



INVESTMENT PLAN – San Diego 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	Health Net Community Solutions, Inc.
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

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 HMIS Infrastructure	San Diego MCPs and CA-601 San Diego City and County CoC, Regional Task Force on Homelessness (RTFH) held meetings throughout August and September 2022. RTFH identified that a low percentage of Managed Care Plans (MCP) members are assessed and connected to the homeless services system. There is also an inability to track and report MCP member outcomes in alignment with CalAIM requirements.	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 and the licensing and training of MCPs (including Health Net) in HMIS.	\$89,167	RTFH and Health Net	10/2022 – 12/2023	1.2, 2.2, 2.3, 3.1, 3.2	MCP Infrastructure

<p>2. Supporting the Coordinated Entry System (CES)</p>	<p>During MCP and RTFH meetings in August and September 2022, RTFH 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.</p>	<p>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, which could potentially be hospitals, FQHCs, and high-volume ECM partners. Funds will also support staff costs for training and connection to HMIS.</p>	<p>\$25,858</p>	<p>RTFH</p>	<p>10/2022 – 12/2023</p>	<p>1.2</p>	<p>Provider/ Partner Infrastructure</p>
<p>3. Supporting the Flexible Housing Pool (FHP)</p>	<p>During MCP and RTFH meetings in August and September 2022, RTFH has identified that MCP members lack immediate and equitable access to housing.</p>	<p>Funds will be used to invest in the existing FHP to fund, locate, and secure additional housing for people experiencing homelessness. Potential strategies include, but are not limited to, funds for</p>	<p>\$267,500</p>	<p>RTFH (with distribution to CBOs)</p>	<p>10/2022 – 12/2023</p>	<p>1.3, 3.4, 3.5, 3.6</p>	<p>Direct Member Interventions</p>

		landlord incentives, tenancy supports, and flexible funding to resolve barriers to housing.					
4. Supporting Prevention and Diversion Activities	During MCP and RTFH meetings in August and September 2022, 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.	\$71,333	RTFH and housing service partners	10/2022 – 12/2023	1.3, 3.3, 3.4, 3.5, 3.6	Direct Member Interventions
5. Supporting RTFH's Racial Equity Initiatives	During MCP and RTFH meetings in August and September 2022, RTFH identified significant racial disparities that exist in the population of people experiencing homelessness.	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	\$35,666	RTFH (with distribution to CBO partners)	10/2022 – 12/2023	1.6	Provider/ Partner Infrastructure

	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.	Inclusion training to be available in person and on-demand for contracted ECM and CS partners.					
6. Supporting RTFH Infrastructure	During MCP and RTFH meetings in August and September 2022, RTFH identified the need for additional infrastructure to support CalAIM implementation needs and ensure complete geographic coverage for the Point in Time (PIT) Count.	Funds will support RTFH with enhancing their infrastructure and capacity to support CalAIM coordination and activities, including staff, advisors who have lived experience, and consultants who lead stakeholder engagement and help revise community standards of care. Additionally, funds will also help improve the PIT count by supporting	\$89,166	RTFH	10/2022 – 12/2023	1.1, 1.6, 3.1, 3.2	Provider/ Partner Infrastructure

		volunteer recruitment, the purchase of a mobile app upgrade, and incentives for people completing surveys.					
7. Supporting Street Medicine Capacity Building	During MCP and RTFH meetings in August and September 2022, the CoC 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.	Funds will support housing service providers with needed infrastructure support to expand services to unsheltered people in San Diego County.	\$150,000	Street medicine providers	10/2022 – 12/2023	1.3, 1.6, 2.1, 3.1	Provider/ Partner Infrastructure
8. Developing a Health Net Social Determinants of Health (SDoH) Platform	Health Net 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	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	\$119,198	Health Net	10/2022 – 12/2023	1.2, 2.2, 2.3, 3.1, 3.3, 3.4	MCP Infrastructure

	<p>HMIS client information and to receive timely alerts from their local HMIS when our member experiences a change in housing status.</p>	<p>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.</p>					
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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), Health Net is committed to collaborating with the San Diego Regional Task Force on Homelessness and our Plan Partners in San Diego 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 Health Net's ability to achieve our goals and HHIP program goals include, but are not limited to, the following:

- The ability of Health Net, 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 Health Net 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:

We are making investments to help our internal data systems and the local HMIS achieve bidirectional data connectivity. RTFH

has identified that their current HMIS capabilities do not support timely alerts, which is a HHIP S2 measure requirement; however, as of this September 30 submission, we have not been able to identify whether the HMIS platform vendor will be able to make technological changes necessary to comply with these HHIP requirement, and how much the platform update will cost. Beyond the MCP and CoC staff being able to upgrade both platforms to support HHIP program goals, we will also need to 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 the Flexible Housing Pool 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 Health Net 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 discussing and assessing HHIP implementation in the monthly meetings for Healthy San Diego, a cross-sector initiative that streamlines MCP engagement with public health and community partners.
- Develop guardrails that promote accountability and minimize fraud, waste, and abuse, including ensuring that the financial agreements between Health Net 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, Health Net 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, Health Net 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 RTFH's Letter of Support in the Investment Plan Appendix.

PART IV: Attestation

Please find attached Health Net's MCP Attestation in the Investment Plan 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 **Health Net** 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 Health Net will make to meet DHCS' HHIP program metrics independent of how the Plan invests HHIP incentive funds once earned. RTFH also understands that Health Net'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 Health Net 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: Health Net

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: Martha Santana-Chin
Print name

September 29, 2022
Date


Signature

Medi-Cal President
Title