Housing and Homelessness Incentive Program
Frequently Asked Questions
January 4, 2023

The following questions were received from stakeholders, including counties, Managed Care Plans (MCP), and Continuums of Care (CoC), throughout the summer and fall of calendar year 2022. The Department of Health Care Services (DHCS) also solicited questions in advance of the MCP Technical Assistance Webinar on December 5, 2022; responses to these questions are included in the document below.

Measure 1.1 Engagement with CoC

1. In the MCP Local Homelessness Plan (LHP) Submission, MCPs provided the number of CoC meetings attended for that measurement period. However, Submission 1 is asking for the number of meetings attended during the measurement period. Can you please provide additional guidance?
    - DHCS revised the submission language requirement to note "*MCPs should sustain their engagement with the CoC as described in the LHP. The denominator should reflect the total number of meetings that encompass the MCP/CoC engagement as described in the LHP.*"
    - To achieve the measure, MCPs must attend 100% of the meetings that occur during the measurement period that were the same type they attended during the LHP measurement period.

2. It seems that MCP participation in the Point in Time (PIT) count was removed from the template all together. In a lot of our CoCs, we are making investments in the PIT count by way of incentives for people living unsheltered to participate, supplies for volunteers, etc. Please clarify why this change was made.
    - The PIT count was a key component of the LHP to ensure that MCPs had engaged with their CoC on this particular need. DHCS heard from partners that CoCs often need support gathering the PIT and it would be an essential place for MCPs to engage in order to confirm how they can best support. Given the variation among CoCs, DHCS is now using broader metrics to assess MCP engagement with CoCs to account for differing CoC needs. DHCS expects those MCPs who are participating and supporting their CoC with the PIT count to reflect on that in Measure 1.7 related to the Investment Plan (IP).

Measure 1.2 Connection and integration with local Coordinated Entry System (CES)

3. Please clarify and provide more guidance on the documentation that needs to be attached as an appendix. Would this be a letter from the CoC stating that the MCP has been engaging with them on Coordinated Entry System (CES), having the CoC educate the MCP on CES processes, and developing strategies?
    - DHCS would welcome a letter from the CoC. In addition, MCPs should submit evidence of providers in their network, likely Enhanced Care

Management (ECM) and Community Supports providers, that are referring members to the CES.

- Measure requirement: "*Provide documentation of MCP contact with the CES to coordinate on members' housing needs and provide evidence of referrals when indicated as well as a narrative description of the MCP's action plan for becoming a CES access point, if feasible, based on the assessment submitted with the LHP*."

4. Can you please provide clarification on what becoming a CES access point entails? Does this include the ability to submit referrals to the CES, or does this also include entering data into the Homeless Management Information System (HMIS), conducting assessments, or logging other services that are being provided?
    - MCPs should have conducted a feasibility assessment for the LHP to determine how the MCP intends to engage with the CoC and better understand the CES. Each CES may be different based on the local geography and the CoC.
    - For general information on the CES and the value add that health care providers bring, please see the California Health Care Foundation publication on Homelessness Response 101, https://www.chcf.org/publication/homelessness-response-101/.

5. Is it the MCP which is required to be the access point? Can this measure be fulfilled if ECM or Community Supports providers are referral sources or users to the CES?
    - The MCP is not required to be the access point. DHCS encourages MCPs to work with their provider network, particularly their ECM and Community Supports providers, to serve as CES access points.
    - For the LHP, MCPs should have conducted a feasibility assessment to determine the best approach for becoming a CES access point as each varies based on the CoC. DHCS is encouraged by the responses received in the LHP, which included:
        1. MCP determined the most efficient process is for contracted housing-related Community Supports providers to serve as CES access points.
        2. MCP continue its partnership with their Community Supports housing provider to strengthen referrals to access points and ensure connectivity to CES.
        3. MCP working to ensure that ECM and Community Supports housing providers are aware of the CES.

Measure 1.4 Partnerships with organizations that deliver housing services

6. Can you clarify if this measure is being changed from contracted providers to partnering organizations? If partnering organizations, what are the permissible local data sharing agreements that will meet criteria?

- The language for this measure allows "partners or providers", and DHCS anticipates that regardless of entity type, the MCP and entity would have a contract in place. Data sharing agreements between MCPs and partners need to follow applicable state and federal law. DHCS has provided this general guidance on data sharing agreements: https://www.dhcs.ca.gov/Documents/MCQMD/CalAIM-Data-Sharing-Authorization-Guidance-For-Public-Comment-December-2021.pdf.

Measure 1.5 Data sharing agreement with county Mental Health Plans (MHP) and DMC-ODS

7. Would it suffice if the MCP and the Drug Medi-Cal Organized Delivery System (DMC-ODS) both signed the California Data Sharing Framework Data Sharing Agreement, rather than signing a bi-lateral data sharing agreement between the MCP and DMC-ODS directly?
    - Yes. As outlined in the Housing and Homelessness Incentive Program (HHIP) measure set, MCPs should respond 'Yes'/'No' in the Submission 1 template to whether the "MCP, county MHPs or DMC-ODS (if applicable) in the county […] signed a local data sharing agreement **and/or** California's Data Sharing Framework Data Sharing Agreement."

8. Would it suffice if the MCP and DMC-ODS both participate in the ASCMI pilot (if the related county is approved as a pilot participant by 12/31/22), rather than signing a bi-lateral data sharing agreement between the MCP and DMC-ODS directly?
    - No, this will not be sufficient for this measure.

9. Would local data sharing agreements by both the MCP and the county MHP that are currently in place with an intermediary (such as a Health Information Exchange) qualify for this measure?
    - DHCS will accept this under the condition that the MCP and county MHP have the "…ability to support member matching on housing status" through the intermediary.

10. Are points given for reporting either 'Yes' or 'No'?
    - Measures 1.5 will be pay-for-performance in Submission 1. MCPs must respond 'Yes' or 'No' to whether they have met the measure requirements as defined in the Submission 1 template. A 'Yes' response will earn full points on the measure, while a 'No' response will not earn points. This measure is not eligible for partial points.

11. Would this be satisfied if the county MHP is an HMIS partner and both the MCP and the county have completed required data sharing agreements to participate in the HMIS?
    - While DHCS is delighted that the county MHP and the MCP are participating in HMIS, this would not suffice for this measure. DHCS is

specifically requiring a signed data sharing agreement between the MCP and county MHP (or DMC-ODS).

Measure 1.7 Lessons learned from development and implementation of the IP

12. The questions posed for measure 1.7 assume that all of the investments have been executed and that the MCPs have evaluated which investments have been impactful. While some investments have been executed, many are still being developed and will take much longer to realize. For example, many of the investments made to large public agencies are complicated by contracting processes, approval by boards of supervisors, etc.
    - Given the short time horizon of HHIP, DHCS anticipates that MCPs will be moving quickly to initiate and fully execute investments. However, if MCPs have not executed certain investments, they should include in a response to measure 1.7 question #1 (Which investments were successful in progressing the HHIP program goals), which investments have not yet been made and the timeline for when these investments will be made.

Measure 2.1 Connection with street medicine team

13. What denominator will DHCS use for Submission 1 and Submission 2?
    - DHCS revised this submission requirement and will use the denominator figure provided by the MCP for measures 3.3, 3.4, and 3.5 (number of MCP members experiencing homelessness during the measurement period). This is specified in the reporting template.

14. Please clarify what might be “alternative services” provided in rural counties?
    - MCPs should review the All Plan Letter (APL) released by DHCS on November 8 about street medicine providers and determine if any of their partners offer comparable services to those described in APL.

15. Can these services be rendered using a mobile clinic?
    - Yes, per the street medicine APL, services are delivered in the individual’s environment, and this may include use of mobile clinics. DHCS recommends MCPs reference the street medicine APL 22-023 released on November 8th for further guidance on defining street medicine.

Measure 2.2 MCP connection with HMIS

16. If an MCP has not achieved access to HMIS by the end of December (Submission 1 measurement period), but they have by the end of February, when the submission is due, how should the MCP respond to this measure?
    - If the MCP has completed the work during the Submission 1 measure period, and if for administrative reasons connectivity will not occur until a short time after, the MCP may mark that they achieved this metric during the measurement period.

17. Should MCPs in counties that do not have access to HMIS use the data stated below with an explanation? (1) Care Coordination Management System Data

(HMIS pass through from our DPH); (2) Address data; (3) Z Code utilization in the past 6 months

- DHCS expects MCPs to work with their local housing system, including the CoC, ECM and CS providers, to determine the best sources of data. If the MCP is using other data sources in addition to HMIS, they will be asked to list these data sources in Submission 1.

18. What specific data from HMIS does the managed care provider need access to for HHIP?
    - MCPs will need to have staff logins to view members' information and successfully "match" the MCP member information with HMIS client information; MCPs will need to have at least one data-based match (done potentially via file exchange or API).

19. Is there any CoC allowing an MCP full and open access to HMIS data? What other forms of data sharing are taking place between MCPs and the CoC for HMIS?
    - DHCS anticipates that each CoC and MCP may develop their own unique process and agreement regarding data sharing. The data sharing is meant to serve as the foundation for exchanging data between MCPs and CoCs so that both can better identify individuals in need of health and housing services and more effectively align and coordinate service and care delivery. DHCS recommends MCPs review the Cal HHS Data Exchange Framework as a starting point, but each MCP should work collaboratively with the CoC to determine the best agreement.

20. For Submission 2, may MCPs and CoCs define the frequency for "timely" alerts based on local needs (preferred) or will DHCS have a specific timeframe that is required?
    - MCPs should work with their local HMIS vendor and CoC to determine what is appropriate in terms of timing for receiving alerts, at no longer than monthly intervals.

Measure 3.3 MCP members experiencing homelessness who were successfully engaged in ECM

21. Should the reporting be for the most recent quarterly report or for the measurement period?
    - MCPs should submit numerator figures as reported in the most recent Quarterly Implementation Monitoring Report published during the measurement period.

Measure 3.4 MCP members in the ECM Population of Focus "Individuals and Families Experiencing Homelessness" receiving at least one housing-related Community Supports.

22. How will DHCS evaluate performance across the aggregate for all Community Supports?

- MCPs should report on each housing-related Community Supports service they offered during the measurement period. DHCS will evaluate performance based on the average percent penetration across all housing-related Community Supports the MCP offered during the measurement period.

Pay for Performance Measures with a Percentage Increase Requirement (3.1, 3.2, 3.4, 3.5)

23. For the measures that require a certain percentage to earn full points – is the percentage increase to be reflected in the numerator only?
    - For Submission 1, MCPs should demonstrate a X% increase (specified in the measure set) in the ratio between the Submission 1 numerator and denominator from the ratio between the LHP numerator and denominator. For Submission 2, MCPs should demonstrate a X% increase (specified in the measure set) in the ratio between the Submission 2 numerator and denominator from the ratio between the Submission 1 numerator and denominator.

Data Sharing

24. What needs to be included in a data sharing agreement for HHIP?
    - Data sharing agreements between MCPs and CoCs need to follow applicable state and federal law. DHCS has provided this general guidance on data sharing agreements: https://www.dhcs.ca.gov/Documents/MCQMD/CalAIM-Data-Sharing-Authorization-Guidance-For-Public-Comment-December-2021.pdf. DHCS anticipates that MCPs will be driving the development of the data sharing agreement with their CoC partners.

25. Can data sharing agreements that are not fully-executed within the S1 measurement period of May 1, 2022 – December 31, 2022, but are fully executed in Q1 2023 be included in the S1 numerator and calculation?
    - If the MCP has completed the work during the Submission 1 measure period, and if for administrative reasons connectivity will not occur until a short time after, the MCP may mark that they achieved this metric during the measurement period.

26. Can you offer guidance that would help both MCPs and their CoC/HMIS administrator partners to understand the rationale for data sharing related to these measures, and to ensure that data sharing can be implemented appropriately (with attention to data privacy issues)?
    - HHIP provides a unique opportunity for MCPs to directly engage in the housing sector, as one of the primary goals is to ensure MCPs develop the necessary capacity and partnership to connect their members to needed housing services. While many MCPs are offering housing supports and navigation services for their members, housing and healthcare systems are not well-coordinated and integrated. As a

foundational step to bridge this gap, DHCS is encouraging data sharing among MCPs and CoCs via HMIS.

- DHCS anticipates this will serve as a first and critical step in connecting MCPs to the larger homeless system of care while also providing an opportunity for CoCs to understand how MCPs can support local and county efforts to address homelessness. Data sharing will allow MCPs and CoCs to coordinate service delivery. It will also allow MCPs to effectively participate in the CoC's CES and HMIS, support their partners in the homeless system of care, and provide services for their members experiencing homelessness.

27. Why is DHCS not linking data at the state level to the data from our HMIS systems that we already share with Cal ICH on a quarterly basis?
    - Based on discussion with partners, DHCS determined the program should be designed to account for the local variability among MCPs, CoCs, and the landscape of homelessness from one geographic region to the next. As a result, DHCS is encouraging data sharing with MCPs at the local level, rather than linkage through the state level, which would result in less timely and less actionable data sharing.

Partners for Program Design

28. Is DHCS working with the California Interagency Council on Homelessness (Cal ICH) toward this goal?
    - During program design, DHCS worked closely with our partners in the CA Business, Consumer Services and Housing Agency (BCSH), as well as the California Interagency Council on Homelessness (Cal ICH), to develop the goal and program metrics.

29. Does DHCS have any CoCs at the table to have these discussions about reporting requirements?
    - For a full list of the stakeholder group involved in program design, please visit the DHCS HHIP website to view the stakeholder materials.

High Performance Option

30. Can you please provide additional clarity on the high-performance option detailed in the APL?
    - If an MCP does not earn full points on a non-priority measure that is pay-for-performance, they have the opportunity to earn back those points on a priority measure in the same reporting period.
    - If an MCP does not earn full points on any priority measure or any pay-for-reporting measure, they do not have the opportunity to earn back those points.

Priority Measures

31. Please confirm which measures are considered “priority measures.” Are there any other measures that are considered “priority measures” that the MCP can use to earn back points if they perform above and beyond the thresholds?
    - Measures 1.2, 1.4, 2.1, 2.2, 3.4, 3.5, and 3.6 are the priority measures in the HHIP measure set.
    - If an MCP does not earn full points on a non-priority measure that is pay-for-performance, they have the opportunity to earn back those points on a priority measure in the same reporting period.
    - If an MCP does not earn full points on any priority measure or any pay-for-reporting measure, they do not have the opportunity to earn back those points.

Determining Members Experiencing Homelessness (Denominator for measures 2.1, 3.3, 3.4, and 3.5)

32. Can you please clarify your statement around only using HMIS data for the definition of experiencing homelessness? If the MCP is able to identify that someone is homeless from other data sources (e.g. health care for the homeless data from street medicine, screenings, etc.) could that data be used to get a more comprehensive view of homelessness based on multiple data sources?
    - DHCS is committed to maintaining consistent measurement standards across MCPs while also accounting for the variation in access to data sources that exists across the state.
    - As such, DHCS has revised the Submission 1 template to request that MCPs submit the number of members experiencing homelessness using:
        1. HMIS data only
        2. All data sources the MCP uses to identify members experiencing homelessness (MCP to provide a list of data sources used)