

INVESTMENT PLAN

HOUSING AND HOMELESSNESS INCENTIVE PROGRAM

September 30, 2022

Sacramento County



MCP INFORMATION

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

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	Contact Phone Deanna Eaves: 916-935-1275 Sally Chow: 916-935-8157	
	Deanna Eaves, Director, Compliance Sally Chow, Senior Manager, Compliance	

PART I: INVESTMENTS

To determine local HHIP investment opportunities, Health Net and our Plan Partners collaborated with Sacramento Steps Forward, which is the lead agency for the Sacramento County Continuum of Care, and Sacramento County. The costs listed below were determined based on conversations with the County, the CoC, and our Plan Partners and are apportioned to Sacramento County 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 CoC Infrastructu re	The CoC, Sacramento Steps Forward (SSF), needs support with overall project coordination and management, capacity building, addressing disparities, offering provider trainings, data/HMIS development and implementation, and CES development, implementation, and maintenance. There is a need for ongoing coordination and integration between the CoC, Sacramento County,	Funds will support SSF staffing, consultation services, communication, technology, and trainings. Funds will support SSF in developing and maintaining a centralized intake/referral network including data management and reporting; offering training and support to CBOs and MCPs on CES and HMIS; providing quality assurance and technical assistance; and implementing equity initiatives to address MCP member	\$795,267	SSF (CoC Lead Agency)	10/20 22 – 12/20 23	1.1, 1.2, 1.3, 1.4, 1.6, 2.2, 3.3, 3.4	Provide r/ Partner Infrastr ucture

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
	Sacramento City & MCPs and an opportunity to build on the success of the community adopted Local Homeless Action Plan (LHAP).	needs. Funds will support SSF in coordinating the LHAP.					
2. Supporting Street Medicine Capacity Building	While there are some existing street medicine services available, most are limited in scope. Additionally, there is a lack of coordination for robust, integrated street medicine in the county.	Funds will support the expansion and integration of street medicine services throughout the county and linkages to the CalAIM and provider community. Funds will be used to support coordination, infrastructure, and expanded street medicine services through increased funding for staffing, supplies, travel, and other operations costs.	\$159,053	Sacramen to County and Street Medicine Providers	10/20 22 – 12/20 23	2.1, 3.3, 3.4, 3.5	Provide r/ Partner Infrastr ucture

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. Supporting Strategies for Landlord Engageme nt and Housing Lease Up	more strategic, centralized, and focused	Funds will be used to pay for services, support administrative capacity of the County-contracted CBOs, and expand landlord subsidy/incentive (lease up bonuses, holding fees, and damage funds, etc.). This is a key strategy within the LHAP. As part of the County model, individuals receiving ECM and CS services are target populations for this intervention.	\$636,214	Sacramen to County (with distributio n to CBOs)	10/20 22 – 12/20 23	1.2, 3.3, 3.4, 3.5, 3.6	Provide r/ Partner Infrastr ucture
4. Increasing Street Outreach, Coordinate d Access Diversion, and Housing Navigation	There is a lack of affordable housing units and a need for housing coordination, including but not limited to, staff who can support members with enrollment in Community Supports, eviction	Funds will support trainings, customer support, ombudsman development, program consultation, and stipends for people with lived experience who serve as Coordinated Access Navigators. Funds	\$540,782	SSF (with distributio n to CBOs)	10/20 22 – 12/20 23	1.2, 1.4, 3.3, 3.4, 3.5, 3.6	Provide r/ Partner Infrastr ucture

I	nvestment 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
		prevention, landlord/tenant education and incentives, and housing placement.	will also support increased service delivery for outreach, diversion, and housing navigation support.					
5.	Developing a Health Net Social Determina nts 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 information and to receive timely alerts from their local HMIS when our member experiences a change in housing status.	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), 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	\$191,440	Health Net	10/20 22 – 12/20 23	1.2, 2.2, 2.3, 3.1, 3.3, 3.4	MCP Infrastr ucture

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
		through SFTP/FHIR API with HMIS systems.					

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 CA-503 and our Plan Partners in Sacramento 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 may 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, 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 in achieving bidirectionalSa 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 impact all three steps related to the timely transit of information – 1) Securely move the data between entities, 2) validating data quality, and 3) developing the ability to bucket the data within the MCP – and 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.

Finally, our ability to ultimately house our members and meet HHIP Priority Area 3 measures through investments in case management and landlord engagement 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.

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 CoC 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 and the CoC 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 Sacramento Steps Forward Letter of Support, on behalf of the Sacramento County CoC, in the Investment Plan Appendix.

PART IV: Attestation

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



Ending Homelessness. Starting Fresh.

September 16, 2022

To: California Department of Health Care Services

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

To Whom It May Concern,

On behalf of the Sacramento County Continuum of Care (CoC), represented by Sacramento Steps Forward, we submit this Letter of Support as an endorsement of the California Department of Health Care Services (DHCS) Housing and Homeless Incentive Program Investment Plan(s) (IP) being submitted by Aetna Better Health of California, Anthem Blue Cross Partnership Plan, Health Net Community Solutions, Kaiser Permanente, and Molina Healthcare of California Partner Plan in Sacramento County.

The CoC had the opportunity to engage in and collaborate with the Plans, provide input on the IP, and review the IP prior to the Medi-Cal managed care plan (MCP) submission. The CoC understands that the IP reflects a non-binding consensus on the general direction for investments by the MCPs in order to meet DHCS' HHIP program metrics, independent of how the MCPs plan to invest HHIP incentive funds once earned. The 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 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 to me directly at (916) 200-6553.

Sincerely,

Lisa Bates Chief Executive Officer Sacramento Steps Forward Ibates@sacstepsforward.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:	Health Net
County:	Sacramento

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