



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	Blue Shield of California Promise Health Plan
Lead Contact Person Name and Title	Susan Mahonga, Director, CalAIM
Contact Email Address	Susan.Mahonga@blueshieldca.com
Contact Phone	(916) 539-9004

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
HMIS connection, reporting & assessment	The CA-601 San Diego City and County CoC, Regional Task Force on Homelessness (RTFH), has identified a low percentage of Managed Care Plans (MCP) members assessed and connected to the homeless services system. There is also an inability to track and report MCP member outcomes.	Funds will be used to expand HMIS data sharing and reporting to enhance service delivery and to track and report progress in achieving HHIP measures, including evaluation of additional technological solutions. Funds will also support the development of a universal homelessness assessment, the license and training of MCPs and healthcare providers in HMIS.	70,000	RTFH	10/2022 – 6/2024	1.2, 2.2, 2.3, 3.1, 3.2	Provider/ Partner Infrastructure
Coordinated Entry System (CES) Integration	RTFH has noted that the current process for MCP members entering the CES needs to be updated and processes improved to better account for health care needs and promote health equity of members.	Funds will support RTFH staff and consultants to update the Coordinated Entry assessment and improve the prioritization processes to better account for health care needs and promote equity. Funds will help to increase the number of access sites at hospitals, FQHCs, and high-volume ECM partners, which includes staff costs for training and connection to HMIS.	20,000	RTFH	10/2022 – 6/2024	1.2	Provider/ Partner Infrastructure
Flexible housing pool (FHP), landlord engagement, and tenancy supports	RTFH has identified that MCP members lack immediate and equitable access to housing.	Funds will be used to invest in existing FHP to fund, locate and secure additional housing in the private market for people experiencing homelessness, including funds for landlord incentives, tenancy supports, and flexible funding to resolve barriers to housing.	200,000	RTFH (with distribution to CBOs)	10/2022 – 6/2024	1.3, 3.4, 3.5, 3.6	Direct Member Interventions
Prevention and Diversion	RTFH identified insufficient flexible funding to meet needs to prevent homelessness or to divert from shelter.	Funds will be used for consultant costs to train providers in diversion conversations. They will also be used to increase flexible funding	55,000	RTFH (with distribution to CBOs)	1/2023 – 6/2024	1.3, 3.3, 3.4, 3.5, 3.6	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
		to problem solve and pay costs that are not eligible under federal housing programs but that will make a difference in preventing homelessness or diverting MCP members from shelter.					
Equity – Address disparities and equity in service delivery, housing placements, and housing retention	RTFH identified significant racial disparities that exist in the population of people experiencing homelessness. RTFH adopted a set of recommendations from the Ad Hoc Committee addressing homelessness among Black San Diegans and they are supporting the committee in developing and implementing an action plan to address the disparities.	Funds will support vendor costs for developing a data dashboard to monitor and identify disparities in housing and service delivery. Funds will also support consultant costs to develop Diversity, Equity, and Inclusion training to be available in person and on-demand for contracted ECM and CS partners.	30,000	RTFH (using existing consultants and contractors: Gaither Stephens, Equity in Action)	10/2022 – 6/2024	1.6	Provider/ Partner Infrastructure
RTFH Program Support	RTFH identified the need for additional capacity to support MCP participation and ensure complete geographic coverage for the PIT Count.	Funds will support staff and professional services to provide technical assistance to MCPs for implementation of HHIP supported programming. Funds will be used to pay for staff, advisors who have lived experience, and consultants who lead stakeholder engagement and help revise community standards of care. Funds will also help improve the PIT count by supporting volunteer recruitment, the purchase of a mobile app upgrade, and incentives for people completing surveys.	70,000	RTFH	10/2022 – 6/2024	1.1, 1.6, 3.1, 3.2	Provider/ Partner Infrastructure
Street Medicine Capacity Building	While there are some existing street medicine services available, most are limited in	Funds will support the expansion and integration of street medicine services	150,000	Street Medicine Provider(s)	1/2023 – 6/2024	2.1, 3.3, 3.4, 3.5	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
	scope. Additionally, there is a lack of coordination for robust, integrated street medicine in the county.	throughout the county and linkages to the CalAIM and provider community. Funds will be used to support coordination, infrastructure, and expanded street medicine services.					
Workforce development (housing navigation and tenancy services)	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 newer staff (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.	Partner with local government and nonprofit organizations to strengthen the housing-related service workforce. Workforce development 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 building.	100,000	Provider Organizations and Staff	10/2022 – 6/2024	1.3, 3.4	Provider/ Partner Infrastructure
Street Medicine Clinical Services - 1 year pilot	Street Medicine providers need sustainable payment sources.	Blue Shield Promise will contract with street medicine providers to serve members and explore potential models for street medicine contracting.	500,000	Street Medicine Provider(s)	12 months between 1/2023-12/2024	2.1	Direct Member Interventions
Internal Data Exchange/Analytics Infrastructure	Blue Shield Promise can access housing data on a preliminary basis; however, it will require an internal IT effort to ingest, automate, and de-duplicate data.	BSCPHP will need funds for staff to integrate housing data into internal systems and automate it for regular processing and partnership. Funds would also support manual data collection and analysis in the interim.	200,000	Blue Shield Promise	10/2022 – 6/2024	1.4, 1.5, 2.2	MCP Infrastructure/Capacity
ECM Homeless Population TA	Providers identified a need for additional training to support the unique needs of the	BSCPHP will fund TA to assist ECM providers in outreaching to	50,000	ECM Providers	10/2022 – 6/2024	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
	population of members experiencing homelessness.	and accurately reporting on the homeless POF.					
Homeless Screening Provider Incentives	After the universal homelessness screening tool is developed by Regional Taskforce on Homelessness, providers will need to adopt the tool.	BSCPHP will encourage and reward providers for utilizing the homelessness screening tool.	150,000	Providers	10/2022 – 6/2024	3.1, 3.2	Provider/ Partner Infrastructure
Consultant/Vendor Support for HHIP implementation	There is significant program management required to meet the HHIP metrics and align with other managed care plans, as well as other counties within the state.	Along with the other Managed Care Plans in San Diego, Blue Shield Promise will invest in an external consultant to provide administrative support for County collaboration.	200,000	Transform Health (Consultant)	06/2022 – 6/2024	All	MCP Infrastructure/Capacity
Staffing- Internal Program Management	BSCPHP needs a funding source to launch new projects and initiatives that may arise out of the HHIP program.	BSCPHP will use funds to internally pursue critical internal activities that will give us the capacity and tools to reduce and prevent homelessness in San Diego County.	240,000	Blue Shield Promise	10/2022 – 6/2024	All	MCP Infrastructure/Capacity
CES Liaison	Currently, there are barriers for COC staff and CES agencies (a.k.a. homeless services providers) to easily work with Managed Care Plans to support the Coordinated Entry System.	Blue Shield Promise 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. These liaisons would also be a resource to MCP staff to help them connect members with the right resources within the CES system.	240,000	Blue Shield Promise	10/2022 – 6/2024	1.2	MCP Infrastructure/Capacity

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. Factors that would make it challenging to achieve goals	II. Aspects of the IP affected	III. Steps to address factors and avoid or mitigate impact to the IP
CIE and Closed Loop Referral systems dependent on consent from member and certain functionality/systems upgrades	Closed loop referrals	IPP investment made in CIE system. Will work with county partners and other MCPs to align upgraded functionality with HHIP goals. Educating and encouraging San Diego CIE partner to apply for PATH funding
New contract award for MCPs in 2024	Provider network abrasion	Efforts to encourage providers to contract with all MCPs to alleviate administrative burden during transitions and ensure seamless continuity of care/ services for beneficiaries.
Performance and Payment Timing – Bulk of the funds will not be available until after performance periods	All investments	Advocacy with DHCS

Street Medicine APL	Street Medicine Capacity Building	Make efforts to build Street Medicine Network according to the Draft APL. Continue partnership with DHCS and County partners to align larger Street Medicine effort with HHIP goals.
<p>Workforce Shortage and Retention</p> <ul style="list-style-type: none"> • Street Medicine Providers • Housing Services Providers • Community Health Workers 	Workforce Development	Partner with local organizations and invest in strategies for developing workforce and retaining skilled and qualified providers
Housing Shortage	Flexible Housing Pool	Continued partnership with the CoC to increase housing pool
Specific methodology for Pay for Performance measures not yet clarified	Pay for Performance Measures	Advocacy with DHCS
Program timing and sustainability- It is likely that the largest impact of programs will be seen after the measurement period concludes. CoC programs will also require funding to continue beyond the measurement period	All strategic investments to the Regional Taskforce on Homelessness that will maximize housing outcomes	Leveraging existing partnerships and the CoC's enterprise to invest in and accelerate program activities as soon as possible. Plans anticipate an opportunity to invest more HHIP dollars when they are earned and when the measurement period concludes.

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.



September 22, 2022

To: California Department of Health Care Services

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

The Regional Task Force on Homelessness (RTFH) serves as the HUD-designated Continuum of Care for the City and County of San Diego (CA-601). As the Continuum of Care, RTFH supports the California Department of Health Care Services (DHCS) Housing and Homeless Incentive Program Investment Plans being submitted by the following six Medi-Cal Managed Care Plans (MCP) operating within San Diego:

- Aetna
- Blue Shield of California Promise Health Plan
- Community Health Group
- Health net
- Kaiser Permanente
- Molina Healthcare

This letter confirms that RTFH engaged and collaborated with **Blue Shield of California Promise Health Plan** in the development of their Investment Plan, provided recommendations on activities to meet the goals of the HHIP program, and reviewed the Investment Plan prior to submission to DHCS. RTFH understands that the Investment Plan reflects a non-binding, general direction for investments Blue Shield of California Promise Health Plan will make to meet DHCS' HHIP program metrics independent of how the Plan invests HHIP incentive funds once earned. RTFH also understands that Blue Shield of California's Promise Health Plan HHIP investments are contingent upon them meeting HHIP measures over the two-year HHIP program. To this end, RTFH is committed to collaborating on an ongoing basis with Blue Shield of California Promise Health Plan and all MCPs as they engage locally to meet HHIP program metrics.

If you have any questions, please contact Aimee Cox, Chief Impact and Strategy Officer at Aimee.Cox@rtfhsd.org.

Sincerely,

Regional Task Force on Homelessness
Tamera.Kohler@rtfhsd.org

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.

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: Blue Shield of California Promise Health Plan

County: San Diego County

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: Patricia Mowlavi September 28, 2022
Print name Date

[Redacted Signature] CFO
Signature Title