

REPORT OF THE CHIEF LEGISLATIVE ANALYST

DATE: February 15, 2024

TO: Honorable Members of the City Council

FROM: Sharon M. Tso
Chief Legislative Analyst

Council File No. 22-1475
Assignment No. 23-01-0017

SUBJECT: Housing and Homelessness Incentive Program

SUMMARY

The California Department of Healthcare Services (DHCS) developed a Medi-Cal Home and Community-Based Services (HCBS) Spending Plan detailing a series of initiatives that will enhance, expand, and strengthen HCBS programs in California. The Housing and Homelessness Incentive Program (HHIP) is one of the HCBS Transitions initiatives. These initiatives aim to expand and enhance programs to help individuals transition to community-based, independent living arrangements.

HHIP provides incentive funds to Medi-Cal Managed Care Plans (MCPs) to address homelessness and housing insecurity as social determinants of health. The State appropriated one-time funding of \$1.288 billion through March 31, 2024. L.A. Care and Health Net, two major MCPs within Los Angeles County, qualify for a large portion of this funding. L.A. Care is eligible to receive up to \$290 million, and Health Net is eligible to receive up to \$128 million. Funding awards will be largely based on MCP performance in meeting certain HHIP metrics.

Motion (Blumenfield – Rodriguez) instructs the Chief Legislative Analyst (CLA) and the City Administrative Officer (CAO) to report on the Local Homelessness Plan and Investment Plan of Los Angeles County and how the City can be an active partner in meeting the priorities set by HHIP. The Motion further instructs the CAO and CLA to report on: future funding needs to continue and expand street medicine and mobile health/mental health van programs in the City, utilizing HHIP and other funding sources; and, with assistance from the Los Angeles Homeless Services Authority (LAHSA), identify funds that may be supplanted from current expenditures on housing navigation and other housing services with HHIP funding.

Review of the HHIP program shows that municipalities do not have a direct role in the development of programming or the receipt of funds. Responsibilities for the program are assigned to MCPs and Counties. As such, the City's potential participation is contingent upon careful coordination with the MCPs.

This report recommends that the Council instruct the CAO, as the City's Homeless Program Coordinator, to coordinate with Council offices to compile program concepts and attend the Core

Stakeholder meetings led jointly by L.A. Care and Health Net, the MCPs operating in Los Angeles, to advocate for City interests, as well as seek ways to connect City organizations with HHIP funding.

RECOMMENDATIONS

That the City Council:

1. INSTRUCT the City Administrative Officer to coordinate with all Council offices to compile program concepts for potential applicants to apply for Housing and Homelessness Incentive Program (HHIP) funding;
2. INSTRUCT the City Administrative Officer to attend the Core Stakeholder meetings led jointly by L.A. Care and Health Net to monitor Managed Care Plan priorities and advocate for City interests related to HHIP; and
3. AUTHORIZE the City Administrative Officer to submit a Letter of Intent on behalf of service providers selected by the City to participate in L.A. Care's Field Medicine Program.

BACKGROUND

Home and Community-Based Services Spending Plan

California's HCBS Spending Plan provides \$3 billion in federal funding to support initiatives that enhance, expand, and strengthen Medi-Cal's HCBS services. On March 11, 2021, President Biden signed the American Rescue Plan Act (ARPA). ARPA Section 9817 provides qualifying States with a temporary 10 percentage point increase to the federal medical assistance percentage (FMAP) for certain Medicaid expenditures for HCBS from April 1, 2021 through March 31, 2022. To qualify, ARPA requires States to develop an HCBS Spending Plan to draw down funding.

States must use the federal funds attributable to the increased FMAP to supplement, not supplant, existing State funds expended for Medicaid HCBS in effect as of April 1, 2021. In addition, States must expend an amount equivalent to the federal funds to implement or supplement one or more activities to enhance, expand, or strengthen HCBS under the Medicaid program by March 31, 2024.

Housing and Homelessness Incentive Program

The State of California created HHIP as one of the HCBS Transitions initiatives, which aim to expand and enhance programs that assist individuals to transition to community-based, independent living arrangements. HHIP provides incentive funds to MCPs to address homelessness and housing insecurity as social determinants of health.

MCPs must demonstrate progress on HHIP measures in three priority areas to draw down funds. The three priority areas are: Partnership and Capacity to Support Referrals for Services; Infrastructure to Coordinate and Meet Member Housing Needs; and Delivery of Services and Member Engagement.

Funding is awarded to the MCPs based on these factors:

- MCPs submit a Local Homelessness Plan to DHCS in order to earn 5 percent of funds allotted to them. L.A. Care and Health Net, the two qualifying MCPs in Los Angeles, were awarded the full 5 percent for their submissions.
- MCPs submit an Investment Plan to DHCS to earn 10 percent of funds allotted to them. L.A. Care and Health Net both completed independent Investment Plans and were awarded the full 10 percent.
- For each of two Measurement Periods, MCPs submit a report to DHCS and earn points based on their progress on HHIP metrics.
 - For Measurement Period 1 (May 1, 2022 to December 31, 2022), each MCP was eligible to receive up to 35 percent of the overall funds allotted to them. Based on their respective submissions to DHCS, L.A. Care received 91 percent (of the 35 percent), and Health Net received 83 percent (of the 35 percent).
 - For Measurement Period 2 (January 1, 2023 to October 31, 2023), each MCP is eligible to receive up to 50 percent of the overall funds allotted to them. Reports for Measurement Period 2 were submitted to DHCS in December 2023. Awards are to be distributed in March 2024.

DISCUSSION

Core Stakeholder Meetings

HHIP's Measurement Period 2 concluded in October 2023. In December 2023, L.A. Care and Health Net submitted their respective reports on progress toward meeting HHIP metrics. MCPs can earn up to 50 percent of funds originally allocated to them based on these reports. According to representatives from L.A. Care and Health Net, plans have not been solidified for how these funds are to be expended. The MCPs have been working with local government agencies and Continuums of Care, service providers, and other groups to meet HHIP goals and, as per program design, have provided specific investments to meet their measures. The City may have an opportunity to capture some of these funds or help connect specific organizations to funding.

The MCPs hold local core planning stakeholder meetings involving various local agencies, service providers, and people from the community. These meetings are used to help shape the direction of the HHIP program, make decisions on how funds pulled down from HHIP should be awarded or expended, and invite organizations to apply for funds. The City has been invited to participate in these meetings. If the City intends to capture funds from HHIP, a representative from the City should attend. The CAO, as the City's lead department on homelessness, should attend these meetings and work closely with the MCPs to determine if any programs would be a good fit for the HHIP funding. Further, this representative should liaise with each Council District to gather information on potential organizations, service providers, or City departments that might be a good fit for receiving HHIP funding.

Investment Plans and Current Initiatives

L.A. Care submitted its Investment Plan to DHCS in July 2022. Health Net submitted its Investment Plan to DHCS in September 2022. Each Investment Plan contains a list of investment activities that the MCPs intend to make to overcome existing funding gaps and meet the goals of HHIP. These submissions serve as an outline for the MCPs' plans, but are non-binding. The MCPs have since added to their plans, partnered with additional organizations and agencies, and made other changes internally.

The Investment Plans include investment activities that could potentially be a good fit for the City or organizations or projects operating in the City. Below are a few of these investment activities. For full details, see the L.A. Care and Health Net Investment Plans attached to this report.

- **Street Medicine Services Expansion:** L.A. Care and its Plan Partners would contract with street medicine providers to serve MCP members. Initially, the plan will focus on a per-visit payment for each L.A. Care member seen by a street medicine provider.
- **Housing Equity and Disparities Initiative:** an investment fund for nonprofits with projects addressing racial and other demographic inequities for people experiencing homelessness.

L.A. Care is currently accepting submissions for the L.A. County Field Medicine Program. The program is designed to deliver basic health and social services to unsheltered individuals where they live (Street Medicine) as well as longitudinal primary and specialty care services provided in mobile clinics and in brick and mortar care settings to individuals on the street, in shelters, in temporary housing and supporting transitions to permanent housing. The program delineates the types of providers that are eligible to apply for funding as noted in Table A below.

Table A: Eligible Providers

Primary Care Status	Provider Type	Description
Takes Primary Care Assignment	Field Medicine Primary Care Provider (PCP) – Regional Anchor	<ul style="list-style-type: none">● Provides full suite of Field Medicine services, including Street Medicine as well as connection to social services● Is anchored in and responsible for a particular geography within LA County● Provides care via street teams, mobile units and brick-and-mortar facilities located within the region● Acts as the default Field Medicine Primary Care Provider for any given region within LA County for planning purposes and coordination with government agencies
	Field Medicine PCP– Floating Provider	<ul style="list-style-type: none">● Provides full suite of Field Medicine services, including Street Medicine as well as connection to social services● Is NOT anchored to a particular region and instead operates in various regions county-wide based on provider preference and community need● Provides care via street teams and mobile units

Does not take Primary Care Assignment	Street Medicine Only – Floating Provider	<ul style="list-style-type: none"> • Provides Street Medicine services only under direct Street Medicine contract with Managed Care Plans • Must provide connection to social services • Is NOT anchored to a particular region and instead operates in various regions county-wide based on provider preference and community need • Must work with the MCP, the member's PCP, and Enhanced Care Management care manager to ensure member has access to primary and specialty care, behavioral health services, Community Supports, and other social services as needed
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On February 2, 2024, L.A. Care released a request for Letters of Intent (LOIs) to participate in the program. The LOIs are due on March 1, 2024. The City Administrative Officer has indicated that they could submit a Letter of Intent on behalf of City-selected service providers to participate in L.A. Care's Field Medicine Program if instructed to do so by Council.

Street Medicine Expansion Utilizing HHIP

One HHIP priority measure is for MCPs to connect with street medicine teams that provide healthcare for individuals experiencing homelessness. The City may be able to support its current street medicine programs with funding from HHIP.

The City launched its first full-time street medicine team in partnership with the University of Southern California Keck School of Medicine Street Medicine Program (USC Street Medicine Program) in November 2021. The USC Street Medicine Program delivers full service primary care on the street, which includes treatment for acute and chronic disease, preventative medicine, treatment for psychiatric conditions, and substance use disorders. The USC Street Medicine Program could be a good fit for L.A. Care's Field Medicine Program.

According to the CAO, a total of \$5 million was budgeted for the program in Fiscal Year 2023-2024, with \$2 million from the General Fund and \$3 million from HHAP-3. If Council wishes to expand this program, parameters for the proposed expansion should be determined.

In 2023, the USC Street Medicine Program received a \$1.5 million grant from Health Net. The money is being used to enable the USC Street Medicine Program to offer an intensive course of best clinical practices, outreach, and engagement strategies for other Street Medicine providers. Health Net has made other Street Medicine Provider capacity building investments as well, with eight grantees receiving HHIP funding.

L.A. Care has already invested over \$4 million in a separate Street Medicine Initiative using previous tranches of HHIP funding. Nine organizations offering street medicine services, including the Los Angeles County Department of Health Services and several private organizations, each received up to \$500,000 in HHIP dollars.

Housing Navigation Funding Under HHIP

The initial announcement of the HHIP program indicated that funding may be used for housing navigation and other housing sustaining services. However, DHCS indicated that any HHIP undertakings should expand existing systems, not substitute for existing program resources. Therefore, seeking to supplant current expenditures for housing navigation with HHIP funding would not be consistent with State program objectives.

FISCAL IMPACT STATEMENT

There is no fiscal impact associated with the recommendations in this report.


E. Travis Rust
Analyst

Attachments:

- A. L.A. Care Investment Plan as Submitted to DHCS
- B. Health Net Investment Plan as Submitted to DHCS



INVESTMENT PLAN TEMPLATE

HOUSING AND HOMELESSNESS INCENTIVE PROGRAM

July 18, 2022

PURPOSE OF THIS INVESTMENT PLAN TEMPLATE

The Housing and Homelessness Incentive Program (HHIP) is a Medi-Cal Managed Care Plan (MCP) incentive program through which MCPs may earn incentive funds for improving health outcomes and access to whole person care services by addressing homelessness and housing insecurity as social drivers of health and health disparities. The HHIP rewards MCPs for developing the necessary capacity and partnerships to connect their members to needed housing services and taking active steps to reduce and prevent homelessness.

The California Department of Health Care Services (DHCS) is providing this Investment Plan (IP) Template as a required submission for MCPs seeking to participate in the HHIP. The primary goal of the IP is for MCPs participating in the HHIP to demonstrate to DHCS that they have a clear plan for achieving measures and targets across the course of the program, in collaboration with their local partners, through targeted investments in activities and efforts that align with program measures and goals and support the MCP's performance strategies. MCPs will be eligible to earn incentive payments for successful completion and submission of the IP, subject to acceptance of the IP by DHCS. The IP is worth up to 10% of each MCP's allocated earnable funds for HHIP overall. DHCS will evaluate the IP based on the MCP's demonstration of a meaningful investment strategy, including how adequately stated needs are addressed and how effectively funding is targeted, to support the achievement of program measures and goals.

Participating MCPs will be eligible to earn HHIP payments for the successful completion or achievement of HHIP program milestones and measures. Such payments do not constitute pre-funding or reimbursement for investments made using MCP funds in pursuit of program milestones and measures. Once the HHIP payments are earned by the MCP, DHCS does not direct or restrict the MCP's use of the earned incentive funds.

Each MCP must collaborate with the local Continuum(s) of Care (CoCs) to complete one IP per county in which they are participating in HHIP using this Word file template. **Completed IPs must be submitted to DHCS no later than Friday, September 30, 2022.**

HHIP Program Submissions



INVESTMENT PLAN SUBMISSION STRUCTURE

The IP template has the following four components (with associated earnable points) and must be completed in full and submitted to DHCS no later than **September 30, 2022**. DHCS will not accept a submission if any of the components are missing (i.e., an incomplete submission) or unsatisfactory. MCPs participating in the HHIP across multiple counties must submit a separate IP for each county.

- **PART I: Investments:** MCPs must submit a narrative describing specific investments they intend to make to overcome identified housing and service gaps and needs to meet the goals of HHIP. The narrative should include details of anticipated funding activities, investment amounts, recipients, and timelines. For each intended investment, MCPs must specify:
 1. Which HHIP measures each investment is intended to impact; and
 2. Whether each investment will support MCP or provider/partner infrastructure and capacity (or both), or direct member interventions.
- **PART II: Risk Analysis:** MCPs must conduct a brief risk analysis to identify challenges they may face in achieving the HHIP program goals and in making the investments outlined in Part 1. This narrative description will include what steps the MCP might take to address these potential risks and barriers.
- **PART III: CoC Letter of Support:** MCPs must submit a signed letter of support from their CoC partner(s) validating that the CoC(s) collaborated with the MCP, were given an opportunity to review the MCP's IP, and support the MCP's IP. The letter of support should be included with this IP submission **as an appendix**.¹
- **PART IV: Attestation:** MCPs must provide a signed attestation that the IP provides a true representation of the MCP's expected investment plan and strategy for achieving program measures and targets. The attestation must be signed under penalty of perjury by the MCP's Chief Executive Officer or Chief Financial Officer, or equivalent executive officer, or their designee, and included with this IP submission **as an appendix**.

As part of the HHIP submission 1 requirement, MCPs may detail any proposed prospective changes to the IP based on observed impacts and lessons learned from investments made during the measurement period. If prospective changes are not proposed, MCP must submit reaffirmation that the original IP (this submission) remains up to date. Retrospective changes are not allowable.

¹ If an MCP is operating in a county with multiple CoCs, the MCP must obtain letters of support from at least 50% of the CoCs in the county.

MCP INFORMATION

Provide the name and contact information for the MCP submitting this IP response.

MCP Name	L.A. Care Health Plan
Lead Contact Person Name and Title	Cynthia Carmona, Senior Director, Safety Net Initiatives
Contact Email Address	ccarmona@lacare.org
Contact Phone	213.694.1250 x4907 / cell 626.290.4336

PART I: INVESTMENTS

Using the table below, MCPs must submit a narrative describing specific investments they intend to make to overcome existing funding gaps and meet the goals of the HHIP. For each investment activity, MCPs should include details on anticipated:

- I. **Investment Activity:** Investment that will be made throughout CY 2022 and CY 2023 toward achieving the HHIP program goals to (1) ensure MCPs have the necessary capacity and partnership to connect their members to needed housing services, and (2) reduce and prevent homelessness.
- II. **Gap or Need Addressed:** Identify the existing funding gaps or county needs that the investment is intended to address and specify how the MCP identified this gap/need (i.e., in reviewing the HHAP², through conversations with the CoC). Funding gaps and county needs are defined as gaps/needs in housing-related infrastructure, capacity and provider partner capabilities that are not sufficiently funded to meet the needs of Medi-Cal beneficiaries.
- III. **Description:** Details of the investment activity, including anticipated:
 - a. Dollar amount. If the specific dollar amount is not known at this time, the MCP may provide a dollar range, which should be as narrow as possible.
 - b. Recipient(s). If the specific organization is not known at this time, the MCP may provide the type of recipient which should be defined as specifically as possible (i.e., all FQHCs in a defined geographic region, short-term housing shelters in need of beds).
 - c. Timelines for the investment activity, including potential plans for sustainability after the conclusion of the HHIP.
- IV. **HHIP Measures Impacted:** Specify HHIP measure(s) that the investment activity is intended to impact. In total across all investments, a minimum of ten measures that are designated “P4P” in either Submission 1 or Submission 2, or both, must be impacted.
- V. **Domain Targeted:** Specify whether the investment will support MCP or provider/partner infrastructure and capacity (or both), or serve as a direct member intervention.

MCPs may add additional rows to the table submission as needed.

² Materials for each round of HHAP can be accessed on the [HHAP website](#). MCPs should use the HHAP-3 assessment of funding availability to inform their IP submission (or the HHAP-2 assessment, if the HHAP-3 assessment is unavailable).

L.A. Care is submitting the below summary of investment activities to provide a clear picture of our intended plan as of September 2022. We have developed our strategies through collaborative planning with our four local Continuums of Care (COCs), our Plan Partners and private competitor, and L.A. County agency partners (L.A. County CEO Homeless Initiative and Departments of Health, Mental Health, and Public Health), as well as input from the LAHSA Lived Experience Advisory Board and local health and housing / homeless services stakeholders who participated in a Community Forum. However, given the compressed planning timeframe and the many continuing unknowns, the below is only our best available estimated range, and is subject to change based on updated information and changing local needs as the programs roll out. We intend to collaborate with our partners to update our activities over time. We will also seek approval from the L.A. Care Board of Governors for many of the below items as the investment amounts are substantial. In addition, we intend to continue making investments with HHIP funds received from MP1 and MP2, and to expand some of the below initiatives and add new ones when and if additional funding becomes available. For example, we are in active discussion with L.A. County to expand activities 1 and 2 to represent approximately 50% of eventual HHIP funds earned.

Investment Activity	Gap or Need Addressed	Description (2 – 3 sentences for each activity)	Dollar Amount or Range	Recipient(s) or Recipient Type(s)	Timeline	HHIP Measure(s) Impacted	Domain Targeted
Example: CoC Support	Insufficient resources for the CoC to complete the PIT count; based on MCP/CA-501 conversation on June 15.	Support CA-501 San Francisco CoC in the collection of point in time (PIT) count of members by January 2023	\$50,000 - \$80,000	CA-501 San Francisco CoC	6/2022 – 1/2023	3.3	Provider/ Partner Infrastructure
1. Unit Acquisition Strategy	L.A. County has many thousands of unused tenant-based vouchers through the Emergency Housing Voucher program and others, and members are having difficulty finding willing landlords because the market is so tight and there is so much competition for rent. Only 65% of voucher holders leased up between 2016-2020 and the average time was 122 days. Based on Urban Institute Master Leasing in LA report ,	L.A. Care and Health Net would partner with the L.A. County CEO Homeless Initiative to create a fund that could be used to cover the non-room-and-board costs of using tenant-based vouchers through master leasing agreements. Costs would include vacancy payments, property management, and/or other building costs (e.g., property taxes, building insurance). Units would be acquired through traditional	\$12-15M	L.A. County CEO Homeless Initiative	1/2023-12/2032 or later	3.5; 3.6; 1.6	Direct Member Interventions

Investment Activity	Gap or Need Addressed	Description (2 – 3 sentences for each activity)	Dollar Amount or Range	Recipient(s) or Recipient Type(s)	Timeline	HHIP Measure(s) Impacted	Domain Targeted
	<p>ABT Voucher Utilization in LA report, HHIP Community Forum 8/3, Lived Experience Advisory Board 7/15, HHIP Core stakeholder meeting discussion 8/5 and CEO Homeless Initiative discussions on 8/9, 16, and 23.</p>	<p>master leasing or other landlord agreements, but the fund could also be paired with other sources of capital to acquire buildings / units or incent new development.</p>					
<p>2. Housing Access Strategy for PEH w/ADL Assistance Needs</p>	<p>As the homeless population ages, more PEH need assistance completing activities of daily living (ADLs) and instrumental activities of daily living (IADLs). There are also many PEH with severe mental illness or cognitive impairments who are not able to care for themselves. It is very difficult to identify the best settings for these clients, and there are few interim housing settings that can care for their needs. In addition, many need care and supervision in a licensed ARF or RCFE facility, rather than PSH, but may need a higher level of care and supervision than what the SSI rate covers at the facility. Based on HHIP Community Forum 8/3, Lived Experience Advisory Board 7/15,</p>	<p>L.A. Care and Health Net would partner with L.A. County CEO HI to create a three-prong strategy to help members experiencing homelessness with ADL needs to get connected to housing and stay housed. 1) Countywide clinical assessment teams for field-based evaluation of PEH. 2) Interim housing service enrichment, which would bring new services into interim housing to be able to care immediately for PEH who need help doing their ADLs. 3) Placements for members in the Enriched Residential Care program, which pays an enhanced rate to ARFs / RCFEs to cover additional services (similar to the Assisted Living Waiver</p>	<p>\$12-15M</p>	<p>L.A. County CEO Homeless Initiative</p>	<p>1/2023-12/2027 or later</p>	<p>3.5; 3.6</p>	<p>Direct Member Interventions</p>

Investment Activity	Gap or Need Addressed	Description (2 – 3 sentences for each activity)	Dollar Amount or Range	Recipient(s) or Recipient Type(s)	Timeline	HHIP Measure(s) Impacted	Domain Targeted
	HHIP Core stakeholder meeting discussion 8/5 and CEO Homeless Initiative discussions on 8/9, 16, and 23.	model).					
3. CES Liaisons	Currently, CoC staff and CES agencies have difficulty navigating the Managed Care system due to lack of education and have difficulty finding appropriate care and placements for members with complex health challenges such as dementia, cancer treatment, incontinence, multiple chronic conditions, etc. L.A. Continuums of Care (CoCs) report that they would not like MCPs to become access points for the Coordinated Entry System (CES) but would instead like to have closer relationships with MCPs and would like co-location when possible. In addition, MCP staff do not always have the expertise to help members access CES most effectively. Based on 6/17/2022 Core Stakeholder meeting.	L.A. Care and its Plan Partners would hire and train CES Liaisons who could serve as a bridge between MCPs and CES systems / providers. These liaisons would be a resource to help CES staff / providers get members connected to the right resources at the MCP. They would also help MCP staff connect members with the right resources within the CES system.	\$1.2-2.4M	L.A. Care	11/2022 – 11/2024 or longer	1.1; 1.2	MCP Infrastructure

Investment Activity	Gap or Need Addressed	Description (2 – 3 sentences for each activity)	Dollar Amount or Range	Recipient(s) or Recipient Type(s)	Timeline	HHIP Measure(s) Impacted	Domain Targeted
4. Street Medicine Services Expansion	There are several street medicine providers in L.A. County, but the demand for services is also very high. Many street medicine services are funded via grants, rather than sustainable payment sources. Based on street medicine landscape analysis completed Dec 2020, 8/3, Community Forum, & multiple discussions w/local street medicine providers.	L.A. Care and its Plan Partners would contract with street medicine providers to serve members. L.A. Care is currently exploring various models for street medicine contracting, and initially plans to focus on a per-visit payment for L.A. Care members seen by a street medicine provider.	\$8-9M	Street Medicine Providers	1/2023 - 12/2024, w/potential for ongoing funding	2.1	Direct Member Interventions
5. Street Medicine Capacity-Building	Street medicine teams need support to build out sustainable staffing and infrastructure as they expand services. Exact needs vary by provider and region. Based on street medicine landscape analysis completed Dec 2020, 8/3, Community Forum, & multiple discussions w/local street medicine providers.	L.A. Care would provide one-time financial support to new and existing street medicine providers to build up their capacity, which may include staffing, training, consultation, new infrastructure (including mobile vans, IT infrastructure, and/or others), or other needs as determined by providers and the plan. L.A. Care would also support technical assistance for street medicine providers via an existing Roundtable for providers and MCPs to come together, and coding training for providers.	\$2-3.3M	Street medicine providers & TA / training providers	1/2023 - 12/2023	1.4, 2.1	Provider / Partner Infrastructure

Investment Activity	Gap or Need Addressed	Description (2 – 3 sentences for each activity)	Dollar Amount or Range	Recipient(s) or Recipient Type(s)	Timeline	HHIP Measure(s) Impacted	Domain Targeted
6. HMIS Data Sharing Support for CoCs	During a data workgroup meeting (which includes MCPs, LAHSA, and Long Beach CoC) on August 26, 2022, the CoCs and MCPs identified a need for the CoCs to share data with the MCPs.	L.A. Care and Health Net would each provide funding to CoCs for infrastructure to implement and automate data exchange with MCPs (including both HMIS vendor and staff costs).	\$3-4M	Long Beach CoC and LAHSA	11/2022 – 10/2024	2.2	Provider / partner infrastructure
7. Housing Data Sharing Support for DMH	L.A. County DMH currently shares data regularly with L.A. Care but does not include housing data. DMH is interested in adding housing status data elements but will need to integrate several internal databases to do so. There are insufficient technical resources to build and deploy Application(s), Interoperability and reporting solutions to capture, track, report and share Housing and Employment data. Based on conversation on 8/31.	L.A. Care and Health Net would each provide funding to DMH to integrate its housing data internally and to share that data regularly with L.A. Care. This would also benefit other partners who share housing data w/DMH. Funding would be used to secure the services of technical consultants to build application(s), integration and reporting solutions for Housing and Employment data by October 2023.	\$910,000 - \$1,225,000	DMH	10/2022 – 10/2023	1.5	Provider / partner infrastructure

Investment Activity	Gap or Need Addressed	Description (2 – 3 sentences for each activity)	Dollar Amount or Range	Recipient(s) or Recipient Type(s)	Timeline	HHIP Measure(s) Impacted	Domain Targeted
8. Long Beach & LAHSA / Glendale / Pasadena HMIS Integration	Currently, there are two HMIS systems in L.A. County; one collaborative maintained by LAHSA for the LAHSA, Glendale, and Pasadena COCs and one maintained by Long Beach COC. Both systems use the same vendor (Bitfocus Clarity) but have separate databases, provider logins, policies, etc. This causes challenges for data integration and for providers serving members in both data bases. Based on discussion at HHIP data workgroup & w/Long Beach COC on 8/18.	L.A. Care and Health Net would each provide funding to COC partners to plan and implement an integration of their HMIS systems, which will also assist in data matching with MCPs. These dollars would also be eligible to be used as health care matching to get bonus points on Long Beach's HUD annual Notice of Funding Opportunity (NOFO) or unsheltered NOFO applications, making it more likely that they receive new HUD funds.	\$1-\$1.5M	Long Beach COC and LAHSA	1/2023 - 12/2024	1.4, 2.2	Provider / partner infrastructure
9. MCP Data Sharing and IT Support	L.A. Care and its Plan Partners currently have limited internal infrastructure to support data sharing with external housing partners, and to effectively analyze and use housing data once received. Based on conversations w/Health Plan staff, July / Aug 2022.	Funds would support internal IT and data sharing costs to develop systems to share data more effectively with housing partners and providers.	\$2-3M	L.A. Care	9/1/2022 - 12/31/2025	1.4; 1.5; 2.2	MCP infrastructure

Investment Activity	Gap or Need Addressed	Description (2 – 3 sentences for each activity)	Dollar Amount or Range	Recipient(s) or Recipient Type(s)	Timeline	HHIP Measure(s) Impacted	Domain Targeted
10. Housing Equity & Disparities Initiative	There are major inequities and disparities in homelessness and housing outcomes, with disproportionate shares of Black, Latinx, and Native populations experiencing homelessness, as well as people who are LGBTQIA. These inequities often stem from broader inequities in mainstream systems. and can be exacerbated by conditions within the homeless services and rehousing systems. Based on conversations with HHIP Core stakeholders in May-August 2022.	L.A. Care would create an investment fund focused on projects addressing racial and other demographic inequities for people experiencing homelessness. Projects eligible to be funded under these grants could include racial equity fellowships, implementation support for the revised CES tools (under current revisions to address racial bias), integration between housing and justice programming, retention support with a focus on Black formerly homeless members, etc.	\$3-4M	Nonprofit organizations working to promote housing equity and justice in L.A. County	1/1/2023 - 12/31/2025	1.6; 3.5; 3.6	Provider / Partner infrastructure <u>and/or</u> Direct Member Interventions
11. ECM Homeless POF Capacity Building	L.A. Care has a robust ECM network to serve the Homeless / Housing Risk Population of Focus. However, given the large size and high acuity of the population, there is a need for further expansion to target this population. Based on conversations w/ECM leads, August 2022.	L.A. Care would fund training and technical assistance to help ECM providers in outreaching to and accurately reporting on the homeless POF. L.A. Care would also offer provider incentives to ECM providers to encourage engagement for this population.	\$900,000 - \$1,000,000	ECM providers and training / TA providers	1/1/2023 - 12/31/2023	3.3	Provider / partner infrastructure

Investment Activity	Gap or Need Addressed	Description (2 – 3 sentences for each activity)	Dollar Amount or Range	Recipient(s) or Recipient Type(s)	Timeline	HHIP Measure(s) Impacted	Domain Targeted
12. Housing-related Capacity Building	While L.A. Care has a large network of housing-related CS providers, the need to provide services to members experiencing homelessness is also great. There are challenges ensuring adequate staffing, organizational capacity, and skillsets to effectively serve a high-acuity population in a tight housing market with a complex CES and homeless services landscape. Based on conversations with CS leads, Community Forum 8/3, and provider feedback surveys.	L.A. Care would provide technical assistance and capacity-building to improve the performance of its housing-related CS networks, with a focus on housing navigation, tenancy services, and recuperative care. L.A. Care would provide a mix of consulting support and training and will explore partnerships with the TA teams at LAHSA and DHS HFH to implement shared programming.	\$1-1.5M	Training and TA vendors with expertise in housing and homeless services	1/1/2023 - 12/31/2024	1.3; 3.4	Provider / partner infrastructure
13. Housing-related enrollment increases	L.A. Care currently has large CS programs serving members experiencing homelessness, but the need is also great. There is a need to expand the programs to reach more members. Based on internal data and conversations with CS leads as well as 8/3 community forum.	L.A. Care would invest in expansion of CS programs so that more members receive CS, supporting planned efforts to eliminate L.A. Care's existing restrictions that narrow CS criteria more than DHCS' definitions. Could also be coupled with more aggressive member outreach efforts to increase enrollments.	\$8-12M	L.A. Care	1/2023 – 12/2023	3.4	Direct Member Intervention

Investment Activity	Gap or Need Addressed	Description (2 – 3 sentences for each activity)	Dollar Amount or Range	Recipient(s) or Recipient Type(s)	Timeline	HHIP Measure(s) Impacted	Domain Targeted
14. Housing Placement Support (Glendale NOFO Partnership)	During a MCP and Glendale CoC meeting on September 6, 2022, Glendale CoC identified a funding gap in the connection of clients to health care services in their Shelter Plus Care Permanent Housing Program. This impacts member housing status as 80% of clients in the programs are Medi-Cal members.	Funds would provide intensive coordinated services, such as assistance with funding housing and building relationships with landlords, chronic disease management, and help with addressing mental health or substance abuse treatment.	\$154,000	Glendale CoC	1/2023 – 12/2023	3.5, 3.6	Direct Member Interventions
15. Workforce Development Investments	There are major workforce challenges in the housing-related services sector. Housing navigation, tenancy services, and other direct service jobs tend to be lower paying, have high turnover, and a high proportion of new staff (tenure under 2 years). Housing-related CS providers and other partner organizations are having difficulty finding trained staff, building a diverse and culturally competent workforce, supporting the workforce to stay in field, and helping to develop new leaders. Based on conversations w/HHIP Core Stakeholders, CEO HI, and United Way of Greater LA in May-Aug	L.A. Care would partner with local government and nonprofit organizations to strengthen the housing-related service workforce. A sector analysis from KPMG is forthcoming in Fall 2022; L.A. Care would partner to implement the recommendations, which may include recruitment efforts, such as training to diversify the candidate pool or centralized recruitment strategies, retention efforts, which might include a complex case helpline, frontline worker payments, and/or career pathway development, and organizational capacity	\$3-4M	Direct Housing / Homelessness Service Provider Organizations and Staff, or an intermediary to reach them	1/1/2023 - 12/31/2026	1.1; 1.3; 3.4; 3.5; 3.6	Provider / partner infrastructure

Investment Activity	Gap or Need Addressed	Description (2 – 3 sentences for each activity)	Dollar Amount or Range	Recipient(s) or Recipient Type(s)	Timeline	HHIP Measure(s) Impacted	Domain Targeted
	2022.	building.					
16. Homeless Screening Provider Incentives & Training	L.A. Care's provider network has an uneven track record of screening members for housing status - some providers have sophisticated workflows that are integrated into their EHRs, others have haphazard screening processes for certain programs or subpopulations, and others are not screening at all. Based on internal health plan data and provider conversations.	L.A. Care would provide trainings and incentives to providers re: how to screen for housing status and code for it in claims and encounter data. This work will be aligned with existing efforts for APL 21-009 re: SDOH data.	\$1-2.5M	Contracted health providers, including hospitals	1/1/2023 - 12/31/2023	3.1; 3.2	Provider / partner infrastructure

Investment Activity	Gap or Need Addressed	Description (2 – 3 sentences for each activity)	Dollar Amount or Range	Recipient(s) or Recipient Type(s)	Timeline	HHIP Measure(s) Impacted	Domain Targeted
17. HHIP MCP Staffing & Consultant Support	As L.A. Care and its Plan Partners work to implement the goals of the HHIP program, there is significant project management, program development, and implementation work to be done. Based on conversations with MCPs, July/August 2022.	L.A. Care and its Plan Partners are identifying new staffing and consultant support needs that would be responsible for planning and implementation of HHIP initiatives.	\$500,000 - \$700,000	L.A. Care	4/1/2022 - 3/31/2024	All	MCP Infrastructure

PART II: RISK ANALYSIS

Using the space below, MCPs must submit a narrative response detailing a brief risk analysis for their IP, including:

- I. What factors the MCP anticipates may arise that would make it challenging for the MCP to achieve its goals and the HHIP program goals.
- II. Which aspects of the IP might be affected by those factors; and
- III. What steps the MCP would take to address these factors and avoid or mitigate impact to the IP.

Description of Anticipated Contingencies (500 - 1000-word limit)

I. What factors the MCP anticipates may arise that would make it challenging for the MCP to achieve its goals and the HHIP program goals:

Through the DHCS Housing and Homelessness Incentive Program (HHIP), L.A. Care is committed to collaborating with LAHSA, Glendale, Pasadena, and Long Beach Continuums of Care (COCs), County Agencies, Health Net, and our Plan Partners in LA County to make investments that enhance Medi-Cal Managed Care Plan (MCP) capacity and partnerships to connect members to needed housing services and ultimately reduce and prevent homelessness.

Factors that could impact our ability to achieve HHIP program goals include, but are not limited to, the following:

- The shortage of affordable housing in L.A. County. The [2022 Annual Affordable Housing Outcomes report](#) showed a deficit of 499,430 homes for renters at or below 50% of the Area Median Income; while this number has decreased by 14% between 2014 and 2019, it is still immensely challenging to secure housing for members and other Angelenos experiencing homelessness.
- Limited system and provider capacity to absorb new funding quickly and efficiently. HHIP is a quick turnaround program, with very limited lead time to build and expand interventions to meet the immense scale of homelessness for L.A. Care's members. Developing legal agreements and building new IT infrastructure quickly are both difficult, since data security and privacy are essential to success. Staffing will be another key challenge, with expansion needed at the plan and the provider level, as well as for system administration partners. In addition, there are many related initiatives rolling out at the same time as HHIP, with the same core partners – such as the Housing and Homelessness Assistance Program (HHAP), Project Homekey, the Emergency Housing Voucher Program, and many CalAIM initiatives.
- Conducting sustainable, long-term interventions using one-time funds. While HHIP is a welcome resource, it is challenging to address structural problems with one-time money, as many initiatives to address housing require 5, 10,

or even 15-year commitments to be successful. Moreover, HHIP is not the only one-time funding source that the local system is absorbing (since HHAP and ARPA also offer major one-time investments).

II. Which aspects of the IP might be affected by those factors:

For all our planned investments, we may need to change our timing and funding amounts if a particular activity takes longer or requires more or less funding than we had originally planned. Given the dynamic environment of L.A. County, we anticipate that we will need to be nimble and flexible in our investment strategy to respond to changing conditions.

Many of our investments are focused on improving internal L.A. Care and Plan Partner data systems, as well as investing in data sharing infrastructure between and among external partners. These planned investments could be delayed if there are unanticipated legal and privacy challenges or if there are challenges in upgrading technology platforms, especially with external vendors (e.g., Bitfocus Clarity).

We are also investing in workforce and organizational capacity in several ways – within the plan to improve CES connectivity for our Plan and Plan Partners, to help street medicine, ECM, and housing-related CS providers improve and expand, and in the overall homeless services sector in LA County. Given the bandwidth constraints that we and our partners face, we may not be able to expand staffing as quickly as planned, and some investments may not bear fruit until after the HHIP measurement periods are complete. We also may not be able to expand our ECM and CS programs as fast as we would like to, since we need to ensure high quality as well as increasing volume.

For our unit acquisition strategy, we may not be able to secure as many units as desired, or it may take longer than expected to develop new infrastructure to expand County and provider master leasing partnerships. Because we are partnering with our COCs to use local tenant-based rental subsidies, we also cannot require that members be prioritized for housing; however, we do know that the majority of people experiencing homelessness (PEH) in LA are Medi-Cal Managed Care members, so investments to address the overall needs of PEH will benefit our members.

III. What steps the MCP would take to address these factors and avoid or mitigate impact to the IP.

To address these potential risks and avoid or mitigate the impact on the Investment Plan, L.A. Care will take the following steps:

- Overall: Maintain regular communication with our core planning partners (COCs, County Agencies, and MCPs including Plan Partners) through monthly meetings as well as regular data workgroups and initiative-specific ad hoc. Continue to share information with and solicit input from individuals with lived experience of homelessness through Lived Experience Advisory Board (LEAB) input and hosting quarterly Community Forums for local health and housing stakeholders.

- IT Infrastructure: Request MCP and CoC leadership support to prioritize IT investments. Tie funding agreements to specific, measurable milestones around data sharing. Build on existing agreements and infrastructure where possible (e.g., use existing LAHSA-L.A. Care data sharing agreement as the basis for the agreement with the Long Beach CoC). Develop creative workarounds and one-time processes if needed, such as file sharing until APIs are available.
- Workforce development & capacity building: Align HHIP investments with existing strategies for the Incentive Payment Program. Partner closely with other funders to implement workforce investments, and drive strategy based on forthcoming data around local sector needs. Integrate ECM and CS capacity-building activities with established program support at the MCP.
- Housing supply: Build on two existing master leasing programs - LAHSA Resident and Property Support Services and the Housing for Health / Brilliant Corners Master Rental Subsidy Agreement (MRSA) – as well as creating new interventions with additional providers. Partner with the L.A. County CEO Homeless Initiative and others to create county-wide standards for master leasing, so that landlords have a consistent set of agreements available and cannot shop around to different local partners to drive up prices.
- Bandwidth and one-time funding challenges: Use one-time HHIP funds to create multiyear budgets so that interventions have an appropriate time horizon to achieve their goals (e.g., 2-10 years or more, depending on the initiative). Engage partners to plan interventions jointly.

PART III: CoC LETTER OF SUPPORT

MCPs must submit a signed letter of support from their CoC partner(s) validating that the CoC(s) collaborated with the MCP, were given an opportunity to review the MCP's IP response and support the MCP's IP. For MCPs in counties with more than one CoC, **at least 50% of CoCs** must provide signatures indicating their support.

The CoC letter of support or CoC signature(s) should be included with this IP submission as an appendix.

Part IV: Attestation

MCPs must provide a signed attestation that the IP provides a true representation of the MCP's expected investment plan and strategy for achieving program measures and targets as of the date of signature. The attestation must be signed under penalty of perjury by the MCP's Chief Executive Officer or Chief Financial Officer, or equivalent executive officer, or their designee.

The signed attestation should be included with this IP submission as an appendix.

Long Beach Continuum of Care

September 16, 2022

To: California Department of Health Care Services

Re: Housing and Homelessness Incentive Program (HHIP) Investment Plan Letter of Support

The Long Beach Continuum of Care is supportive of the California Department of Health Care Services (DHCS) Housing and Homeless Incentive Program Investment Plan(s) (IP) being submitted by L.A. Care in Los Angeles County. The Long Beach Continuum of Care had the opportunity to engage and collaborate with L.A. Care, provide input on the IP, and were able to review the IP prior to the Medi-Cal managed care plan (MCP) submission. The Long Beach Continuum of Care understands that the IP reflects a non-binding general direction for investments the MCPs are willing to initially make to meet DHCS' HHIP program metrics independent of how the MCPs plan to invest HHIP incentive funds once earned. The Long Beach Continuum of Care also understands that the MCPs' HHIP investments are contingent on the MCPs meeting HHIP measures over the two-year HHIP program. To this end the Long Beach Continuum of Care is committed to collaborating with the MCPs as they engage locally to meet HHIP program metrics.

If you have any questions, please feel free to reach out directly

Thank you,



Paul Duncan, Homeless Services Bureau Manager

City of Long Beach Department of Health and Human Services, on behalf of the Long Beach CoC Board

Paul.Duncan@longbeach.gov

(562) 570-4581



707 Wilshire Blvd. 10th Floor
Los Angeles, CA 90017
213 683.3333
www.lahsa.org

September 16, 2022

California Department of Health Care Services
P.O. Box 997413, MS 4400
Sacramento, CA 95899-7413

Re: Housing and Homelessness Incentive Program (HHIP) Investment Plan Letter of Support

The Los Angeles Homeless Services Authority (LAHSA) is supportive of the California Department of Health Care Services (DHCS) Housing and Homelessness Incentive Program Investment Plan(s) (IP) being submitted by LA Care, Health Net, SCAN Health Plan, and AHF/PHC in Los Angeles County.

LAHSA had the opportunity to engage and collaborate with LA Care, Health Net, SCAN Health Plan, and AHF/PHC, provide input on the IP, and were able to review the IP prior to the Medi-Cal managed care plan (MCP) submission. LAHSA understands that the IP reflects a non-binding general direction for investments the MCPs are willing to initially make to meet DHCS' HHIP program metrics independent of how the MCPs plan to invest HHIP incentive funds once earned. LAHSA also understands that the MCPs' HHIP investments are contingent on the MCPs meeting HHIP measures over the two-year HHIP program. To this end LAHSA is committed to collaborating with the MCPs as they engage locally to meet HHIP program metrics.

If you have any questions, please feel free to reach out directly to Enrique Martinez, Jr. at emartinez@lahsa.org.

Thank you,



Molly Rysman
Chief Program Officer
Los Angeles Homeless Services Authority





CITY OF GLENDALE, CALIFORNIA

**Community Services & Parks
Administration**

**613 E. Broadway, Suite 120
Glendale, CA 91206-4308
Tel. (818) 548-2000 Fax (818) 548-3789
glendaleca.gov**

August 30, 2022

To: California Department of Health Care Services

Re: Housing and Homelessness Incentive Program (HHIP) Investment Plan Letter of Support

The City of Glendale Continuum of Care (Glendale CoC) is supportive of the California Department of Health Care Services (DHCS) Housing and Homeless Incentive Program Investment Plan(s) (IP) being submitted by the following Managed Care Plans (MCP's): L.A. Care, Health Net, Anthem Blue Cross, Blue Shield Promise, Kaiser, Molina, AIDS Healthcare, Foundation/PHC California SCAN Health Plan in Los Angeles County. The Glendale CoC had the opportunity to engage and collaborate with the MCP's to provide input on the IP, and were able to review the IP prior to the Medi-Cal managed care plan (MCP) submission. The Glendale CoC understands that the IP reflects a non-binding general direction for investments the MCPs are willing to initially make to meet DHCS' HHIP program metrics independent of how the MCPs plan to invest HHIP incentive funds once earned. The Glendale CoC also understands that the MCPs' HHIP investments are contingent on the MCPs meeting HHIP measures over the two-year HHIP program. To this end the Glendale CoC is committed to collaborating with the MCPs as they engage locally to meet HHIP program metrics.

If you have any questions, please feel free to reach out directly

Thank you,

Onnig Bulanikian, Director
Community Services & Parks Dept.

Signature: 

Email: OBulanikian@Glendaleca.gov

September 21, 2022

To: California Department of Health Care Services

Re: Housing and Homelessness Incentive Program (HHIP) Investment Plan Letter of Support

The Pasadena Continuum of Care, also known as the Pasadena Partnership to End Homelessness ("Pasadena Partnership"), is supportive of the California Department of Health Care Services (DHCS) Housing and Homeless Incentive Program Investment Plan(s) (IP) being submitted by L.A. Care, Health Net, Health Senior Care Action Network (SCAN), and AIDS Healthcare Foundation/Positive Healthcare California (AHF/PHC) in Los Angeles County. The Pasadena Continuum of Care had the opportunity to engage and collaborate with L.A. Care, Health Net, SCAN and AHF/PHC, provide input on the IP, and were able to review the IP prior to the Medi-Cal managed care plan (MCP) submission. The Pasadena Continuum of Care understands that the IP reflects a non-binding general direction for investments the MCPs are willing to initially make to meet DHCS' HHIP program metrics independent of how the MCPs plan to invest HHIP incentive funds once earned. The Pasadena Continuum of Care also understands that the MCPs' HHIP investments are contingent on the MCPs meeting HHIP measures over the two-year HHIP program. To this end, the Pasadena Continuum of Care is committed to collaborating with the MCPs as they engage locally to meet HHIP program metrics.

If you have any questions, please feel free to reach out directly.

Sincerely,



Jennifer O'Reilly-Jones
Homeless Programs Coordinator
joreillyjones@cityofpasadena.net

**Medi-Cal Managed Care
Housing and Homelessness Incentive Program (HHIP) Investment Plan (IP)
Certification (to be completed by Health Plan CEO/CFO/COO/Authorized Executive)**

Health Plan: L.A. Care Health Plan


County: Los Angeles

I certify that, to the best of my knowledge, the IP provides a true representation of the MCP's expected investment plan and strategy for achieving program measures and targets.

As a CEO, CFO, COO, or Executive duly authorized to sign on behalf of the Health Plan listed above, I am authorized or designated to make this Certification, and declare that I understand that the making of false statements or the filing of a false or fraudulent claim is punishable under state and federal law.

By: Marie Montgomery 09/30/2022

Print name Date

 CFO

Signature Title



INVESTMENT PLAN – Los Angeles County

HOUSING AND HOMELESSNESS INCENTIVE PROGRAM

September 30, 2022



MCP INFORMATION

MCP Name	Health Net Community Solutions, Inc.
Lead Contact Person Name and Title	Deanna Eaves, Director, Compliance Sally Chow, Senior Manager, Compliance
Contact Email Address	deanna.l.eaves@cahealthwellness.com sally.c.chow@cahealthwellness.com
Contact Phone	Deanna Eaves: 916-935-1275 Sally Chow: 916-935-8157

PART I: INVESTMENTS

To determine local HHIP investment opportunities, Health Net and our Plan Partner collaborated with the four Continuums of Care (CoCs) in Los Angeles County: LAHSA (Los Angeles Homeless Services Authority), Glendale CoC, Pasadena CoC, and Long Beach CoC. The costs listed below were determined based on conversations during the monthly Core Stakeholder Meetings between MCPs, CoCs, and our Plan Partner. Amounts are apportioned based on Medi-Cal membership in the county.

Investment Activity	Gap or Need Addressed	Description (2 – 3 sentences for each activity)	Dollar Amount or Range	Recipient(s) or Recipient Type(s)	Timeline	HHIP Measure(s) Impacted	Domain Targeted
1. Supporting the Point in Time (PIT) Count	During a core stakeholder meeting (which includes MCP and LAHSA, Glendale CoC, Pasadena CoC, and Long Beach CoC) meeting on August 19, 2022, the CoCs identified having insufficient resources to complete the 2023 PIT Count.	Funds will support LAHSA, Glendale, Pasadena, and Long Beach with community outreach, data collection, and day-of survey to ensure complete geographic coverage and support for the 2023 PIT Count.	\$50,000	LAHSA, Pasadena CoC, Glendale CoC, and Long Beach CoC	1/2023 – 3/2023	1.1	Provider/ Partner Infrastructure

2. Utilizing MCP Liaisons to connect members to health and housing options	During a core stakeholder meeting (which includes MCP and LAHSA, Pasadena, Glendale, and Long Beach CoCs) on August 19, 2022, the CoC expressed interest in working with key representatives within the MCP to streamline connection to both healthcare and homeless services. MCPs and CoCs agreed to this approach instead of MCPs becoming a direct access point to the Coordinated Entry System.	Funds will support the MCP liaisons who will serve as the internal staff to connect homeless members to healthcare and housing services. The liaisons will also provide direct support to the CoCs and engage with the homeless system (i.e., HMIS, member connections to housing services).	\$1,000,000	Health Net	1/2023 – 12/2023	1.2, 1.6, 2.2	MCP Infrastructure
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3. Enhancing the Los Angeles County Department of Mental Health's (DMH) Capabilities for Housing Data Sharing	During a data workgroup meeting (which includes MCPs and DMH) on August 26, 2022, DMH identified that they do not currently share housing status data elements with MCPs but would like to do so.	Funds will support housing-related data exchange from DMH to Health Net through enhancing infrastructure (hiring technical consultants to build application(s), integration and reporting solutions for Housing and Employment data)	\$500,000	DMH	10/2022 – 12/2023	1.5	Provider/ Partner Infrastructure
4. Enhancing the CoCs' Capabilities for Housing Data Sharing with MCPs	During a data workgroup meeting (which includes MCPs, LAHSA, and Long Beach CoC) on August 26, 2022, the CoCs and MCPs identified a need for the CoCs to share data with the MCPs, in alignment with HHIP program goals. The CoCs currently do not have connectivity with Health Net to share data.	Funds will support CoCs with developing the requisite infrastructure (staffing, processing, etc.) to implement and facilitate data exchange with the MCP.	\$2,000,000	Long Beach CoC and LAHSA	11/2022 – 12/2023	2.2	Provider/ Partner Infrastructure
5. Supporting the HMIS Platform Integration	During a core stakeholder meeting (which includes MCP and	Funds will support HMIS integration between the LAHSA/Pasadena/	\$500,000	Long Beach CoC and LAHSA	1/2023 – 12/2023	1.2, 2.2	Provider/ Partner Infrastructure

8. Supporting Housing Placements via Unit Acquisition/ Master Lease/Back fill	During MCP and CEO Homeless Initiative meetings on August 9, 16, and 23, CEO Homeless Initiative identified a gap in the number of used tenant-based vouchers through the Emergency Housing Voucher program and others. Only 65% of voucher holders utilized vouchers with an average time of 122 days.	Funds will help LA County residents utilize tenant-based vouchers through master leasing agreements with County Executive Office Homeless Initiative. Funds will specifically be used for non-room-and-board costs such as vacancy payments, property management, building costs.	\$4,500,000	CEO Homeless Initiative	1/2023-12/2023	3.4, 3.5, 3.6	Direct Member Interventions
9. Supporting Housing Placements via Housing Access for PEH with ADL Assistance Needs	During MCP and CEO Homeless Initiative meetings on August 9, 16, and 23, CEO Homeless Initiative identified a gap in the aging population of PEH with severe mental illness or cognitive impairments who are not able to care for themselves. These individuals may need care in a licensed ARF or RCFE in addition to needing a	Funds will support a three-prong strategy to help members experiencing homelessness with ADL needs to get housed and stay housed. The strategy includes 1) Clinical Assessment Teams, 2) Interim housing service enrichment, and 3) Placement for members in the Enriched Residential Care program.	\$4,500,000	CEO Homeless Initiative	1/2023-12/2023	3.4, 3.5, 3.6	Direct Member Interventions

	higher level of care.						
10. Supporting Housing Placements via Glendale NOFO Partnership	During a MCP and Glendale CoC meeting on September 6, 2022, Glendale CoC identified a funding gap in the connection of housing and supportive services in their Shelter Plus Care Program. The program does not currently have funding to connect clients to supportive services. Without supportive services, clients are unable to remain housed. This specifically impacts MCP members as 80% of clients in the Shelter Plus Care program are Medi-Cal members.	Funds will provide supportive services for homeless clients in the Shelter Plus Care Program, which includes intensive coordinated services to schedule medical appointments and access social services, support with accessing employment, assistance with housing and building relationships with landlords, chronic disease management, and help with addressing mental health or substance abuse treatment. These supportive services will aid in keeping clients housed in permanent supportive housing.	\$70,000	Glendale CoC	1/2023 – 12/2023	3.5, 3.6	Direct Member Interventions
11. Supporting Street Medicine	During a core stakeholder meeting (which	Funds will support street medicine providers in	\$2,500,000	Street medicine providers	1/2023 – 12/2023	2.1	Provider/ Partner Infrastructure

Capacity Building	includes MCP and LAHSA, Pasadena, Glendale, and Long Beach CoCs) on August 5, 2022, the CoCs shared that there is limited street medicine services provided in LA County.	developing the infrastructure (i.e., staffing, technology, supplies, mental health services, street outreach, wound care, etc.) to help support the development, implementation, and enhancements to street medicine services.				
12. Increasing CS Enrollment	Health Net currently has a wide net of CS providers and offers a variety of programs for our homeless members, but there is a need for expansion of services to reach more members.	Funds will support providing services to more members and expanding outreach efforts to increase enrollments.	\$1,000,000	Health Net	1/2023 – 12/2023	3.4 Direct Member Interventions
13. Developing a Health Net Social Determinant s of Health (SDOH) Platform	Health Net needs to enhance its existing technical capabilities and processes to more optimally handle SDOH/HMIS workflow to be able to match our member information with HMIS client	Health Net is developing a Social Determinants of Health (SDoH) Platform to ensure there is a unified, holistic, and scalable technology approach for enabling race, ethnicity, and language (REL),	\$2,063,245	Health Net	10/2022 – 12/2023	1.2, 2.2, 2.3, 3.1, 3.3, 3.4 MCP Infrastructure

	information and to receive timely alerts from their local HMIS when our member experiences a change in housing status.	sexual orientation and gender identity, (SOGI) and housing and other SDOH data exchange and integration with various 3rd party vendors and community provider systems. This platform will include data exchange through SFTP/FHIR API with HMIS systems.	\$250,000	Health Net	1/2023 – 12/2023	All	MCP Infrastructure
14. MCP Staffing and Consultants	Based on MCP meetings in July and August 2022, there are significant staffing and consultant needs related to project development, project management, implementation, and evaluation to meet HHIP program goals.	Funds will support internal project manager and external consultants to carry out HHIP deliverables and meet the HHIP goals.					

PART II: RISK ANALYSIS

Description of Anticipated Contingencies (500 - 1000 word limit)

I. What factors the MCP anticipates may arise that would make it challenging for the MCP to achieve its goals and the HHIP program goals:

Through the DHCS Housing and Homelessness Incentive Program (HHIP), Health Net is committed to collaborating with LAHSA, Glendale CoC, Pasadena CoC, Long Beach CoC, and our Plan Partner in Los Angeles County to make investments that enhance Medi-Cal Managed Care Plan (MCP) capacity and partnerships to connect members to needed housing services and ultimately reduce and prevent homelessness.

Factors that could arise that may impact Health Net's ability to achieve our goals and HHIP program goals include, but are not limited to, the following:

- The ability of Health Net's local providers, and community partners to quickly build and maintain the operational processes and data connections between MCPs and the homeless system to connect members to needed housing services and, ultimately, permanent housing. This will ultimately determine if MCPs can meet HHIP program measure requirements and thereby draw down HHIP funds to invest in the local communities we serve.
- The time needed to educate providers on HHIP. Throughout the development of the HHIP County Local Homelessness Plan that Health Net submitted to DHCS on June 30, 2022 and this HHIP Investment Plan deliverable, there has been a learning curve for all stakeholders to understand Medi-Cal managed care, the local housing system, and how the two will be connected through CalAIM and HHIP. We expect this collective learning and development to continue throughout the HHIP program period, which may impact the progress of HHIP strategies.
- Staffing capacity and infrastructure of our local level partners. The CoC and community partners have resource constraints that may impact their ability to engage with MCPs on HHIP. Staff turnover, competing priorities, budget limitations or freezes, and other operational changes (i.e., human resources, information technology, legal) that are experienced by our local level partners may impact the MCP's ability to demonstrate the required measure performance necessary within the measurement period to draw down the full HHIP allocation to be able to invest these funds in our local communities.

II. Which aspects of the IP might be affected by those factors:

Health Net is making investments to support our internal data systems and the local HMIS with achieving bidirectional data

connectivity; however, the success of these investments may depend on whether both MCP and CoC staff are able to upgrade both platforms to support HHIP program goals, as well as stand up processes between all entities that ensure data confidentiality and compliance with both Health Insurance Portability and Accountability Act (HIPAA) and Health Information Technology for Economic and Clinical Health Act (HITECH). This may require the development of new risk mitigation strategies, and corresponding trainings, to ensure that all MCPs, providers, and partners input accurate local housing data and maintain a secure and effective data exchange.

Our ability to ultimately house our members and meet HHIP Priority Area 3 measures through investments in housing supply may be impacted by our ability to make the systemic changes necessary within the HHIP measurement period to unlock current housing units and/or expand housing supply. For example:

- The CoC and community partners have shared concerns about landlord hesitancy to open units to those most vulnerable. Shifting the perceptions that landlords have about the ability of our members experiencing homelessness to maintain stable housing will require significant relationship building and time between community housing providers (i.e., housing navigators), landlords, and the MCPs.
- As noted through the 2022 PIT Count and our ongoing conversations with the CoC, the County is experiencing a shortage in housing supply. There is a risk that newly available units through our HHIP investments may not be given to our members, but rather, to those on the By Name List who are determined to be more vulnerable through the prioritization criteria.
- Finally, new housing units being constructed with HHIP funding (i.e., master leasing) may not be open within the measurement period to be able to house our members. Construction delays and ongoing supply chain issues, for example, may impact our ability to demonstrate progress towards the measures tied to permanent housing (Measures 3.5 and 3.6) thereby impacting our ability to draw down 100 percent of the HHIP allocation to be able to invest these funds in the communities we serve.

III. What steps the MCP would take to address these factors and avoid or mitigate impact to the IP.

To address these potential risks and avoid or mitigate their impact on the Investment Plan, steps that Health Net will take include, but are not limited to, the following:

- Establish and maintain ongoing communication channels between our Plan Partners and the CoCs to track the status on HHIP investments, identify operational risks, and troubleshoot problems that arise. As part of the County Local Homelessness Plan submitted on June 30, 2022, the MCPs, CoCs, and County agencies have agreed to reoccurring meetings to discuss and assess HHIP implementation. HHIP investments will be discussed in these forums.
- Develop guardrails that promote accountability and minimize fraud, waste, and abuse, including ensuring that the financial agreements between Health Net and entities receiving HHIP disbursements include provisions with specific fund use cases and clear processes to ensure funds are used properly.
- Related to our internal technology investments, we will be intentional in applying focused resources and working in

collaboration with our CoC partners to achieve results in a secure and timely matter. Additionally, Health Net will leverage the expertise of our parent company, Centene Corporation, to launch these capabilities.

- Continue to educate the CoC and community partners about CalAIM, its housing-related service offerings, and associated funding opportunities to support infrastructure development and capacity-building. Our community partners are implementing a variety of local and innovative solutions to tackle the housing crisis and are still learning about CalAIM, Medi-Cal managed care, and the housing-related service offerings. To support CalAIM implementation and ensure non-duplication of funding, we are committed to educating stakeholders about the various funding opportunities offered through CalAIM (i.e., HHIP, CalAIM Incentive Payment Program, Providing Access and Transforming Health (PATH) Capacity and Infrastructure Transition, Expansion and Development (CITED) initiative, etc.)
- Finally, Health Net is committed to assessing the lessons learned from the development and implementation of the Investment Plan and we look forward to sharing these learnings as part of the Submission 1 and Submission 2 deliverables. Through continuous improvement and working closely with the CoC and community partners, we can ensure that investments address the HHIP program goals to build MCP capacity to connect members to services and ultimately reduce and prevent homelessness.

PART III: CoC LETTER OF SUPPORT

Please find attached the Letters of Support from LAHSA, Glendale CoC, Pasadena CoC, and Long Beach CoC in our Investment Plan Appendix.

PART IV: Attestation

Please find attached Health Net's MCP Attestation in our Investment Plan Appendix.



CITY OF GLENDALE, CALIFORNIA

**Community Services & Parks
Administration**

**613 E. Broadway, Suite 120
Glendale, CA 91206-4308
Tel. (818) 548-2000 Fax (818) 548-3789
glendaleca.gov**

August 30, 2022

To: California Department of Health Care Services

Re: Housing and Homelessness Incentive Program (HHIP) Investment Plan Letter of Support

The City of Glendale Continuum of Care (Glendale CoC) is supportive of the California Department of Health Care Services (DHCS) Housing and Homelessness Incentive Program Investment Plan(s) (IP) being submitted by the following Managed Care Plans (MCPs): L.A. Care, Health Net, Anthem Blue Cross, Blue Shield Promise, Kaiser, Molina, AIDS Healthcare, Foundation/PHC California SCAN Health Plan in Los Angeles County. The Glendale CoC had the opportunity to engage and collaborate with the MCPs to provide input on the IP, and were able to review the IP prior to the Medi-Cal managed care plan (MCP) submission. The Glendale CoC understands that the IP reflects a non-binding general direction for investments the MCPs are willing to initially make to meet DHCS' HHIP program metrics independent of how the MCPs plan to invest HHIP incentive funds once earned. The Glendale CoC also understands that the MCPs' HHIP investments are contingent on the MCPs meeting HHIP measures over the two-year HHIP program. To this end the Glendale CoC is committed to collaborating with the MCPs as they engage locally to meet HHIP program metrics.

If you have any questions, please feel free to reach out directly

Thank you,

Onnig Bulanikian, Director
Community Services & Parks Dept.



707 Wilshire Blvd. 10th Floor
Los Angeles, CA 90017
213 683.3333
www.lahsa.org

September 16, 2022

California Department of Health Care Services
P.O. Box 997413, MS 4400
Sacramento, CA 95899-7413

Re: Housing and Homelessness Incentive Program (HHIP) Investment Plan Letter of Support

The Los Angeles Homeless Services Authority (LAHSA) is supportive of the California Department of Health Care Services (DHCS) Housing and Homeless Incentive Program Investment Plan(s) (IP) being submitted by LA Care, Health Net, SCAN Health Plan, and AHF/PHC in Los Angeles County.

LAHSA had the opportunity to engage and collaborate with LA Care, Health Net, SCAN Health Plan, and AHF/PHC, provide input on the IP, and were able to review the IP prior to the Medi-Cal managed care plan (MCP) submission. LAHSA understands that the IP reflects a non-binding general direction for investments the MCPs are willing to initially make to meet DHCS' HHIP program metrics independent of how the MCPs plan to invest HHIP incentive funds once earned. LAHSA also understands that the MCPs' HHIP investments are contingent on the MCPs meeting HHIP measures over the two-year HHIP program. To this end LAHSA is committed to collaborating with the MCPs as they engage locally to meet HHIP program metrics.

If you have any questions, please feel free to reach out directly to Enrique Martinez, Jr. at emartinez@lahsa.org.

Thank you,



Chief Program Officer
Los Angeles Homeless Services Authority



Long Beach Continuum of Care

September 16, 2022


To: California Department of Health Care Services

Re: Housing and Homelessness Incentive Program (HHIP) Investment Plan Letter of Support

The Long Beach Continuum of Care is supportive of the California Department of Health Care Services (DHCS) Housing and Homeless Incentive Program Investment Plan(s) (IP) being submitted by Health Net in Los Angeles County. The Long Beach Continuum of Care had the opportunity to engage and collaborate with Health Net, provide input on the IP, and were able to review the IP prior to the Medi-Cal managed care plan (MCP) submission. The Long Beach Continuum of Care understands that the IP reflects a non-binding general direction for investments the MCPs are willing to initially make to meet DHCS' HHIP program metrics independent of how the MCPs plan to invest HHIP incentive funds once earned. The Long Beach Continuum of Care also understands that the MCPs' HHIP investments are contingent on the MCPs meeting HHIP measures over the two-year HHIP program. To this end the Long Beach Continuum of Care is committed to collaborating with the MCPs as they engage locally to meet HHIP program metrics.

If you have any questions, please feel free to reach out directly

Thank you,



Paul Duncan, Homeless Services Bureau Manager
City of Long Beach Department of Health and Human Services, on behalf of the Long Beach CoC Board
Paul.Duncan@longbeach.gov
(562) 570-4581



September 21, 2022

To: California Department of Health Care Services

Re: Housing and Homelessness Incentive Program (HHIP) Investment Plan Letter of Support

The Pasadena Continuum of Care, also known as the Pasadena Partnership to End Homelessness ("Pasadena Partnership"), is supportive of the California Department of Health Care Services (DHCS) Housing and Homeless Incentive Program Investment Plan(s) (IP) being submitted by L.A. Care, Health Net, Health Senior Care Action Network (SCAN), and AIDS Healthcare Foundation/Positive Healthcare California (AHF/PHC) in Los Angeles County. The Pasadena Continuum of Care had the opportunity to engage and collaborate with L.A. Care, Health Net, SCAN and AHF/PHC, provide input on the IP, and were able to review the IP prior to the Medi-Cal managed care plan (MCP) submission. The Pasadena Continuum of Care understands that the IP reflects a non-binding general direction for investments the MCPs are willing to initially make to meet DHCS' HHIP program metrics independent of how the MCPs plan to invest HHIP incentive funds once earned. The Pasadena Continuum of Care also understands that the MCPs' HHIP investments are contingent on the MCPs meeting HHIP measures over the two-year HHIP program. To this end, the Pasadena Continuum of Care is committed to collaborating with the MCPs as they engage locally to meet HHIP program metrics.

If you have any questions, please feel free to reach out directly.

Sincerely,



Jennifer O'Reilly-Jones
Homeless Programs Coordinator
joreillyjones@cityofpasadena.net

**Medi-Cal Managed Care
Housing and Homelessness Incentive Program (HHIP) Investment Plan (IP)
Certification (to be completed by Health Plan CEO/CFO/COO/Authorized Executive)**

Health Plan: Health Net

County: Los Angeles

I certify that, to the best of my knowledge, the IP provides a true representation of the MCP's expected investment plan and strategy for achieving program measures and targets.

As a CEO, CFO, COO, or Executive duly authorized to sign on behalf of the Health Plan listed above, I am authorized or designated to make this Certification, and declare that I understand that the making of false statements or the filing of a false or fraudulent claim is punishable under state and federal law.

By: Martha Santana-Chin September 29, 2022
Print name Date

 Medi-Cal President
Signature Title