



INVESTMENT PLAN TEMPLATE

HOUSING AND HOMELESSNESS INCENTIVE PROGRAM

October 5, 2022
REVISED

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	Kern Health Systems
Lead Contact Person Name and Title	Dr. Aliya S. Khizer-Varela, Provider Relations Manager – Special Programs Amisha Pannu, Senior Director of Provider Network Management
Contact Email Address	Aliya.Varela@khs-net.com Amisha.Pannu@khs-net.com
Contact Phone	Dr. Aliya S. Khizer-Varela 661-617-2582 Amisha Pannu 661-664-5157

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. System Supports – HMIS/Data Sharing	Insufficient licenses to maintain, manage, and access the CES and HMIS system reports; based on conversation June 14 w/CoC.	Increase accessibility to data sharing information by purchasing additional licenses for accessibility and administrative functions to integrate member matching on housing status. To support HMIS system and improve throughput of CES system and support integration with CalAIM. To	\$100,000 – \$170,000	Provider or CBO - Applications are pending review	11/2022 – 12/2023	1.2; 1.3; 1.4; 1.5; 1.6; 2.2; 2.3; 3.1; 3.2; 3.3; 3.4; 3.5; 3.6	MCP and 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
		support Administration of HMIS system and improve throughput of CES system and support integration with CalAIM strategic planning.					
2. System Supports – Administrative Costs	Lacking human resources to manage and administer integration of HMIS and CES systems; based on conversation on June 14 w/CoC.	Support CoC and administrators in administrative functions to manage and administer and improve throughput of CES and HMIS systems and support integration with CalAIM strategic planning.	\$100,000.00 – \$170,000.00	Provider or CBO - Applications are pending review	11/2022 – 12/2023	1.2; 1.3; 1.4; 1.5; 1.6; 2.2; 2.3; 3.1; 3.2; 3.3; 3.4; 3.5; 3.6	MCP and Provider/ Partner Infrastructure
3. Outreach – Street Medicine	Currently Street Medicine providers are localized to just the City of Bakersfield, which leaves rural and outlying areas of Kern are under-	Invest in expansion of street medicine teams/providers to deliver street medicine in rural and urban areas of Kern. Invest in providers and street medicine teams who can provide healthcare and	\$2,000,000.00	Provider or CBO - Applications are pending review	11/2022 – 12/2023	1.2 2.1 2.2	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
	resourced; based on conversation on Aug 5 w/CoC and CES SWAT Analysis which focused on outreach, engagement, etc. which demonstrated the lack of coverage in rural and outlying areas of Kern County.	social services developed, provided, and delivered directly to unsheltered homeless individuals.					
4. Outreach – Mental and Behavioral Health Support Services	Currently, this population needs intensive mental/behavioral health support services to ensure safe and secure environments for those seeking shelter and for peer support staff; Based on conversation	To add appropriate mental and behavioral health support services in shelters and non-congregate housing for individuals, youth, and families experiencing mental or behavioral health episodes.	\$2,000,000.00	Provider or CBO - Applications are pending review	11/2022 – 12/2023	1.2 1.3 1.5 2.2	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
	on Aug 5, 2022, w/CoC						
5. Prevention & Diversion Program/Services	Diversion is currently underfunded in our community and can help address the continued increase in demand for assistance. Limited housing specific prevention and diversion programs available in Kern except within shelters or support service agencies. Outlying areas are not considered; Based on conversation on Aug 5, 2022, w/CoC	Invest in housing-specific and tailored prevention and diversion programs to help residents maintain or regain housing without having to enter emergency shelter (such as support or expansion of rental assistance; support or expansion of services that stabilize housing specifically for those who may soon be displaced. Focus will be on the coordination and referral of members through program strategies to reduce the length of time in homelessness and supports experiencing a	\$1,000,000.00	Provider or CBO - Applications are pending review	11/2022 – 12/2023	1.2 1.4 1.5 1.6 2.2 2.3	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
		<p>housing crisis identify and access safe alternatives to emergency shelter and housing services. Must have an evidenced-based program plan with measured outcomes to reduce homelessness for MCP members. This opportunity may be designed particularly for marginalized communities, the aging and/or disabled population, individuals who identify as LGBTQ, and/or veterans and their families who do not qualify for veteran’s health care services.</p>					

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
6. Permanent Housing	Inadequate and insufficient access to and availability of housing units in all of Kern; Based on conversation on Aug 5, 2022, w/CoC.	Invest in construction, building, or revamping existing buildings and/or units to support housing services dedicated to those experiencing homelessness.	\$5,000,000.00	Provider or CBO - Applications are pending review	11/2022 – 12/2024	1.4 1.5 1.6 2.3	Direct Member Interventions
7. Interim Housing (Sheltering) – Family and/or Individual Emergency Shelter	Communities in the rural areas have no access to emergency shelter, except for the soon to open navigation center in Delano and Arvin’s recently opened Navigation Center. This means that for all other communities, they must come to Bakersfield for a safe place to sleep	Support the expansion of emergency shelter access to rural communities in Kern by revamping or purchasing hotels specifically for the use of emergency shelter in rural Kern. A type of temporary housing for those experiencing housing crisis with an emphasis of finding a permanent	\$3,000,000.00	Provider or CBO - Applications are pending review	11/2022 – 12/2024	1.4 1.5 1.6 2.3	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
	unless they qualify for 14 days of assistance provided by DHS and only available once a year; Based on conversation on Aug 5.	housing solution.					
8. Interim Housing (Sheltering) – Non-Congregate Housing: YOUTH	Inadequate and lack of non-congregate housing/shelter/units available for youth with low barriers to access. The CoC has seen a strong system performance into housing and workforce for youth, but still lack sufficient emergency non-congregate shelter with adequate and appropriate	Invest in low barrier non-congregate shelter with outreach, case management. Expansion to develop Non-Congregate Shelter/Housing for YOUTH experiencing or at risk of experiencing homelessness or housing instability.	\$2,000,000.00	Provider or CBO - Applications are pending review	11/2022 – 12/2024	1.4 1.5 1.6 2.3	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
	services. Based on conversation on Aug 5, 2022, w/CoC						
9. Interim Housing (Sheltering) – Non-congregate Housing: FAMILIES	Inadequate and lack of non-congregate housing/shelter/units available for families who are displaced or going to be displaced. Based on conversation on Aug 5, 2022, w/CoC	Invest in low barrier non-congregate shelter with outreach, case management. Expansion to develop Non-Congregate Shelter/Housing for FAMILIES experiencing or at risk of experiencing homelessness or housing instability.	\$2,000,000.00	Provider or CBO - Applications are pending review	11/2022 – 12/2024	1.4 1.5 1.6 2.3	Direct Member Interventions
10. Interim Housing (Sheltering) – Non-Congregate Housing: INDIVIDUALS	Inadequate and lack of non-congregate housing/shelter/units available for individuals who are displaced or going to be displaced and are from vulnerable populations.	Invest in low barrier non-congregate shelter with outreach, case management. Expansion to develop Non-Congregate Shelter/Housing for INDIVIDUALS experiencing or at risk of experiencing homelessness or	\$2,000,000.00	Provider or CBO - Applications are pending review	11/2022 – 12/2024	2.3; 3.4; 3.5	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
	Based on conversation on Aug 5, 2022, w/CoC	housing instability.					

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)

I. The MCP anticipates the following as challenges for the MCP to achieve goals as it relates to HHIP:

- a. Determining an adequate network of providers to meet the demand of delivering housing services to those who are experiencing or at risk of being homeless.
- b. The referral process for housing services varies at each shelter site.
- c. Unclear on whether current outreach and engagement efforts are addressing social determinants of health and tailored to those who are experiencing or at risk of being homeless.
- d. Lack of inventory for affordable and long-term sustainable housing.
- e. Aligning strategies to develop and address disparities and equity in service delivery, housing placements, and housing retention.
- f. Gaining human resources to support committed volunteer personnel for the CoC to complete the PIT count in all of Kern County.
- g. The availability of cash flow to support the human resources to administer CoC coordination efforts and service deliveries through HMIS/CES.
- h. Hesitancy from providers and/or CBOs to apply for the street medicine and mental/behavioral health support services because of the lack of financial infrastructure within their respective organizations.

II. The aspects of the IP that may be affected by those challenges are:

- a. MCP and Provider/Partner Infrastructure
- b. Direct Member Interventions
- c. Provider/Partner Infrastructure

III. To mitigate or avoid the impact of these challenges to the IP, the MCP will take the following steps:

- a. Look at a needs-assessment and/or gap-analysis of current capacity and the potential for capacity building.
- b. Collaborate with CoC to streamline and coordinate a cohesive referral process for all shelters.
- c. KHS will collaborate with CoC, providers, and CBO's that are experts in service-delivery to ensure outreach and engagement efforts are specifically tailored to those who are experiencing homelessness and grounded in SDoH.
- d. KHS will have to determine with CoC the availability of developing, sustaining, and maintaining long-term affordable housing and availability.
- e. Collaborate with CoC and other agencies to ensure housing services and strategies are aligned using housing-first approach by way of meetings, workshops, or webinars.
- f. The MCP anticipates encouraging MCP staff members and others to volunteer their time during the 2023 PIT Count and assisting, within the MCPs capacity, to support the recruitment of volunteers and assisting, within the MCPs capacity, to support the recruitment of volunteers to appropriately discover healthcare access and needs in real-time.
- g. KHS has identified and allocated funds dedicated to the administrative support the HMIS/CES system will need.
- h. KHS will review proposals of applicants to determine scope of work, level of financial need, terms, and conditions at the discretion and feasibility of KHS.

Please Note: The investment activities outlined in KHS' IP were created in coordination and collaboration with providers from city, county, and CoC. The dollar ranges tied to each activity are estimates based on our conversations with CoC. Important to note, KHS has developed this IP understanding that changes in activities and costs will occur given the nature of the projects. Given the unknowns with investments over the duration of the program, KHS has included best available estimate ranges based on what is planned and needed for at this moment in time. KHS recognizes that these investments and activities are subject to change and reflect point in time estimates.

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.

Appendix A: The CoC Letter of Support

Appendix B: KHS Signed Attestation



Letter of Support

September 21, 2022

TO: California Department of Healthcare Services

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

The Bakersfield-Kern Regional Homeless Collaborative (BKRHC) is supportive of the California Department of Health Care Services (DHCS) Housing and Homeless Incentive Program Investment Plan(s) (IP) being submitted by Kern Health Systems in Kern County. The BKRHC had the opportunity to engage and collaborate with Kern Health Systems, provide input on the IP, and were able to review the IP prior to the Medi-Cal managed care plan (MCP) submission. The BKRHC 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 BKRHC 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 BKRHC 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.

Sincerely,

A black rectangular box redacting the signature of Anna Laven.

9/22/2022

Anna Laven, Ed. D.
Executive Director
Bakersfield-Kern Regional Homeless Collaborative

**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: Kern Health System

County: Kern

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: Alan Avery
Print name

September 26, 2022
Date


Signature

Chief Operating Officer
Title