



INVESTMENT PLAN

HOUSING AND HOMELESSNESS INCENTIVE PROGRAM

September 30, 2022

Placer County



MCP INFORMATION

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

MCP Name	California Health & Wellness
Lead Contact Person Name and Title	Deanna Eaves, Director, Compliance Sally Chow, Senior Manager, Compliance
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PART I: INVESTMENTS

To determine local HHIP investment opportunities, California Health & Wellness and our Plan Partners collaborated with the Placer County Continuum of Care, which serves Placer County. The costs listed below were determined based on conversations with the CoC and our Plan Partners and are apportioned to Placer 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 & Capacity	During an MCP and CA-515 Placer County CoC meeting on 9/1/22, the CoC identified the need for additional capacity and resources to support the managed care plans (MCPs) with HHIP implementation, particularly with connection and integration with HMIS & CES.	Investments will support CoC capacity to engage with MCPs on data sharing, HMIS access/user fees for managed care plans and community partners, 'By Name List' data clean-up, and technical upgrades to HMIS and CES. Funds will also support the development and implementation of equity strategies to better serve marginalized and underserved groups.	\$84,957	Homeless Resource Council of the Sierras (a "collaborative applicant" and administrative entity for the CoC), technical experts, and/or homeless-serving community partners	10/2022 – 10/2023	1.2, 1.6, 2.2	Provider/ Partner Infrastructure

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2. Supporting the Point in Time (PIT) Count	During an MCP and CA-515 meeting on 9/1/22, the CoC identified the need for additional funds to support a strong and accurate 2023 PIT count.	Funding will help to support staffing, data analysis, software enhancements, technical support, volunteer, and participant incentives, as well as the development and implementation of equity measures for the PIT Count.	\$19,216	Homeless Resource Council of the Sierras and homeless-serving community partners	1/2023 – 10/2023	1.1	Provider/ Partner Infrastructure
3. Supporting Street Medicine Services	During an MCP and CA-515 meeting on 9/1/22, the CoC noted that Placer County lacks a formal street medicine program in the county and the need for these services continues to grow.	Funds will support the initial development and expansion of street medicine services in the county. Investments will support feasibility planning, infrastructure development, technical assistance, and capacity building.	\$50,569	Street medicine providers	10/2022 – 10/2023	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
4. Supporting Collaborative Housing Investments & Flexible Housing-Related Interventions	During an MCP and CA-515 meeting on 9/1/22, the CoC identified the need to develop and implement creative and effective solutions to connect homeless individuals with housing and ensure they remained housed.	<p>Funds will support infrastructure development needed to better coordinate care amongst service providers in the region and streamline integration with CalAIM supports and services.</p> <p>Investments will support activities including, but not limited to: legal aid prevention and diversion services; landlord engagement, advocacy, and incentives; and flexible financial assistance (housing deposits, furniture, etc.) to help get individuals and families successfully housed and remain housed.</p>	\$101,139	Homeless Resource Council of the Sierras and homeless-serving community partners	10/2022 – 10/2023	3.3, 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
5. Developing a California Health & Wellness Social Determinants of Health (SDOH) Platform	California Health & Wellness 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.	California Health & Wellness 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 through SFTP/FHIR API with HMIS systems.	\$19,510	California Health & Wellness	10/2022 – 12/2023	1.2, 2.2, 2.3, 3.1, 3.3, 3.4	MCP Infrastructure

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), California Health & Wellness is committed to collaborating with CA-515 and our Plan Partners in Placer 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 California Health & Wellness' ability to achieve our goals and HHIP program goals include, but are not limited to, the following:

- The ability of California Health & Wellness, 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 California Health & Wellness 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:

California Health & Wellness is making investments to support our internal data systems and the local HMIS in achieving bidirectional 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 California Health & Wellness 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 California Health & Wellness 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, California Health & Wellness 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, California Health & Wellness 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 Placer CoC's Letter of Support in the Investment Plan Appendix.

PART IV: Attestation

Please find attached California Health & Wellness's MCP Attestation in the Investment Plan Appendix.



September 15, 2022

To: California Department of Health Care Services

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

The Roseville, Rocklin/Placer County Continuum of Care (CoC) is supportive of the California Department of Health Care Services (DHCS) Housing and Homeless Incentive Program Investment Plan(s) (IP) being submitted by Anthem Blue Cross, California Health and Wellness, and Kaiser Permanente in Placer County. The CoC has had the opportunity to engage and collaborate with Managed Care Plans (MCP), provide input on the IP, and were able to review the IP prior to 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 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 to Samuel Holmes at samuel@hrcscoc.org.

Thank you,

[Redacted Signature]

Samuel Holmes, Executive Director, Homeless Resource Council of the Sierras

[Redacted Signature]

Louise Arquilla, Co-chairperson- Placer County Continuum of Care CA-515

[Redacted Signature]

Jazmin Breaux, Co-chairperson- Placer County Continuum of Care CA-515

