



INVESTMENT PLAN – Kings County

HOUSING AND HOMELESSNESS INCENTIVE PROGRAM

September 30, 2022



MCP INFORMATION

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

MCP Name	CalViva Health
Lead Contact Person Name and Title	Mary Lourdes Leone, Chief Compliance Officer
Contact Email Address	Compliance@calvivahealth.org
Contact Phone	559-540-7856

PART I: INVESTMENTS

To determine local HHIP investment opportunities, CalViva Health and our Plan Partner collaborated with the Kings Tulare Homeless Alliance, which serves Kings and Tulare Counties. The costs listed below were determined based on conversations with the CoC and our Plan Partner and are apportioned to Kings 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 Infrastructure	CA-513 Kings Tulare Homeless Alliance (KTHA), the local Continuum of Care, lacks staffing capacity to meet the needs of the MCP's for HHIP and broader CalAIM integration, based on several conversations with the KTHA Executive Director on May 27, July 28, August 15, and September 1.	Funds will support enhanced infrastructure capacity at KTHA for CES and CalAIM coordination to include MCP member identification and tracking of housing placement.	\$81,614	CA-513 Kings Tulare Homeless Alliance (KTHA)	10/2022 – 12/2023	1.2, 1.6, 2.2	Provider/ Partner Infrastructure
2. Supporting HMIS Enhancements and Capacity	The United Way of Kings County operates the CoC's HMIS but lacks staffing capacity and technology infrastructure to	Funds will support HMIS enhancements, staff capacity to support HHIP IP, technology infrastructure to include data	\$38,139	United Way of Kings County (HMIS Lead Agency)	10/2022 – 12/2023	1.4, 2.2	Provider/ Partner Infrastructure

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	meet HHIP and CalAIM data sharing needs, based on a meeting on August 15 with United Way of Tulare/Kings who administers the HMIS platform.	exchange/MCP reporting, HMIS user fees, and user training					
3. Supporting Racial Equity Initiatives	KTHA has developed equity strategies including the desire to launch public racial equity dashboards that use HMIS data but does not have funds to implement. KTHA also has identified the need for staffing within the CoC to support the implementation of equity strategies based on a conversation with KTHA on August 15 and September 1.	Funds will support the creation of an Equity Coordinator for the CoC and the development of public facing HMIS racial equity dashboards. The dashboards are through a national HMIS software solution deployed in other CoC's and display disparity and system/program performance by race.	\$43,653	KTHA and United Way of Kings County (HMIS Lead Agency)	10/2022 – 12/2023	1.2, 1.6, 2.2	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
4. Supporting Project Homekey Units	Through multiple meetings between the MCPs and KTHA, KTHA has indicated a lack of affordable and available units. Currently there are 2 Project Homekey Developments that are projected to come online in the next 12 months but have a budget shortfall. The 2 projects represent a total of 42 new units of housing.	Funds will support Project Homekey Developments to ensure projects are able to be realized and permanently house members.	\$301,890	Project Homekey Development Partners	10/2022 – 12/2023	3.4, 3.5, 3.6	Provider/ Partner Infrastructure
5. Supporting New Shelter Beds	As shared by KTHA during multiple MCP and KTHA meetings, Kings County lacks low-barrier shelter beds in region to meet the needs of those living unsheltered. The County and community partners are in the planning phase to create a new shelter in the	Funds will support Kings County and community partners with the purchase of a property to develop a shelter or to rehab an existing property for shelter.	\$181,134	Kings County and/or community partners	10/2022 – 12/2023	1.2, 3.3, 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
	region.						
6. Supporting Street Medicine Capacity Building	During an MCP and CA-513 KTHA meeting, KTHA shared that the county has limited street medicine services, and that additional infrastructure (i.e., staffing, technology) support is needed to enhance unsheltered member connections in Kings County.	Funds will support housing service providers with needed infrastructure support to expand outreach to the almost 200 unsheltered people in Kings County.	\$100,000	Street medicine providers	10/2022 – 12/2023	1.3, 1.6, 2.1, 3.1	MCP and Provider/ Partner Infrastructure
7. Developing a Health Net Social Determinants of Health (SDOH) Platform NOTE: CalViva has an Administrative Services Agreement (“ASA”) with Health Net Community Solutions, Inc. (“Health Net”).	Health Net needs to enhance its existing technical capabilities and processes to handle SDOH/HMIS workflow more optimally to be able to match our member information with HMIS client information and to	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	\$32,557	Health Net	10/2022 – 12/2023	1.2, 2.2, 2.3, 3.1, 3.3, 3.4	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
<p>CalViva also has a Capitated Provider Services Agreement (“CPSA”) with Health Net for the provision of health care services to CalViva Health members through Health Net’s network of contracted providers in Fresno, Kings, and Madera Counties.</p>	<p>receive timely alerts from their local HMIS when our member experiences a change in housing status.</p>	<p>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.</p>					

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), CalViva Health (CalViva) is committed to collaborating with the Kings Tulare Homeless Alliance (KTHA) and our Plan Partner in Kings 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 CalViva's ability to achieve our goals and HHIP program goals include, but are not limited to, the following:

- The ability of CalViva'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 CalViva Health 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:

CalViva Health is making investments to support our internal data systems and the local HMIS achieve two-way 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.

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:

- KTHA 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 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 CalViva Health will take include, but are not limited to, the following:

- Establish and maintain ongoing communication channels between our Plan Partner and KTHA 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 KTHA agreed to ongoing recurring meetings to discuss and assess HHIP implementation.
- Develop guardrails that promote accountability and minimize fraud, waste, and abuse, including ensuring that the financial agreements between CalViva Health and entities receiving HHIP disbursements include provisions with specific fund use cases and clear processes to ensure funds are used properly.

- Continue to educate the CoCs 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, CalViva Health 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 the Kings Tulare Homeless Alliance’s Letter of Support attached in the Appendix.

PART IV: Attestation

Please find CalViva Health’s signed MCP Attestation attached in the Appendix.



September 14, 2022

To: California Department of Health Care Services

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

The Kings Tulare CoC led by the Kings Tulare Homeless Alliance (KTHA) is supportive of the California Department of Health Care Services (DHCS) Housing and Homeless Incentive Program Investment Plans (IP) being submitted by Anthem Blue Cross, CalViva Health, and Health Net in Kings and Tulare Counties. The CoC had the opportunity to engage and collaborate with Anthem Blue Cross, CalViva Health, and 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 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 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 and KTHA are 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 at 559-723-7335 or via email at mperez@kthomelessalliance.org.

Sincerely,



Miguel Perez
KTHA Executive Director

**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: CalViva Health

County: Kings

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: Mary Lourdes Leone

Print name

September 30, 2022

Date



Signature

Chief Compliance Officer

Title