



**Alameda Alliance for Health
HHIP INVESTMENT PLAN**

HOUSING AND HOMELESSNESS INCENTIVE PROGRAM

Submitted to DHCS on September 30, 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	Alameda Alliance for Health
Lead Contact Person Name and Title	Tami Lewis, Senior Director, Integrated Planning
Contact Email Address	TLewis@alamedaalliance.org
Contact Phone	P: 510 747-6181 C: 510 590-7205

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).

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. Housing Community Supports Start-up & Service Expansion	Alameda County Health Care Services Agency (HCSA) has identified insufficient capacity within the Coordinated Entry System to address growing demand for Housing Community Supports. This growing demand is also noted in Alameda County's Home Together Plan.	Start-up funding provided through incentives for hiring new direct-service staff (for community-based organizations), administered through the Alameda County Health Care Services Agency (HCSA) to increase the number of housing navigation and tenancy sustaining service slots by up to 1,100 in year one, through new and existing providers.	\$2,000,000	HCSA/Service Providers	Oct 2022 - Oct 2023	1.3, 3.4, 3.5, 3.6	Provider/ Partner Infrastructure
2. Recuperative Care Start-up and Service Expansion	Build more capacity for Recuperative Care services. This need was identified by HCSA and supported during AAH's listening session with CoC and community partners.	Start-up funding (for community-based organizations), funded directly by health plans to increase the number of recuperative care beds by 50-75 beds.	\$1,000,000	Service Providers	Oct 2022 – Oct 2023	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
3. Housing Financial Supports	HCSA has identified a need to supplement operating costs in permanent housing to help increase the availability of housing units for high needs health plan members.	Funding to support permanent housing opportunities for health plan members who are experiencing homelessness and are medically frail/high utilizers, or at risk of becoming high utilizers (disbursed geographically in alignment with PIT). Investment in local operating subsidy pool (under development), including administration.	\$8,000,000	HCSA	Oct 2022 - Oct 2024	3.5, 3.6	Provider/ Partner Infrastructure
4. Medically Frail Housing Start-up	AAH and HCSA have both identified an increasing need for more home-based care and supports for medically frail high needs members in permanent housing.	Increase the number of medically frail beds by 70 for members experiencing homelessness with high medical needs and functional impairments. Start-up funding for selected nursing and caregiver services providers to attach to new permanent housing (following OakDays model).	\$2,400,000	Service Providers	Oct 2022 - Oct 2023	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
5. 2024 Point in Time (PIT) Count	The Alameda CoC needs funding support for 2024 PIT Count activities.	Support the overall Count as well as enhance data collection and analysis to get a deeper understanding of the health needs of people experiencing homelessness.	\$80,000	HCSA	Dec 2022 - Feb 2024	1.1, 2.1	Provider/ Partner Infrastructure
6. Street Health	Alameda County Healthcare for the Homeless oversees 13 street health teams supported through short-term funding. They have identified a need to fill funding gaps that will allow the teams to build readiness for Medi-Cal billing.	Support funding gaps (1 year) for 13 street health teams while teams convert to a sustainable billable model through provider and/or ECM billing.	\$3,200,000	HCSA/Service Providers	Oct 2022 - Oct 2023	1.1, 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
7. Provider and Community Engagement	Both AAH and HCSA have identified a need for health and housing provider training to address Medi-Cal enrollment and retention, as well as enhanced reporting to help capture Medi-Cal status and redetermination dates.	Consulting resources and communication/media/outreach costs to support Medi-Cal enrollment/retention efforts. Includes Medi-Cal training program for housing providers, housing training for clinical providers, reports with Social Health Information Exchange (SHIE) to capture Medi-Cal redetermination dates, etc.	\$500,000 - \$1,000,000	AAH	Oct 2022 - Oct 2023	1.1, 2.1	MCP Infrastructure
8. Staffing for Recuperative Care Coordination	HCSA identified a lack of coordination for recuperative care and medically frail bed placements preventing existing beds from being filled to maximum capacity.	Coordination of county-wide recuperative care and medically frail beds: - Increase successful transitions into care - Increase timeliness in response to referrals - Maximize use of available resources	\$456,000	To be determined	Oct 2022 - Oct 2023	1.3, 3.2, 3.4	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
9. Data Support	Although AAH can utilize the Social Health Information Exchange (SHIE) to identify members experiencing homelessness, there is an increasing need for more data and analytic support at HCSA to ensure accurate and timely HHIP reporting and deliverables.	Management analyst at HCSA to provide support with report creation and system development (reporting and claiming).	\$216,000	HCSA	Oct 2022 - Oct 2023	1.3, 3.2, 3.4	Provider/ Partner Infrastructure
10. Community-based Services	AAH's case management teams working with members experiencing homelessness identified a need for supplemental health and/or social supports.	Health care and non-health care services for AAH Members experiencing homelessness: may include drug intervention programs, sobering centers, health fairs/screenings, clinic services, personal hygiene, access to bathrooms, mobile showers, warm socks, transportation services, health fairs/screenings, cell phones, job training, pet care, legal services/landlord mediation.	\$1,000,000	To be determined	Oct 2022 - Oct 2023	1.3	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
11. MCP Administrative Support	AAH recognizes HHIP as a tremendous opportunity to build internal capacity and content expertise in housing and homelessness to be an effective and strategic partner in the community.	Consulting support and staffing at AAH to lead housing and homelessness strategy, community engagement, coordination with the Continuum of Care, support for HHIP.	\$1,100,000	AAH	Oct 2022 - Oct 2023	1.1	MCP Infrastructure
12. Capital investment in Alameda County	Multiple community partners and stakeholders identified the availability of permanent housing as a critical need in addressing homelessness in Alameda County. This need is also identified in Alameda County's Home Together Plan.	Partner with a developer, community organization and/or the County to build or support the building or refurbishing housing units dedicated to serving AAH members.	\$5,000,000	To be determined	Oct 2022 - Oct 2023	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
13. Data Infrastructure	With support from Alameda County's Social Health Insurance Exchange (SHIE), AAH recognizes a need to collect additional HMIS data to better identify and understand members experiencing homelessness.	Improve data capture/resources to: - better track outcomes/ROI - alert AAH on members experiencing homelessness - understand profile of members experiencing homelessness - better track and understand disparities, population health	\$500,000	AAH/HCSA	Oct 2022 - Oct 2023	2.2	MCP Infrastructure
14. Support for Health Disparities Programs and Interventions	Alameda County's Home Together Plan identifies specific populations disproportionately impacted by homelessness, including African Americans and Native Americans, as well other populations with additional risks and vulnerabilities.	Investments in programs/interventions that focus on populations disproportionately experiencing or at risk of homelessness, including Black/African American members, families, and women/children.	\$250,000 - \$500,000	To be determined	Oct 2022 - Oct 2023	1.6	Provider/ Partner 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)

To achieve HHIP goals, the Alliance will need to work fast and under tight deadlines to realize outcomes and results by October 2023. Major risks in our ability to implement the HHIP strategies we identified in the Local Homelessness Plan and meet HHIP measure targets and goals include:

- **Challenges and delays in contracting** – executing timely agreements with our county and community partners is an ongoing challenge, especially if funding commitments need to be presented and approved by Boards or other entities and in alignment with budgeting timelines. Timing will also be key in modifying current contractual requirements with service providers, both subcontractors of HCSA as well as providers contracted directly with AAH. We anticipate contracting challenges could potentially impact investments #1, #2, #3, #4, #5 and #8.
- **Securing resources for operational support and implementation** – recruiting and hiring challenges will continue to pose challenges for the staffing investments we have planned – both internally at the Alliance to build our expertise and bandwidth in housing and homelessness, but also the staff positions at HCSA and the service provider staff positions we are planning to support (investments #1, #8, #9 and #11). Onboarding personnel in a timely manner so they can operationalize and implement HHIP activities to meet performance objectives by October 2023 will be challenging.
- **Sufficient time for due diligence to explore the feasibility of investments** – the Alliance plans to invest in housing financial supports (operational subsidies through HCSA) and housing development opportunities (investments #3 and #12) but will need time to engage with developers and other partners to find the appropriate opportunity for the health plan's investment. For housing financial supports, which were recommended by and will be administered through HCSA, we anticipate it will take time to identify and realize the availability of housing units for AAH members to the extent that will be needed to meet HHIP goals by October 2023.
- **End of the Public Health Emergency (PHE)** – the Alliance anticipates that the PHE will end at some point during HHIP and significantly impact activities in this program. We anticipate an increase in Medi-Cal disenrollment across our members at-risk or experiencing homelessness, which not only will impact our data and ability to identify and track members, but also continuity for our planned interventions.

To mitigate these identified risks, AAH plans to:

- **Prioritize investments by operational readiness.** AAH recognizes that some of our planned investments are more mature in their planning and implementation than others. We plan to prioritize those that are farther along with readiness, to get them launched as soon as possible, and help ensure the best chance of implementing activities with enough lead time to achieve HHIP results.
- **Maintain the frequent engagement we have with the Continuum of Care, HCSA and other community partners.** Key to our success in effectively deploying these investments and realizing results will be maintaining a close partnership with local housing experts, including HCSA. At least seven of our investments will rely on HCSA infrastructure and expertise and our ability to work together to implement expeditiously to meet HHIP performance targets.
- **Prioritize the onboarding of new internal resources to build administrative capacity.** The Alliance has engaged consulting resources to assist with the implementation of HHIP. However, we recognize a growing priority to build internal capacity for this program, as well as develop a foundation for housing and homelessness expertise within the Plan. As such, AAH looks to develop a housing team to work with community resources on housing and homeless issues during and beyond the end of the HHIP program.

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.

Please refer to Appendix A – HHIP Investment Plan CoC Letter of Support_092722

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.

Please refer to Appendix B – HHIP Investment Plan Attestation_093022



9/27/2022

To: California Department of Health Care Services

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

The Oakland/Berkeley/Alameda County CoC is supportive of the California Department of Health Care Services (DHCS) Housing and Homeless Incentive Program Investment Plan(s) (IP) being submitted by Alameda Alliance for Health and Anthem Blue Cross in Alameda County. The Oakland/Berkeley/Alameda County CoC had the opportunity to engage and collaborate with Alameda Alliance for Health and Anthem Blue Cross to provide input on the IP, and were able to review the IP prior to the Medi-Cal managed care plan (MCP) submission. The Oakland/Berkeley/Alameda County 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 Oakland/Berkeley/Alameda County 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 Oakland/Berkeley/Alameda County 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,

[REDACTED]

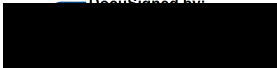
Katie Haverly
Acting Executive Director of EveryOne Home
khaverly@everyonehome.org

**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: Alameda Alliance for Health
County: Alameda

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: Scott Coffin September 30, 2022
Print name Date
 DocuSigned by
9FC0ACFD3A6A42A... CEO
Signature Title