



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	Community Health Group
Lead Contact Person Name and Title	Yousaf M. Farook IMG, CCM, MBA Senior Director of Health Care Services
Contact Email Address	yfaroo@chgsd.com
Contact Phone	619-498-6540

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
<i>Example: CoC Support</i>	<i>Insufficient resources for the CoC to complete the PIT count; based on MCP/CA-501 conversation on June 15.</i>	<i>Support CA-501 San Francisco CoC in the collection of point in time (PIT) count of members by January 2023</i>	<i>\$50,000 - \$80,000</i>	<i>CA-501 San Francisco CoC</i>	<i>6/2022 – 1/2023</i>	<i>3.3</i>	<i>Provider/ Partner Infrastructure</i>
1. 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.	\$181,311	RTFH	10/2022 – 6/2024	1.2, 2.2, 2.3, 3.1, 3.2	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
2. 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.	\$52,580	RTFH	10/2022 – 6/2024	1.2	Provider/ Partner Infrastructure
3. 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	\$543,934	RTFH (with distribution to CBOs)	10/2022 – 6/2024	1.3, 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
		for landlord incentives, tenancy supports, and flexible funding to resolve barriers to housing.					
4. Prevention & 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 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.	\$145,049	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
5. 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.	\$72,525	RTFH (using existing consultants and contractors: Gaither Stephens, Equity in Action)	10/2022 – 6/2024	1.6	Provider/ Partner Infrastructure
6. 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	\$181,311	RTFH	10/2022 – 6/2024	1.1, 1.6, 3.1, 3.2	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
		<p>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.</p>					

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)

HMIS connection, reporting & assessment.

The risk in this is that healthcare providers may not elect to enter information into another data system as they are already utilizing their own software systems. If providers do not enter information into HMIS, this could create a barrier to reporting and assessing the community's housing needs. CHG will continue to encourage providers to enter data into the shared system to centralize critical information.

Coordinated Entry Integration.

The risk in this is that healthcare providers may not elect to enter information into another data system as they are already utilizing their own software systems. If providers do not enter information into CES, this could create a barrier to data collection and lead to challenges in identifying and prioritizing the most vulnerable community members. CHG will continue to encourage providers to enter data into the shared system to centralize critical health information.

Flexible Housing Pool, Landlord Incentives, Tenancy Supports.

The risk in this is that rental subsidies are needed to support housing costs and housing retention for members. The FHP leverages rental subsidies of at least one year, ideally 2 years. To access FHP, members would need to be entered into HMIS and enrolled in the Coordinated Entry System as a prerequisite to become connected with a housing resource. CHG will continue to encourage providers to utilize HMIS and CES for its members to eliminate potential roadblocks to stable housing during the referral process and to further support the goal of centralized data. To create change toward long-term solutions, CHG will continue to encourage providers to work with its members on their goals that could help further advance member independence and self-advocacy such as through furthering education and employment, when possible.

Prevention & Diversion.

The risk in this is that one time funding to prevent homelessness might not be sufficient to solve the homelessness epidemic facing San Diego County. Ongoing financial support may be needed for a more sustainable and long-term housing plan.

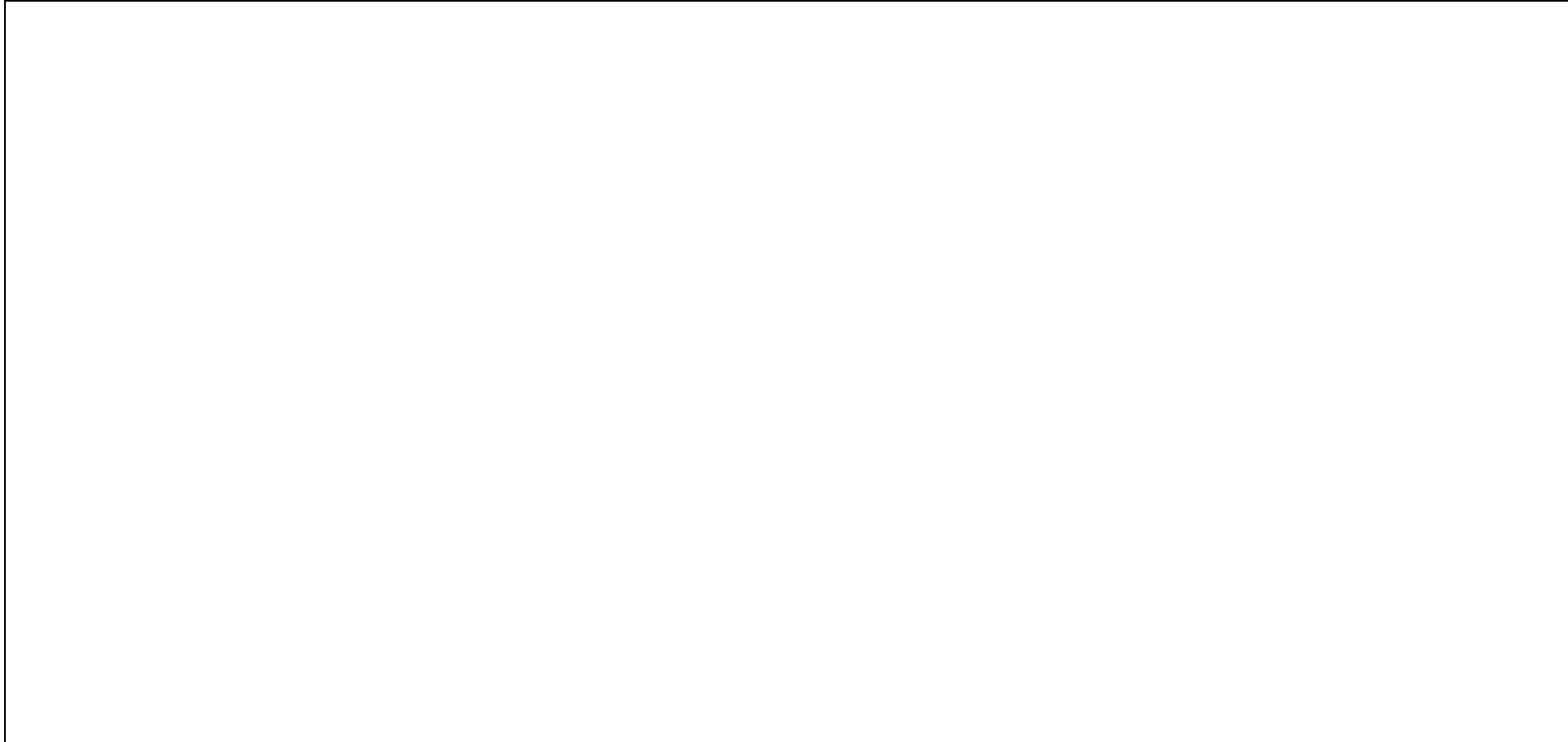
CHG will ensure transparency to its providers in terms of prevention and diversion resource availability and expectations. CHG will continue to encourage providers to work with its members on their goals that could help further advance member independence and success such as through furthering education and employment, when possible.

Equity. Address disparities and equity in service delivery, housing placements, and housing retention.

The risk here is that although this will allow the CoC to identify disparities and test solutions in the short term, the community both on a mezzo and macro level, face the challenges of long-term systemic change. CHG, along with CalAIM partners and stakeholders will continue to work collaboratively and support affected members by providing wrap around services to mitigate the risks when known.

CoC Program Support

The risk in this is the timely execution of a contract/agreement. CHG will work closely with the CoC to ensure timely execution of the contract/agreement. Additionally, CHG has requested additional time for the task to be completed which will help mitigate this barrier.



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 **Community Health Group** 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 Community Health Group will make to meet DHCS' HHIP program metrics independent of how the Plan invests HHIP incentive funds once earned. RTFH also understands that Community Health Group's 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 Community Health Group 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,

Tamera Kohler, CEO
Regional Task Force on Homelessness
Tamera.Kohler@rtfhsd.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: Community Health Group

County: San Diego

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:	<u>Scott Carroll</u>	<u>September 30, 2022</u>
	Print name	Date
		<u>CFO</u>
	Signature	Title