



INVESTMENT PLAN

HOUSING AND HOMELESSNESS INCENTIVE PROGRAM

September 30, 2022

Tehama 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
Contact Email Address	deanna.l.eaves@cahealthwellness.com sally.c.chow@cahealthwellness.com
Contact Phone	Deanna Eaves: 916-935-1275 Sally Chow: 916-935-8157

PART I: INVESTMENTS

To determine local HHIP investment opportunities, California Health & Wellness and our Plan Partner collaborated with the Tehama County Continuum of Care, which serves Tehama County. The costs listed below were determined based on conversations with the CoC and our Plan Partner and are apportioned to Tehama 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	<p>During an MCP and CA-527 meeting on 9/1/22, the CoC lead agency identified infrastructure needs and additional support to work with MCPs on HHIP implementation.</p> <p>The CoC's HMIS does not have data sharing/alerting capability and they are looking to redesign some of their CES implementation.</p>	<p>Investments will support CoC staffing to engage with MCPs, data sharing abilities, HMIS technology costs, HMIS access/user fees for MCPs and community partners, enhancements to CES, and development and implementation of equity strategies.</p> <p>Funds will cover some existing CoC costs such as HMIS and CES and allow</p>	\$153,230	Empower Tehama (CoC Lead Agency)	10/2022 – 12/2023	1.2, 1.6, 2.2	Provider/ Partner Infrastructure

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		MCPs to work with the CoC to redesign some of these efforts.					
2. Supporting the Point in Time (PIT) Count	During an MCP and CA-527 meeting on 9/1/22, the CoC lead agency noted that they have limited funding to provide individuals with engagement incentives to participate in the PIT Count. The CoC has found that this strategy has been highly effective in ensuring complete geographic coverage.	Funding would allow the CoC to purchase gift cards or other incentives as part of the upcoming PIT Count. This will allow the CoC to engage more people as part of the PIT Count.	\$4,032	Empower Tehama	1/2023 – 10/2023	1.1	Goods

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3. Hiring an HMIS Privacy and Security Consultant	<p>During an MCP and CA-527 meeting on 9/1/22, the CoC lead agency shared that the CoC's HMIS currently does not allow for data sharing across programs/users. Currently the HMIS is "closed" system where only agencies can view people in their programs. This limits the ability for HMIS to be used as person-centered care coordination tool.</p>	<p>Funds will support the CoC to hire an HMIS consultant to help move the CoC to an "open" HMIS and allow for data sharing across organizations including MCPs. Consultant will work with the CoC and partners to craft privacy policies and procedures.</p>	\$28,803	Empower Tehama	10/2022 – 10/2023	1.2, 1.4, 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 Street Outreach Services	<p>During an MCP and CA-527 meeting on 9/1/22, the CoC lead agency noted that there are limited street outreach services being provided in the county.</p> <p>The community began offering increased street outreach using HUD ESG COVID funding which is ending soon.</p> <p>Currently there is not another funding source to continue the program.</p>	<p>Funds will address the current funding gap and support continuation of street outreach services started during the pandemic, which the CoC has found effective in addressing local homelessness.</p> <p>Street outreach services will also help connect/refer individuals to ECM and CS services along with support with housing placements.</p>	\$109,450	Street outreach providers	10/2022 – 12/2023	1.2, 1.6, 3.1, 3.3, 3.4, 3.5, 3.6	Provider/ Partner Infrastructure
5. Developing a California Health & Wellness Social Determinants	California Health & Wellness needs to enhance its existing technical	California Health & Wellness is developing a Social Determinants	\$22,745	California Health & Wellness	10/2022 – 12/2023	1.2, 2.2, 2.3, 3.1, 3.3, 3.4	MCP Infrastructure

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of Health (SDOH) Platform	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.	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.					

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-527 and our Plan Partner in Tehama 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 street outreach and case management 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 Partner 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 Tehama County 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.



TO: California Department of Health Care Services
FROM: Tehama County Continuum of Care; Gail Locke

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

DATE: 09/06/2022

Dear California Department of Health Care Services:

The Tehama County Continuum of Care (TCCoC) 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 and California Health and Wellness in Tehama County. The TCCoC 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 TCCoC 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 TCCoC 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 TCCoC 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,


Gail Locke, CoC Chairperson
CA-527 Tehama County Continuum of Care
Gail@thelockes.us

**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: California Health & Wellness

County: Tehama

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
Print name

September 29, 2022
Date


Signature

Medi-Cal President
Title