualify for Payment 1 of the IPP, MCPs submitted the Needs Assessment and the Gap-Filling Plan in January 2022. The Needs Assessment was intended to provide a "point in time" understanding of ECM and Community Supports infrastructure and provider capacity prior to launch. The Gap-Filling Plan—which MCPs were to develop in conjunction with local partners—outlines MCPs' approaches to addressing gaps identified in the Needs Assessment.

Payment 1 was issued as an interim payment. MCPs must demonstrate progress—via the Payment 2 Gap-Filling Progress Report—against activities outlined in the Gap-Filling Plan to fully meet the requirements for Payment 1. For counties where ECM and Community Supports have gone live as of June 30, 2022, Payment 2 measures that determine whether Payment 1 is fully earned are outlined in the Gap-Filling Progress Report.[1] Please refer to the IPP [All Plan Letter](#) (APL) and IPP [FAQ](#) for more information.

IPP Payment 2

For Payment 2 and beyond, MCPs will submit a Gap-Filling Progress Report to demonstrate their progress against the Gap-Filling Plans that were developed for Payment 1 submissions. All measures in the Gap-Filling Progress Report build on the requirements contained in the Needs Assessment, Gap-Filling Plan, and associated APL and are referenced, where appropriate, throughout. Before beginning work on the Gap-Filling Progress Report, MCPs should review these documents to ensure complete and robust responses.

End of Section

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[1] Applies only to counties where ECM and Community Supports have gone live as of June 30, 2022. For counties where ECM and Community Supports will not have gone live until July 1, 2022, performance improvement must be shown during the July – December 2022 reporting period.

Evaluation Criteria

Response Required to This Section

Measure Criteria

Payment to MCPs is based on the successful completion of and performance against measures in the Gap-Filling Progress Report. The Gap-Filling Progress Report will indicate for each measure whether there is an individualized target. Each measure will either be earned in full or not earned, unless otherwise noted. MCPs may earn no, partial, or all points on measures in the following scenarios, as indicated.

- Measures with narrative and quantitative components with separate evaluation approaches where the Department of Health Care Services (DHCS) indicates each component can be earned independently; and
- Measures with performance targets,[2] where DHCS indicates points can be earned by (1) showing a 20% improvement in *closing the gap* between the Payment 1 metric result or full (100%) achievement of the metric **OR** (2) by meeting the below criteria for partial points, as indicated:
  - MCP shows a 20% increase in the numerator figure between Payment 1 and Payment 2;
  - MCP shows an increase in the denominator figure between Payment 1 and Payment 2.

Each measure in the Gap-Filling Progress Report is assigned to one of the following Program Priority Areas, with a fourth Quality Program Priority Area that is allocated between Priority Areas 2-3.

1. Delivery System Infrastructure
2. ECM Provider Capacity Building
3. Community Supports Provider Capacity Building and Community Supports Take-Up

Points Structure

MCPs can earn a maximum of 1,000 points. If an MCP achieves only a subset of these points, it will earn a partial payment. A total of 700 points is assigned between the mandatory and optional[3] measures in Program Priority Areas 1-3. MCPs may allocate the remaining 300 points across Program Priority Areas 1-3; points from this discretionary allocation are earned proportionately based on performance.[4]

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[2] Note that performance targets do not apply to non-WPC and non-HHP counties where ECM launches in July 2022—for these counties, performance-based measures will be pay-for-reporting. In future submissions, any performance targets will apply equally to all counties.

[3] MCPs are required to report on a minimum number of optional measures.

[4] For example, if an MCP allocates 100 points to Priority Area 1 and earns 90% of the Priority Area 1 points, it will earn 90 of those 100 discretionary points.

MCPs must indicate their discretionary allocation distribution in their submission response *(does not need to be in table format)*. **Allocations for this submission do not need to align with allocation ratios in other IPP submissions.**

Priority Area	Mandatory Measures	Optional Quality Measures *(Priority Area #4)*	Discretionary Allocations
1. Delivery System Infrastructure	Up to **200** points	*None*	*MCP to indicate the number of allocated points (if any) for Priority Area 1*
2. Enhanced Care Management (ECM) Provider Capacity Building	Up to **170** points	Up to **30** points	*MCP to indicate the number of allocated points (if any) for Priority Area 2*
3. Community Supports Provider Capacity Building and Community Supports Take-Up	Up to **250** points	Up to **50** points	*MCP to indicate the number of allocated points (if any) for Priority Area 3*
Category Totals	Up to **620** points	Up to **80** points	Up to **300** points
TOTAL	Up to **1,000** points		

DHCS may, at its sole discretion, consider granting exceptions in limited cases where the MCP makes a compelling request to DHCS to allocate more than 30% to the MCP's selected Program Priority Area (i.e., by allocating dollars from another priority area). MCPs requesting to allocate more than 300 points must respond to the following prompt; otherwise, leave blank:

(OPTIONAL) **Describe preferred allocation methodology, including how many points would be allocated to each measure (where different from above), and reason for requesting an allocation different from that above.** (100 word limit)

End of Section

Instructions

MCPs must submit the Gap-Filling Progress Report to CalAIMECMILOS@dhcs.ca.gov by **Thursday, September 1, 2022**.

Please reach out to CalAIMECMILOS@dhcs.ca.gov if you have any questions.

Gap-Filling Progress Report Format

The Gap-Filling Progress Report consists of two documents: the Narrative Reporting Template (this Word document) and an accompanying Quantitative Reporting Template (Excel document). The Narrative Reporting Template (this document) includes Appendices A-B, which contain additional information, instructions, and references that are applicable to the entire Gap-Filling Progress Report.

MCPs are required to submit responses to the measures noted as mandatory and for a minimum number of optional[5] measures. **MCPs are permitted and encouraged to work closely with providers and other local partners on these measures and any ongoing strategic planning.**

Sections that require MCPs to submit a response are indicated under each header in this document with the phrase *"Response Required to This Section."* No response is required from MCPs to any other sections.

Narrative Responses

In response to the narrative measure prompts, MCPs should describe activities conducted during the reporting period of January 1, 2022 through June 30, 2022 (regardless of when the Gap-Filling Plan was submitted to and finalized with DHCS).

For several measures, attachments and supplemental information are required (e.g., meeting agendas). MCPs should include these attachments via email submissions.

For several measures, there are multipart narrative prompts within the measure. MCPs are required to respond to all parts of the question for their response to be considered complete.

For several measures, there are alternative narrative prompts within the measure to account for variances among counties (e.g., counties with and without recognized Tribes). MCPs must respond only to the question that is applicable to the county for which the Gap-Filling Progress Report is being completed.

Quantitative Responses

MCPs must submit responses for quantitative measures within the accompanying Quantitative Reporting Template (Excel document). MCPs should read the Instructions tab, follow the prompts in the reporting template, and enter responses accordingly.

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[5] Refer to Appendix B for more information on responding to mandatory and optional measures.

For several measures, MCPs may need to use publicly available data sources and complete their own calculations to respond to some measure prompts. Examples of data sources that may be helpful in MCP responses include:

Source	Description	Link
California Department of Finance	Demographic data by county	https://dof.ca.gov/forecasting/demographics/
California Business, Consumer Services, and Housing Agency	Homeless Data Integration System (HDIS), which provides data on homelessness by county	https://bcsh.ca.gov/calich/hdis.html

End of Section

Measures for Priority Area 1: Delivery System Infrastructure

Response Required to this Section

2.1.1 Measure Description

Mandatory
40 Points Total
20 Points for the Quantitative Response
20 Points for the Narrative Response

Quantitative Response
Number and percentage point increase in contracted ECM providers that engage in bi-directional Health Information Exchange (HIE).

Enter response in the Excel template.

Narrative Response
Describe the concrete steps taken and investments made by the MCP to increase the number of contracted ECM providers with HIE capabilities to electronically store, manage, and securely exchange health information and other clinical documents with other care team members (i.e., with other providers outside of the ECM's practice, clinic or care setting). (100 word limit)

2.1.2 Measure Description

Mandatory
40 Points Total
20 Points for the Quantitative Response
20 Points for the Narrative Response

Quantitative Response
Number and percentage point increase in contracted ECM providers with access to certified EHR technology or a care management documentation system able to generate and manage a patient care plan.

Enter response in the Excel template.

Narrative Response

Describe the concrete steps taken and investments made by the MCP to increase the number of contracted ECM providers with access to certified EHR technology or a care management documentation system able to generate and manage a patient care plan. (100 word limit)

2.1.3 Measure Description

Mandatory
40 Points Total
20 Points for the Quantitative Response
20 Points for the Narrative Response

Quantitative Response

Number and percentage point increase in contracted ECM and Community Supports providers capable of submitting a claim or invoice to a MCP, or have access to a system or service that can process and send a claim or invoice to a MCP with information necessary for the MCP to submit a compliant encounter to DHCS.

Enter response in the Excel template.

Narrative Response

Describe the concrete steps taken and investments made by the MCP to increase the number of contracted ECM and Community Supports providers capable of submitting a claim or invoice to a MCP, or have access to a system or service that can process and send a claim or invoice to a MCP with the information necessary for the MCP to submit a compliant encounter to DHCS. (100 word limit)

2.1.4 Measure Description

Mandatory
20 Points

Quantitative Response Only
Number and percentage point increase in contracted Community Supports providers for those Community Supports offered by the MCP starting January 1, 2022, or July 1, 2022, with access to closed-loop referral systems.

Enter response in the Excel template.

2.1.5 Measure Description

Mandatory
20 Points

Quantitative Response Only
Number and percentage point increase in behavioral health providers with contracts in place to provide ECM that engage in bi-directional Health Information Exchange (HIE).

Enter response in the Excel template.

2.1.6 Measure Description

Mandatory
10 Points

Narrative Response Only
Describe progress against Gap-Filling Plan regarding identification of underserved populations and the ECM providers to which they are assigned. Response should provide detail regarding which populations are underserved, the methodology used to identify them, the approach to assigning these members to an ECM provider, and any other relevant information regarding MCP activities completed and investments made. (100 word limit)

2.1.7 Measure Description

Mandatory
10 Points

Narrative Response Only
Describe how the MCP successfully collaborated with all MCPs in the county to enhance and develop needed ECM and Community Supports infrastructure and, if applicable, leverage existing Whole Person Care (WPC) capacity. If only one MCP is operating in the county, the narrative must describe how it successfully leveraged and expanded existing county and, if applicable, WPC infrastructure to support infrastructure building. Response should include details regarding what barriers were encountered, which strategies proved successful, and the MCP's plans to continue infrastructure building. MCPs are also encouraged to describe how they might leverage the new community health workers (CHW) benefit moving forward to build capacity in the delivery system for ECM and Community Supports. (100 word limit)

2.1.8 Measure Description

Mandatory
10 Points

Narrative Response Only
Describe any progress to build physical plant (e.g., sobering centers) or other physical infrastructure to support the launch and continued growth of ECM and Community Supports benefits. This response should provide detail regarding how the MCP has contributed to this infrastructure building, including but not limited to: financial contributions, participation in planning committees, partnerships with other MCPs and other community entities engaged in infrastructure building, etc. Please exclude technology-related infrastructure (e.g., IT systems) from this response. (100 word limit)

2.1.9 Measure Description

Mandatory
10 Points

Narrative Response AND Submission
Submission of a signed letter of collaboration, meeting agendas/notes, or other materials that outline the organizations with which the MCP collaborated in developing the Delivery System Infrastructure portion of the Gap-Filling Plan. If the MCP is unable to produce these documents, please specify why in the narrative response.

AND

Describe how all MCPs in the county vetted and iterated the Gap-Filling Plan with other local partners within the county. Response should include a list of organizations with which the MCP collaborated, completed activities, and methods of engagement. If no meaningful engagement or vetting with local partners was completed, please explain why and describe upcoming plans for vetting and iteration, including a list of proposed organizations, proposed activities, methods of engagement, and a time frame for completing these activities. (100 word limit)

End of Section

Measures for Priority Area 2: ECM Provider Capacity Building

Response Required to This Section

2.2.1 Measure Description

Mandatory
20 Points

Quantitative Response Only
Number of contracted ECM care team full time employees (FTEs).

Enter response in the Excel template.

2.2.2 Measure Description

Optional
Report on five (5) optional Payment 2 measures in Program Priority Area #2 to earn a total of 30 points

Quantitative Response Only
Reporting on racial and ethnic demographics of ECM care team FTEs for each Program Year 1 Populations of Focus relative to the racial and ethnic demographics of the beneficiaries in the Program Year 1 Populations of Focus.

Enter response in the Excel template.

2.2.3 Measure Description

Mandatory
20 Points

Quantitative Response Only
Number of Members receiving ECM.

Enter response in the Excel template.

2.2.4 Measure Description

Mandatory
10 Points

Quantitative Response Only
Number of Members across Program Year 1 Populations of Focus receiving ECM. Break out of Members across Program Year 1 Populations of Focus receiving ECM by race, ethnicity, and primary language.

ECM Populations of Focus for Year 1 / Calendar Year 2022 include:
- Individuals and Families Experiencing Homelessness
- High Utilizer Adults
- Adults with Serious Mental Illness (SMI) / Substance Use Disorder (SUD)
- Adults and Children/Youth Transitioning from Incarceration (WPC Pilot counties only)

Enter response in the Excel template.

2.2.5 Measure Description

Mandatory
40 Points

Narrative Response Only
Narrative responses should outline progress and results from collaborations with local partners to achieve the below activities. (100 word limit per question below)

1. Describe what concrete steps have been taken and/or investments made to increase ECM provider capacity and MCP oversight capacity.
2. Describe what concrete steps have been taken and/or investments made to address ECM workforce, training, TA needs in county, including specific cultural competency needs by county.
3. Describe what concrete steps have been taken and/or investments made to support ECM provider workforce recruiting and hiring of necessary staff to build capacity.
4. List the MCP training and TA programs that have been provided to ECM providers, including details on when and where the trainings were held, how many people attended, and any organizations involved in the planning of training efforts. *NOTE: MCPs may submit relevant meeting minutes and attendee lists, training materials, and other attachments in lieu of a narrative response to Sub-Part 4.*

2.2.6 Measure Description

Optional
Report on five (5) optional Payment 2 measures in Program Priority Area #2 to earn a total of 30 points

Narrative Response AND Submission

Narrative responses should outline progress and results from collaborations with local partners to achieve the below activities. Note that the strategic partnership requirements may be fulfilled through active and meaningful participation in the PATH Collaborative Planning Initiative—MCPs leveraging this must include details regarding any memoranda of understanding (MOUs), activities, and financial investments to support the PATH Collaborative Planning Initiative. (100 word limit per question below)

1. Describe progress against the narrative plan submitted for Payment 1 regarding the establishment and maintenance of strategic partnerships with MCPs in the county and other organizations *(see narrative measure 1.2.6, sub-question 2)*.
2. Describe progress against the narrative plan submitted for Payment 1 regarding addressing health disparities through strategic partnerships *(see narrative measure 1.2.6, sub-question 3)*.

AND

Submission of (1) MOUs or other collaborative agreements and (2) quarterly meeting agendas and notes (including a list of which organizations attended).

2.2.7 Measure Description

Mandatory
20 Points

Narrative Response AND Submission

MCPs must complete a narrative response for either of the prompt options below (and associated sub-components), as applicable. MCPs must also submit the required documents, as described below. (100 word limit)

1. Describe progress against the narrative plan submitted for Payment 1 regarding collaborative work with Tribes and Tribal providers used by members in the county to develop and support the provision of ECM services for members of Tribes in the county *(see narrative measure 1.2.7, sub-questions 2-3)*. This response should include details on (1)

concrete actions taken and investments made to demonstrate progress, (2) what issues have been identified in meetings facilitated to date, and (3) upcoming plans for meetings and other activities:

a. Working with Tribes and Tribal providers used by members in the county on provider capacity.
b. Providing ECM services for members of Tribes in the county.

OR

1. For MCPs operating in counties *without* recognized Tribes, describe the approach taken to supporting culturally competent ECM services for members who receive Tribal services, including efforts to contract with Tribal providers in surrounding counties.

AND

Submission of MOUs or other collaborative agreements and associated agendas and/or meeting notes.

2.2.8 Measure Description

Mandatory
20 Points

Narrative Response Only

Describe how the MCP successfully collaborated with all MCPs in the county to support ECM capacity expansion and, if applicable, leverage existing Whole Person Care (WPC) capacity. If only one MCP is operating in the county, the narrative must describe how it successfully leveraged and expanded existing county and, if applicable, WPC infrastructure to support ECM capacity building. Response should include details regarding what barriers were encountered, which strategies proved successful, and the MCP's plans to continue capacity and infrastructure building. MCPs are also encouraged to describe how they might leverage the new community health workers (CHW) benefit moving forward to build capacity in the delivery system for ECM. (100 word limit)

2.2.9 Measure Description

Mandatory
20 Points

Quantitative Response

Baseline data for individuals who are Black/African American or from other racial and ethnic groups who are disproportionately[6] experiencing homelessness and who meet the Population of Focus definition: "people experiencing homelessness or chronic homelessness, or who are at risk of becoming homeless with complex health and/or behavioral health conditions."

Enter response in the Excel template.

Narrative Response

Describe the steps taken to reach individuals who are Black/African American or from other racial and ethnic groups who are disproportionately experiencing homelessness and who meet the Population of Focus definition: "people experiencing homelessness or chronic homelessness, or who are at risk of becoming homeless with complex health and/or behavioral health conditions." Response should include details on what barriers have been identified in reaching these populations as well as concrete steps taken/investments made to address these barriers, including partnerships with local partners. (100 word limit)

2.2.10 Measure Description

Optional
Report on five (5) optional Payment 2 measures in Program Priority Area #2 to earn a total of 30 points

Quantitative Response

Baseline data for individuals who are Black/African American or from other racial and ethnic groups who disproportionately[7] meet the Population of Focus definition ("individuals transitioning from incarceration who have

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[6] MCPs must determine which racial/ethnic groups disproportionately experience homelessness in the county, not just identify which racial/ethnic groups have the highest counts of homelessness. This will require some basic calculations using publicly available data.

[7] MCPs must determine which racial/ethnic groups disproportionately experience homelessness in the county, not just identify which racial/ethnic groups have the highest incarceration figures. This may require basic calculations using publicly available data or data obtained from county partners.

significant complex physical or behavioral health needs requiring immediate transition of services to the community") and who have been successfully outreached to and engaged by an ECM provider.

Enter response in the Excel template.

Narrative Response
Describe the steps taken to reach individuals who are Black/African American or from other racial and ethnic groups who are disproportionately experiencing transitions from incarceration settings and meet the Population of Focus definition: "individuals transitioning from incarceration who have significant complex physical or behavioral health needs requiring immediate transition of services to the community." Response should include details on what barriers have been identified in reaching these populations and concrete steps taken/investments made to address these barriers, including partnerships with other community entities. (100 word limit)

2.2.11 Measure Description

Mandatory
10 Points

Quantitative Response Only
Number of contracted behavioral health full-time employees (FTEs)

Enter response in the Excel template.

2.2.12 Measure Description

Optional
Report on five (5) optional Payment 2 measures in Program Priority Area #2 to earn a total of 30 points

Narrative Response Only
Has the MCP hired a full-time Health Equity Officer by July 1, 2022, who has the necessary qualifications or training at the time of hire or within 1 year of hire to meet the requirements of the position, as outlined in the MCP Procurement?

Reply "YES" with the date of hire if this measure has been met.

_OR_

If this measure has not been met, reply "NO" with a description of concrete actions the MCP is taking to hire a full-time Health Equity Officer, including at a minimum (a) date when the job was posted, (b) how many candidates have been interviewed, and (c) how many job offers have been made to date. (100 word limit)

2.2.13 Measure Description

Optional
Report on five (5) optional Payment 2 measures in Program Priority Area #2 to earn a total of 30 points

Quantitative Response Only
Plan 30-Day Readmissions (PCR)
For beneficiaries who are in the ECM Populations of Focus and between ages 18-64, the number of acute inpatient stays during the reporting period that were followed by an unplanned acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission. Data is reported in the following categories:

- Count of Observed 30-Day Readmissions
- Count of Index Hospital Stays (IHS)

Enter response in the Excel template.

2.2.14 Measure Description

Optional
Report on five (5) optional Payment 2 measures in Program Priority Area #2 to earn a total of 30 points

Quantitative Response Only
Ambulatory Care—Emergency Department Visits (AMB)
Rate of emergency department (ED) visits per 1,000 beneficiary months for beneficiaries who are in the ECM Populations of Focus.

Enter response in the Excel template.

2.2.15 Measure Description

Optional
Report on five (5) optional Payment 2 measures in Program Priority Area #2 to earn a total of 30 points

Quantitative Response Only
Depression Screening and Follow-Up for Adolescents and Adults (DSF)
The percentage of beneficiaries 12 years of age and older who are in the ECM Populations of Focus and who were screened for clinical depression using a standardized tool and, if screened positive, who received follow-up care.

Enter response in the Excel template.

2.2.16 Measure Description

Optional
Report on five (5) optional Payment 2 measures in Program Priority Area #2 to earn a total of 30 points

Quantitative Response Only
Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (DMS)
The percentage of members 12 years of age and older who are in the ECM Populations of Focus with a diagnosis of depression and who had an outpatient encounter with a PHQ-9 score present in their record in the same assessment period as the encounter.

Enter response in the Excel template.

2.2.17 Measure Description

Optional
Report on five (5) optional Payment 2 measures in Program Priority Area #2 to earn a total of 30 points

Quantitative Response Only
Follow-Up After Emergency Department Visit for Mental Illness (FUM)
Percentage of emergency department (ED) visits for beneficiaries age 18 and older who are in the ECM Populations of Focus and have a principal diagnosis of mental illness or intentional self-harm and who had a follow-up visit for mental illness. Two rates are reported:

- Percentage of ED visits for mental illness for which the beneficiary received follow-up within 30 days of the ED visit (31 total days)
- Percentage of ED visits for mental illness for which the beneficiary received follow-up within 7 days of the ED visit (8 total days)

Enter response in the Excel template.

2.2.18 Measure Description

Optional
Report on five (5) optional Payment 2 measures in Program Priority Area #2 to earn a total of 30 points

Quantitative Response Only
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA)
Percentage of emergency department (ED) visits for beneficiaries age 18 and older who are in the ECM Populations of Focus and have a principal diagnosis of alcohol or other drug (AOD) abuse or dependence and who had a follow-up visit for AOD abuse or dependence. Two rates are reported:

- Percentage of ED visits for which the beneficiary received follow-up within 30 days of the ED visit (31 total days)
- Percentage of ED visits for which the beneficiary received follow-up within 7 days of the ED visit (8 total days)

Enter response in the Excel template.

2.2.19 Measure Description

Optional
Report on five (5) optional Payment 2 measures in Program Priority Area #2 to earn a total of 30 points

Quantitative Response Only
Controlling High Blood Pressure (CBP)
Percentage of beneficiaries ages 18 to 85 who are in the ECM Populations of Focus and who had a diagnosis of hypertension and whose blood pressure was adequately controlled (< 140/90 mm Hg) during the reporting period.

Enter response in the Excel template.

2.2.20 Measure Description

Optional
Report on five (5) optional Payment 2 measures in Program Priority Area #2 to earn a total of 30 points

Quantitative Response Only

Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)
Percentage of children and adolescents ages 1 to 17 who are enrolled in the ECM Populations of Focus and who had two or more antipsychotic prescriptions and had metabolic testing. Three rates are reported:

- Percentage of children and adolescents on antipsychotics who received blood glucose testing
- Percentage of children and adolescents on antipsychotics who received cholesterol testing
- Percentage of children and adolescents on antipsychotics who received both blood glucose and cholesterol testing

Enter response in the Excel template.

2.2.21 Measure Description

Mandatory
10 Points

Narrative Response AND Submission

Submission of a signed letter of collaboration, meeting agendas/notes, or other materials that outline the organizations with which the MCP collaborated in developing the ECM Provider Capacity Building portion of the Gap-Filling Plan. If the MCP is unable to produce these documents, please specify why in the narrative response.

<u>AND</u>

Describe how all MCPs in the county vetted and iterated the Gap-Filling Plan with other local partners within the county. Response should include a list of organizations with which the MCP collaborated, completed activities, and methods of engagement. If no meaningful engagement or vetting with local partners was completed, please explain why and describe upcoming plans for vetting and iteration, including a list of proposed organizations, proposed activities, methods of engagement, and a time frame for completing these activities. (100 word limit)

End of Section

Measures for Priority Area 3: Community Supports Provider Capacity Building & Take-Up

Response Required to This Section

2.3.1 Measure Description

Mandatory
30 Points

Quantitative Response Only
Number of and percentage of eligible Members receiving Community Supports and number of unique Community Supports received by Members.

Enter response in the Excel template.

2.3.2 Measure Description

Mandatory
30 Points

Quantitative Response Only
Number of contracted Community Supports providers.

Enter response in the Excel template.

2.3.3 Measure Description

Mandatory
35 Points

Narrative Response Only
Narrative should outline progress and results from collaborations with local partners within the county to achieve the below activities. (100 word limit for each question)

1. Describe steps taken to reduce gaps or limitations in Community Supports coverage across the county.
2. Describe steps taken to increase number and/or reach of Community Supports offered in January 2022 or July 2022.

2.3.4 Measure Description

Mandatory
35 Points

Narrative Response Only
Narrative should outline progress and results from collaborations with local partners within the county to achieve the below activities. (100 word limit for each question)

1. Describe what concrete steps have been taken and/or investments made to increase Community Supports provider capacity and MCP oversight capability from January through June 2022.
2. Describe what concrete steps have been taken and/or investments made to address Community Supports workforce, training, and TA needs in region/county, including specific cultural competency needs by region/county.
3. Describe what concrete steps have been taken and/or investments made to support Community Supports workforce recruiting and hiring.
4. Please list the MCP training and TA programs that have been provided to Community Supports providers, including details on when and where the trainings were held, how many people attended, and any organizations involved in the planning. *NOTE: MCPs may submit relevant meeting minutes and attendee lists, training materials, and other attachments in lieu of a narrative response to Sub-Part 4.*

2.3.5 Measure Description

Mandatory
35 Points

Narrative Response Only
1. Describe progress against the narrative plan submitted for Payment 1 regarding collaborative work with Tribes and Tribal providers used by members in the county to develop and support the provision of Community Supports for members of Tribes in the county *(see narrative measure 1.3.6, sub-questions 2-3).* This response should include details on concrete actions taken/investments made to demonstrate progress made in the below activities. (100 word limit)
a. Working with Tribes and Tribal providers used by members in the county on provider capacity.
b. Providing Community Supports for members of Tribes in the county.

_OR_

1. For MCPs operating in counties _without_ recognized Tribes, describe the approach taken to supporting culturally competent Community Supports for members who receive Tribal services, including efforts to contract with Tribal providers in surrounding counties. (100 word limit)

2.3.6 Measure Description

Mandatory
35 Points

Narrative Response Only
Describe how the MCP successfully collaborated with all MCPs in the county to support Community Supports capacity expansion and, if applicable, leverage existing WPC capacity. If only one MCP is operating in the county, the narrative must describe how it successfully leveraged and expanded existing county and, if applicable, WPC infrastructure to support Community Supports capacity building. Response should include details regarding what barriers were encountered, which strategies proved successful, and the MCP's plans to continue capacity and infrastructure building. MCPs are also encouraged to describe how they might leverage the new community health workers (CHW) benefit moving forward to build capacity in the delivery system for Community Supports. (100 word limit)

2.3.7 Measure Description

Mandatory
30 Points

Quantitative Response Only
Percentage of enrollees receiving Community Supports by race, ethnicity, and primary language, relative to the demographics in the underlying enrollee population.

Enter response in the Excel template.

2.3.8 Measure Description

Optional
Report on one (1) optional Payment 2 measure in Program Priority Area #3 to earn 50 points

Quantitative Response Only
Asthma Medication Ratio (AMR)
The percentage of beneficiaries ages 5 to 64 who are receiving Community Supports and who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the reporting period.

Enter response in the Excel template.

2.3.9 Measure Description

Optional
Report on one (1) optional Payment 2 measure in Program Priority Area #3 to earn 50 points

Quantitative Response Only
The number of individuals who meet the criteria for the 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") who were housed for more than 6 consecutive months.

Enter response in the Excel template.

2.3.10 Measure Description

Optional
Report on one (1) optional Payment 2 measure in Program Priority Area #3 to earn 50 points

Quantitative Response Only
Controlling High Blood Pressure (CBP)
Percentage of beneficiaries who meet the criteria for the 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") 18-85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (< 140/90 mm Hg).

Enter response in the Excel template.

2.3.11 Measure Description

Optional
Report on one (1) optional Payment 2 measure in Program Priority Area #3 to earn 50 points

Quantitative Response Only
Comprehensive Diabetes Care (CDC)
Percentage of beneficiaries who meet the criteria for the 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," 18-75 years of age with diabetes who had hemoglobin A1c > 9.0%.

Enter response in the Excel template.

2.3.12 Measure Description

Mandatory
20 Points

Narrative Response AND Submission
Submission of a signed letter of collaboration, meeting agendas/notes, or other materials that outline the organizations with which the MCP collaborated in developing the Community Supports Provider Capacity Building and Community Supports Take-Up portion of the Gap-Filling Plan. If the MCP is unable to produce these documents, please specify why in the narrative response.

AND

Describe how all MCPs in the county vetted and iterated the Gap-Filling Plan with local partners within the county. This response should include a list of organizations with which the MCP collaborated, completed activities, and methods of engagement. If no meaningful engagement or vetting with local partners was completed, please explain why and describe upcoming plans for vetting and iteration, including a list of proposed organizations, proposed activities, methods of engagement, and a time frame for completing these activities. (100 word limit)

End of Section

APPENDIX A: Definitions of Commonly Used Terms

Term	Definition
Community Health Workers (CHW) Benefit	Starting July 1, 2022, Community Health Worker (CHW) services will be added as a Medi-Cal benefit. CHW services are preventive services, as defined in 42 CFR Section 440.130(c), for individuals who need such services to prevent disease, disability, and other health conditions or their progression; prolong life; and promote physical and mental health and wellbeing. For more information, please visit the DHCS website.
Community Supports	Services that Medi-Cal managed care plans (MCPs) are strongly encouraged but not required to provide as substitutes for utilization of other services or settings such as hospital or skilled nursing facility admissions, discharge delays, or emergency department use. These services are sometimes referred to as "in lieu of services" (ILOS). For more information, please visit the DHCS website.
Disproportionate	In several Gap-Filling Progress Report measures, DHCS asks that MCPs identify which groups disproportionately experience certain events. This means identifying which groups have a higher probability of experiencing certain events than other groups, or, said differently, identifying which groups experience certain events at a higher rate than their proportion within a population.
ECM Care Team FTEs	The interdisciplinary team needed to appropriately provide care for the Member based on the Member's level of need. MCPs should determine which providers are necessary as part of the Member's care team.
Electronic Health Records (EHRs)	An Electronic Health Record (EHR) is an electronic version of a patient's medical history that is maintained by the provider over time and may include all of the key administrative clinical data relevant to that person's care under a particular provider, including demographics, progress notes, problems, medications, vital signs, past medical history, immunizations, laboratory data, and radiology reports.
Enhanced Care Management (ECM)	A Medi-Cal managed care benefit that addresses clinical and non-clinical needs of high-need, high-cost individuals through the coordination of services and comprehensive care management. For more information, please visit the DHCS website.

Term	Definition
Gap-Filling Plan	Submission information associated with Payment 1 of the IPP that outlines MCP implementation approaches to addressing the gaps identified through the Needs Assessment. *Corresponds with Narrative Responses in the Gap-Filling Progress Report.*
Gap-Filling Progress Report	Submission information associated with Payment 2 and all subsequent Payments of the IPP, which demonstrates MCP progress against the Gap-Filling Plan that was developed for Payment 1. There are two components of the Gap-Filling Progress Report: 1. Narrative Reporting Template (this Word document) 2. Quantitative Reporting Template (Excel document)
Health Information Exchange (HIE) Bi-Directional Exchange	HIE enables health care providers and organizations to share health information electronically. For the purposes of Measures 2.1.1 and 2.1.5, there are two ways providers can demonstrate their capacity to engage in bi-directional data exchange: • Attest to being able to secure, bidirectional exchange to occur for every patient encounter, transition or referral, and records are stored or maintained in the EHR during the performance period in accordance with applicable law and policy; OR **Contract with a health information exchange organization that is able to meet this bi-directional exchange requirement in accordance with applicable law and policy.** See California's Data Exchange Framework for more guidance on applicable policies. *NOTE: MCPs do not need to submit copies of provider attestations or HIE contracts to DHCS, but should keep record of these items in the event they are requested by DHCS.*
Incentive Payment Program (IPP)	The CalAIM Incentive Payment Program (IPP) is intended to support the implementation and expansion of ECM and Community Supports by incentivizing managed care plans (MCPs), in accordance with 42 CFR Section 438.6(b), to: • Drive MCP delivery system investment in provider capacity and delivery system infrastructure • Bridge current silos across physical and behavioral health care service delivery • Reduce health disparities and promote health equity

Term	Definition
	• Achieve improvements in quality performance • Encourage take-up of Community Supports
Local Partners	Refers to other community entities, including but not limited to other MCPs, county social services, county behavioral health, public health care systems, county/local public health jurisdictions, community based organizations (CBOs), correctional partners, housing continuum organizations, Tribes and Tribal providers, ECM providers, and others within the county.
Mandatory Measure	Mandatory measures are those to which MCPs must respond in order for the submission materials to be considered complete. There are both quantitative and narrative mandatory measures. **MCPs are required to respond to *ALL* mandatory measures.**
Narrative Responses	Measures within the Gap-Filling Progress Report that require a written, descriptive response and/or submission of attachments and reference materials.
Needs Assessment	Submission information associated with Payment 1 of the IPP that provides baseline data pertaining to ECM and Community Supports delivery system infrastructure, provider capacity, and Community Supports take-up. *Corresponds with Quantitative Responses in the Gap-Filling Progress Report.*
Optional Measure	Program Priority Areas 2-3 each have a set of optional measures. MCPs must select and respond to a minimum number of these optional measures for each Program Priority Area, as indicated in the instructions, for the submission materials to be complete. There are both quantitative and narrative optional measures—MCPs may not create their own measure or otherwise alter the measure options available. **MCPs are required to respond to *SOME* optional measures.** • **Program Priority Area 2: MCPs must select and respond to <u>five (5)</u> of the optional measures below:** ○ *2.2.6 (Narrative Response AND Submission):* Addressing health disparities through strategic partnerships ○ *2.2.10 (Quantitative AND Narrative Response):* Black/African American and other racial and ethnic groups who are disproportionately experiencing transitions from incarceration settings ○ *2.2.12 (Narrative Response Only):* Hiring of a full-time Health Equity Officer

Term	Definition
	o *2.2.13 (Quantitative Response Only):* Plan 30-Day Readmissions (PCR) o *2.2.14 (Quantitative Response Only):* Ambulatory Care—Emergency Department Visits (AMB) o *2.2.15 (Quantitative Response Only):* Depression Screening and Follow-Up for Adolescents and Adults (DSF) o *2.2.16 (Quantitative Response Only):* Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (DMS) o *2.2.17 (Quantitative Response Only):* Follow-Up After Emergency Department Visit for Mental Illness (FUM) o *2.2.18 (Quantitative Response Only):* Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA) o *2.2.19 (Quantitative Response Only):* Controlling High Blood Pressure (CBP) o *2.2.20 (Quantitative Response Only):* Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM) • **Program Priority Area 3: MCPs must select and respond to <u>one (1)</u> of the optional measures below:** o *2.3.8 (Quantitative Response Only):* Asthma Medication Ratio (AMR) o *2.3.9 (Quantitative Response Only):* Housed individuals for more than 6 consecutive months o *2.3.10 (Quantitative Response Only):* Controlling High Blood Pressure (CBP) o *2.3.11 (Quantitative Response Only):* Comprehensive Diabetes Care (CDC)
PATH Collaborative Planning Initiative	Providing Access and Transforming Health (PATH) is a five-year initiative to build up the capacity and infrastructure of on-the-ground partners, such as community-based organizations (CBOs), public hospitals, county agencies, Tribes, and others, to successfully participate in the Medi-Cal delivery system as California widely implements Enhanced Care Management and Community Supports and Justice Involved services under CalAIM. PATH will fund regional collaborative planning and implementation efforts among managed care plans, providers, CBOs, county agencies, public hospitals, Tribes, and others to promote readiness for Enhanced Care Management and Community Supports. For more information, please visit the DHCS website.

Term	Definition
Population of Focus (POF)	To be eligible for ECM, Medi-Cal members must be enrolled in managed care and meet certain criteria to fall within one of the below Populations of Focus (POFs): • Individuals and families experiencing homelessness • Adults, youth, and children who are high utilizers of avoidable emergency department, hospital, or short-term skilled nursing facility services • Adults with serious mental illness or substance use disorder • Children and youth with serious emotional disturbance, identified to be at clinical high risk for psychosis or experiencing a first episode of psychosis • Adults and youth who are incarcerated and transitioning to the community • Adults at risk of institutionalization and eligible for long-term care • Adult nursing facility residents transitioning to the community • Children and youth enrolled in California Children's Services (CCS) with additional needs beyond CCS • Children and youth involved in child welfare (including those with a history of involvement in welfare, and foster care up to age 26) For more information on POF eligibility criteria, please refer to the ECM Policy Guide.
Program Priority Area	Components of the IPP submission materials, which broadly categorize measures into the primary goals of IPP, including: 1. Delivery System Infrastructure 2. ECM Provider Capacity Building 3. Community Supports Provider Capacity Building and Community Supports Take-Up For more information, please refer to the IPP APL.
Quantitative Responses	Measures within the Gap-Filling Progress Report that require only a numerical response from MCPs. *Quantitative responses will be submitted via the **Quantitative Reporting Template.***

End of Section

APPENDIX B: Quality Measure References

The quantitative IPP measure set is a combination of DHCS-developed and externally developed measures. Where applicable, the table below provides references to measure specifications. Please note, the IPP measures draw on and are intended to align with specifications for other DHCS incentive and value-based care programs.

IPP Payment 2 Measure	Description	Specifications Reference[8]
2.1.1	Number and percentage point increase in contracted ECM providers that engage in bi-directional Health Information Exchange (HIE)	*Please refer to Health Information Exchange (HIE) Bi-Directional Exchange definition in Appendix A*
2.1.5	Number and percentage point increase in behavioral health providers with contracts in place to provide ECM that engage in bi-directional Health Information Exchange (HIE)	*Please refer to Health Information Exchange (HIE) Bi-Directional Exchange definition in Appendix A*
2.2.13	Plan 30-Day Readmissions (PCR)	HEDIS® Measurement Volume 2 Technical Specifications for Health Plans
2.2.14	Ambulatory Care—Emergency Department Visits (AMB)	HEDIS® Measurement Volume 2 Technical Specifications for Health Plans
2.2.15	Depression Screening and Follow-Up for Adolescents and Adults (DSF)	HEDIS® Measurement Volume 2 Technical Specifications for Health Plans
2.2.16	Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (DMS)	HEDIS® Measurement Volume 2 Technical Specifications for Health

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[8] Please note that the measure specifications listed here are for reference only and not inclusive of the IPP-specific stratification, reporting period, or other specifications required for this program.

IPP Payment 2 Measure	Description	Specifications Reference[8]
2.2.17	Follow-Up After Emergency Department Visit for Mental Illness (FUM)	HEDIS® Measurement Volume 2 Technical Specifications for Health Plans
2.2.18	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA)	HEDIS® Measurement Volume 2 Technical Specifications for Health Plans
2.2.19	Controlling High Blood Pressure (CBP)	HEDIS® Measurement Volume 2 Technical Specifications for Health Plans
2.2.20	Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)	HEDIS® Measurement Volume 2 Technical Specifications for Health Plans
2.3.8	Asthma Medication Ratio (AMR)	HEDIS® Measurement Volume 2 Technical Specifications for Health Plans
2.3.10	Controlling High Blood Pressure (CBP)	HEDIS® Measurement Volume 2 Technical Specifications for Health Plans
2.3.11	Comprehensive Diabetes Care (CDC)	HEDIS® Measurement Volume 2 Technical Specifications for Health Plans

End of Section