



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	L.A. Care Health Plan
Lead Contact Person Name and Title	Cynthia Carmona, Senior Director, Safety Net Initiatives
Contact Email Address	ccarmona@lacare.org
Contact Phone	213.694.1250 x4907 / cell 626.290.4336

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).

L.A. Care is submitting the below summary of investment activities to provide a clear picture of our intended plan as of September 2022. We have developed our strategies through collaborative planning with our four local Continuums of Care (COCs), our Plan Partners and private competitor, and L.A. County agency partners (L.A. County CEO Homeless Initiative and Departments of Health, Mental Health, and Public Health), as well as input from the LAHSA Lived Experience Advisory Board and local health and housing / homeless services stakeholders who participated in a Community Forum. However, given the compressed planning timeframe and the many continuing unknowns, the below is only our best available estimated range, and is subject to change based on updated information and changing local needs as the programs roll out. We intend to collaborate with our partners to update our activities over time. We will also seek approval from the L.A. Care Board of Governors for many of the below items as the investment amounts are substantial. In addition, we intend to continue making investments with HHIP funds received from MP1 and MP2, and to expand some of the below initiatives and add new ones when and if additional funding becomes available. For example, we are in active discussion with L.A. County to expand activities 1 and 2 to represent approximately 50% of eventual HHIP funds earned.

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. Unit Acquisition Strategy	L.A. County has many thousands of unused tenant-based vouchers through the Emergency Housing Voucher program and others, and members are having difficulty finding willing landlords because the market is so tight and there is so much competition for rent. Only 65% of voucher holders leased up between 2016-2020 and the average time was 122 days. Based on Urban Institute Master Leasing in LA report ,	L.A. Care and Health Net would partner with the L.A. County CEO Homeless Initiative to create a fund that could be used to cover the non-room-and-board costs of using tenant-based vouchers through master leasing agreements. Costs would include vacancy payments, property management, and/or other building costs (e.g., property taxes, building insurance). Units would be acquired through traditional	\$12-15M	L.A. County CEO Homeless Initiative	1/2023-12/2032 or later	3.5; 3.6; 1.6	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
	<p>ABT Voucher Utilization in LA report, HHIP Community Forum 8/3, Lived Experience Advisory Board 7/15, HHIP Core stakeholder meeting discussion 8/5 and CEO Homeless Initiative discussions on 8/9, 16, and 23.</p>	<p>master leasing or other landlord agreements, but the fund could also be paired with other sources of capital to acquire buildings / units or incent new development.</p>					
<p>2. Housing Access Strategy for PEH w/ADL Assistance Needs</p>	<p>As the homeless population ages, more PEH need assistance completing activities of daily living (ADLs) and instrumental activities of daily living (IADLs). There are also many PEH with severe mental illness or cognitive impairments who are not able to care for themselves. It is very difficult to identify the best settings for these clients, and there are few interim housing settings that can care for their needs. In addition, many need care and supervision in a licensed ARF or RCFE facility, rather than PSH, but may need a higher level of care and supervision than what the SSI rate covers at the facility. Based on HHIP Community Forum 8/3, Lived Experience Advisory Board 7/15,</p>	<p>L.A. Care and Health Net would partner with L.A. County CEO HI to create a three-prong strategy to help members experiencing homelessness with ADL needs to get connected to housing and stay housed. 1) Countywide clinical assessment teams for field-based evaluation of PEH. 2) Interim housing service enrichment, which would bring new services into interim housing to be able to care immediately for PEH who need help doing their ADLs. 3) Placements for members in the Enriched Residential Care program, which pays an enhanced rate to ARFs / RCFEs to cover additional services (similar to the Assisted Living Waiver</p>	<p>\$12-15M</p>	<p>L.A. County CEO Homeless Initiative</p>	<p>1/2023-12/2027 or later</p>	<p>3.5; 3.6</p>	<p>Direct Member Interventions</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
	HHIP Core stakeholder meeting discussion 8/5 and CEO Homeless Initiative discussions on 8/9, 16, and 23.	model).					
3. CES Liaisons	Currently, CoC staff and CES agencies have difficulty navigating the Managed Care system due to lack of education and have difficulty finding appropriate care and placements for members with complex health challenges such as dementia, cancer treatment, incontinence, multiple chronic conditions, etc. L.A. Continuums of Care (CoCs) report that they would not like MCPs to become access points for the Coordinated Entry System (CES) but would instead like to have closer relationships with MCPs and would like co-location when possible. In addition, MCP staff do not always have the expertise to help members access CES most effectively. Based on 6/17/2022 Core Stakeholder meeting.	L.A. Care and its Plan Partners would hire and train CES Liaisons who could serve as a bridge between MCPs and CES systems / providers. These liaisons would be a resource to help CES staff / providers get members connected to the right resources at the MCP. They would also help MCP staff connect members with the right resources within the CES system.	\$1.2-2.4M	L.A. Care	11/2022 – 11/2024 or longer	1.1; 1.2	MCP 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. Street Medicine Services Expansion	There are several street medicine providers in L.A. County, but the demand for services is also very high. Many street medicine services are funded via grants, rather than sustainable payment sources. Based on street medicine landscape analysis completed Dec 2020, 8/3, Community Forum, & multiple discussions w/local street medicine providers.	L.A. Care and its Plan Partners would contract with street medicine providers to serve members. L.A. Care is currently exploring various models for street medicine contracting, and initially plans to focus on a per-visit payment for L.A. Care members seen by a street medicine provider.	\$8-9M	Street Medicine Providers	1/2023 - 12/2024, w/potential for ongoing funding	2.1	Direct Member Interventions
5. Street Medicine Capacity-Building	Street medicine teams need support to build out sustainable staffing and infrastructure as they expand services. Exact needs vary by provider and region. Based on street medicine landscape analysis completed Dec 2020, 8/3, Community Forum, & multiple discussions w/local street medicine providers.	L.A. Care would provide one-time financial support to new and existing street medicine providers to build up their capacity, which may include staffing, training, consultation, new infrastructure (including mobile vans, IT infrastructure, and/or others), or other needs as determined by providers and the plan. L.A. Care would also support technical assistance for street medicine providers via an existing Roundtable for providers and MCPs to come together, and coding training for providers.	\$2-3.3M	Street medicine providers & TA / training providers	1/2023 - 12/2023	1.4, 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
6. HMIS Data Sharing Support for CoCs	During a data workgroup meeting (which includes MCPs, LAHSA, and Long Beach CoC) on August 26, 2022, the CoCs and MCPs identified a need for the CoCs to share data with the MCPs.	L.A. Care and Health Net would each provide funding to COCs for infrastructure to implement and automate data exchange with MCPs (including both HMIS vendor and staff costs).	\$3-4M	Long Beach CoC and LAHSA	11/2022 – 10/2024	2.2	Provider / partner infrastructure
7. Housing Data Sharing Support for DMH	L.A. County DMH currently shares data regularly with L.A. Care but does not include housing data. DMH is interested in adding housing status data elements but will need to integrate several internal databases to do so. There are insufficient technical resources to build and deploy Application(s), Interoperability and reporting solutions to capture, track, report and share Housing and Employment data. Based on conversation on 8/31.	L.A. Care and Health Net would each provide funding to DMH to integrate its housing data internally and to share that data regularly with L.A. Care. This would also benefit other partners who share housing data w/DMH. Funding would be used to secure the services of technical consultants to build application(s), integration and reporting solutions for Housing and Employment data by October 2023.	\$910,000 - \$1,225,000	DMH	10/2022 – 10/2023	1.5	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
8. Long Beach & LAHSA / Glendale / Pasadena HMIS Integration	Currently, there are two HMIS systems in L.A. County; one collaborative maintained by LAHSA for the LAHSA, Glendale, and Pasadena COCs and one maintained by Long Beach COC. Both systems use the same vendor (Bitfocus Clarity) but have separate databases, provider logins, policies, etc. This causes challenges for data integration and for providers serving members in both data bases. Based on discussion at HHIP data workgroup & w/Long Beach COC on 8/18.	L.A. Care and Health Net would each provide funding to COC partners to plan and implement an integration of their HMIS systems, which will also assist in data matching with MCPs. These dollars would also be eligible to be used as health care matching to get bonus points on Long Beach's HUD annual Notice of Funding Opportunity (NOFO) or unsheltered NOFO applications, making it more likely that they receive new HUD funds.	\$1-\$1.5M	Long Beach COC and LAHSA	1/2023 - 12/2024	1.4, 2.2	Provider / partner infrastructure
9. MCP Data Sharing and IT Support	L.A. Care and its Plan Partners currently have limited internal infrastructure to support data sharing with external housing partners, and to effectively analyze and use housing data once received. Based on conversations w/Health Plan staff, July / Aug 2022.	Funds would support internal IT and data sharing costs to develop systems to share data more effectively with housing partners and providers.	\$2-3M	L.A. Care	9/1/2022 - 12/31/2025	1.4; 1.5; 2.2	MCP 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
10. Housing Equity & Disparities Initiative	There are major inequities and disparities in homelessness and housing outcomes, with disproportionate shares of Black, Latinx, and Native populations experiencing homelessness, as well as people who are LGBTQIA. These inequities often stem from broader inequities in mainstream systems. and can be exacerbated by conditions within the homeless services and rehousing systems. Based on conversations with HHIP Core stakeholders in May-August 2022.	L.A. Care would create an investment fund focused on projects addressing racial and other demographic inequities for people experiencing homelessness. Projects eligible to be funded under these grants could include racial equity fellowships, implementation support for the revised CES tools (under current revisions to address racial bias), integration between housing and justice programming, retention support with a focus on Black formerly homeless members, etc.	\$3-4M	Nonprofit organizations working to promote housing equity and justice in L.A. County	1/1/2023 - 12/31/2025	1.6; 3.5; 3.6	Provider / Partner infrastructure <i>and/or</i> Direct Member Interventions
11. ECM Homeless POF Capacity Building	L.A. Care has a robust ECM network to serve the Homeless / Housing Risk Population of Focus. However, given the large size and high acuity of the population, there is a need for further expansion to target this population. Based on conversations w/ECM leads, August 2022.	L.A. Care would fund training and technical assistance to help ECM providers in outreaching to and accurately reporting on the homeless POF. L.A. Care would also offer provider incentives to ECM providers to encourage engagement for this population.	\$900,000 - \$1,000,000	ECM providers and training / TA providers	1/1/2023 - 12/31/2023	3.3	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
12. Housing-related CS Capacity Building	While L.A. Care has a large network of housing-related CS providers, the need to provide services to members experiencing homelessness is also great. There are challenges ensuring adequate staffing, organizational capacity, and skillsets to effectively serve a high-acuity population in a tight housing market with a complex CES and homeless services landscape. Based on conversations with CS leads, Community Forum 8/3, and provider feedback surveys.	L.A. Care would provide technical assistance and capacity-building to improve the performance of its housing-related CS networks, with a focus on housing navigation, tenancy services, and recuperative care. L.A. Care would provide a mix of consulting support and training and will explore partnerships with the TA teams at LAHSA and DHS HFH to implement shared programming.	\$1-1.5M	Training and TA vendors with expertise in housing and homeless services	1/1/2023 - 12/31/2024	1.3; 3.4	Provider / partner infrastructure
13. Housing-related CS enrollment increases	L.A. Care currently has large CS programs serving members experiencing homelessness, but the need is also great. There is a need to expand the programs to reach more members. Based on internal data and conversations with CS leads as well as 8/3 community forum.	L.A. Care would invest in expansion of CS programs so that more members receive CS, supporting planned efforts to eliminate L.A. Care's existing restrictions that narrow CS criteria more than DHCS' definitions. Could also be coupled with more aggressive member outreach efforts to increase enrollments.	\$8-12M	L.A. Care	1/2023 – 12/2023	3.4	Direct Member Intervention

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
14. Housing Placement Support (Glendale NOFO Partnership)	During a MCP and Glendale CoC meeting on September 6, 2022, Glendale CoC identified a funding gap in the connection of clients to health care services in their Shelter Plus Care Permanent Housing Program. This impacts member housing status as 80% of clients in the programs are Medi-Cal members.	Funds would provide intensive coordinated services, such as assistance with funding housing and building relationships with landlords, chronic disease management, and help with addressing mental health or substance abuse treatment.	\$154,000	Glendale CoC	1/2023 – 12/2023	3.5, 3.6	Direct Member Interventions
15. Workforce Development Investments	There are major workforce challenges in the housing-related services sector. Housing navigation, tenancy services, and other direct service jobs tend to be lower paying, have high turnover, and a high proportion of new staff (tenure under 2 years). Housing-related CS providers and other partner organizations are having difficulty finding trained staff, building a diverse and culturally competent workforce, supporting the workforce to stay in field, and helping to develop new leaders. Based on conversations w/HHIP Core Stakeholders, CEO HI, and United Way of Greater LA in May-Aug	L.A. Care would partner with local government and nonprofit organizations to strengthen the housing-related service workforce. A sector analysis from KPMG is forthcoming in Fall 2022; L.A. Care would partner to implement the recommendations, which may include recruitment efforts, such as training to diversify the candidate pool or centralized recruitment strategies, retention efforts, which might include a complex case helpline, frontline worker payments, and/or career pathway development, and organizational capacity	\$3-4M	Direct Housing / Homelessness Service Provider Organizations and Staff, or an intermediary to reach them	1/1/2023 - 12/31/2026	1.1; 1.3; 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
	2022.	building.					
16. Homeless Screening Provider Incentives & Training	L.A. Care's provider network has an uneven track record of screening members for housing status - some providers have sophisticated workflows that are integrated into their EHRs, others have haphazard screening processes for certain programs or subpopulations, and others are not screening at all. Based on internal health plan data and provider conversations.	L.A. Care would provide trainings and incentives to providers re: how to screen for housing status and code for it in claims and encounter data. This work will be aligned with existing efforts for APL 21-009 re: SDOH data.	\$1-2.5M	Contracted health providers, including hospitals	1/1/2023 - 12/31/2023	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
17. HHIP MCP Staffing & Consultant Support	As L.A. Care and its Plan Partners work to implement the goals of the HHIP program, there is significant project management, program development, and implementation work to be done. Based on conversations with MCPs, July/August 2022.	L.A. Care and its Plan Partners are identifying new staffing and consultant support needs that would be responsible for planning and implementation of HHIP initiatives.	\$500,000 - \$700,000	L.A. Care	4/1/2022 - 3/31/2024	All	MCP Infrastructure

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. 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), L.A. Care is committed to collaborating with LAHSA, Glendale, Pasadena, and Long Beach Continuums of Care (COCs), County Agencies, Health Net, and our Plan Partners in LA 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 could impact our ability to achieve HHIP program goals include, but are not limited to, the following:

- The shortage of affordable housing in L.A. County. The [2022 Annual Affordable Housing Outcomes report](#) showed a deficit of 499,430 homes for renters at or below 50% of the Area Median Income; while this number has decreased by 14% between 2014 and 2019, it is still immensely challenging to secure housing for members and other Angelenos experiencing homelessness.
- Limited system and provider capacity to absorb new funding quickly and efficiently. HHIP is a quick turnaround program, with very limited lead time to build and expand interventions to meet the immense scale of homelessness for L.A. Care's members. Developing legal agreements and building new IT infrastructure quickly are both difficult, since data security and privacy are essential to success. Staffing will be another key challenge, with expansion needed at the plan and the provider level, as well as for system administration partners. In addition, there are many related initiatives rolling out at the same time as HHIP, with the same core partners – such as the Housing and Homelessness Assistance Program (HHAP), Project Homekey, the Emergency Housing Voucher Program, and many CalAIM initiatives.
- Conducting sustainable, long-term interventions using one-time funds. While HHIP is a welcome resource, it is challenging to address structural problems with one-time money, as many initiatives to address housing require 5, 10,

or even 15-year commitments to be successful. Moreover, HHIP is not the only one-time funding source that the local system is absorbing (since HHAP and ARPA also offer major one-time investments).

II. Which aspects of the IP might be affected by those factors:

For all our planned investments, we may need to change our timing and funding amounts if a particular activity takes longer or requires more or less funding than we had originally planned. Given the dynamic environment of L.A. County, we anticipate that we will need to be nimble and flexible in our investment strategy to respond to changing conditions.

Many of our investments are focused on improving internal L.A. Care and Plan Partner data systems, as well as investing in data sharing infrastructure between and among external partners. These planned investments could be delayed if there are unanticipated legal and privacy challenges or if there are challenges in upgrading technology platforms, especially with external vendors (e.g., Bitfocus Clarity).

We are also investing in workforce and organizational capacity in several ways – within the plan to improve CES connectivity for our Plan and Plan Partners, to help street medicine, ECM, and housing-related CS providers improve and expand, and in the overall homeless services sector in LA County. Given the bandwidth constraints that we and our partners face, we may not be able to expand staffing as quickly as planned, and some investments may not bear fruit until after the HHIP measurement periods are complete. We also may not be able to expand our ECM and CS programs as fast as we would like to, since we need to ensure high quality as well as increasing volume.

For our unit acquisition strategy, we may not be able to secure as many units as desired, or it may take longer than expected to develop new infrastructure to expand County and provider master leasing partnerships. Because we are partnering with our COCs to use local tenant-based rental subsidies, we also cannot require that members be prioritized for housing; however, we do know that the majority of people experiencing homelessness (PEH) in LA are Medi-Cal Managed Care members, so investments to address the overall needs of PEH will benefit our members.

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 the impact on the Investment Plan, L.A. Care will take the following steps:

- Overall: Maintain regular communication with our core planning partners (COCs, County Agencies, and MCPs including Plan Partners) through monthly meetings as well as regular data workgroups and initiative-specific ad hocs. Continue to share information with and solicit input from individuals with lived experience of homelessness through Lived Experience Advisory Board (LEAB) input and hosting quarterly Community Forums for local health and housing stakeholders.

- IT Infrastructure: Request MCP and COC leadership support to prioritize IT investments. Tie funding agreements to specific, measurable milestones around data sharing. Build on existing agreements and infrastructure where possible (e.g., use existing LAHSA-L.A. Care data sharing agreement as the basis for the agreement with the Long Beach COC). Develop creative workarounds and one-time processes if needed, such as file sharing until APIs are available.
- Workforce development & capacity building: Align HHIP investments with existing strategies for the Incentive Payment Program. Partner closely with other funders to implement workforce investments, and drive strategy based on forthcoming data around local sector needs. Integrate ECM and CS capacity-building activities with established program support at the MCP.
- Housing supply: Build on two existing master leasing programs - LAHSA Resident and Property Support Services and the Housing for Health / Brilliant Corners Master Rental Subsidy Agreement (MRSA) – as well as creating new interventions with additional providers. Partner with the L.A. County CEO Homeless Initiative and others to create county-wide standards for master leasing, so that landlords have a consistent set of agreements available and cannot shop around to different local partners to drive up prices.
- Bandwidth and one-time funding challenges: Use one-time HHIP funds to create multiyear budgets so that interventions have an appropriate time horizon to achieve their goals (e.g., 2-10 years or more, depending on the initiative). Engage partners to plan interventions jointly.

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.

Long Beach Continuum of Care

September 16, 2022

To: California Department of Health Care Services

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

The Long Beach Continuum of Care is supportive of the California Department of Health Care Services (DHCS) Housing and Homeless Incentive Program Investment Plan(s) (IP) being submitted by L.A. Care in Los Angeles County. The Long Beach Continuum of Care had the opportunity to engage and collaborate with L.A. Care, provide input on the IP, and were able to review the IP prior to the Medi-Cal managed care plan (MCP) submission. The Long Beach Continuum of Care 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 Long Beach Continuum of Care 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 Long Beach Continuum of Care 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,



Paul Duncan, Homeless Services Bureau Manager

City of Long Beach Department of Health and Human Services, on behalf of the Long Beach CoC Board

Paul.Duncan@longbeach.gov

(562) 570-4581

September 16, 2022

California Department of Health Care Services
P.O. Box 997413, MS 4400
Sacramento, CA 95899-7413


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

The Los Angeles Homeless Services Authority (LAHSA) is supportive of the California Department of Health Care Services (DHCS) Housing and Homeless Incentive Program Investment Plan(s) (IP) being submitted by LA Care, Health Net, SCAN Health Plan, and AHF/PHC in Los Angeles County.

LAHSA had the opportunity to engage and collaborate with LA Care, Health Net, SCAN Health Plan, and AHF/PHC, provide input on the IP, and were able to review the IP prior to the Medical managed care plan (MCP) submission. LAHSA 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. LAHSA also understands that the MCPs' HHIP investments are contingent on the MCPs meeting HHIP measures over the two-year HHIP program. To this end LAHSA 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 Enrique Martinez, Jr. at emartinez@lahsa.org.

Thank you,



Molly Rysman
Chief Program Officer
Los Angeles Homeless Services Authority





CITY OF GLENDALE, CALIFORNIA

Community Services & Parks
Administration

613 E. Broadway, Suite 120
Glendale, CA 91206-4308
Tel. (818) 548-2000 Fax (818) 548-3789
glendaleca.gov

August 30, 2022

To: California Department of Health Care Services

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

The City of Glendale Continuum of Care (Glendale CoC) is supportive of the California Department of Health Care Services (DHCS) Housing and Homeless Incentive Program Investment Plan(s) (IP) being submitted by the following Managed Care Plans (MCP's): L.A. Care, Health Net, Anthem Blue Cross, Blue Shield Promise, Kaiser, Molina, AIDS Healthcare, Foundation/PHC California SCAN Health Plan in Los Angeles County. The Glendale CoC had the opportunity to engage and collaborate with the MCP's to provide input on the IP, and were able to review the IP prior to the Medi-Cal managed care plan (MCP) submission. The Glendale 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 Glendale 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 Glendale 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

Thank you,

Onnig Bulanikian, Director
Community Services & Parks Dept.

Signature: 

Email: OBulanikian@Glendaleca.gov



September 21, 2022

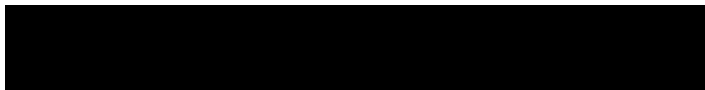
To: California Department of Health Care Services

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

The Pasadena Continuum of Care, also known as the Pasadena Partnership to End Homelessness ("Pasadena Partnership"), is supportive of the California Department of Health Care Services (DHCS) Housing and Homeless Incentive Program Investment Plan(s) (IP) being submitted by L.A. Care, Health Net, Health Senior Care Action Network (SCAN), and AIDS Healthcare Foundation/Positive Healthcare California (AHF/PHC) in Los Angeles County. The Pasadena Continuum of Care had the opportunity to engage and collaborate with L.A. Care, Health Net, SCAN and AHF/PHC, provide input on the IP, and were able to review the IP prior to the Medi-Cal managed care plan (MCP) submission. The Pasadena Continuum of Care 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 Pasadena Continuum of Care 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 Pasadena Continuum of Care 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,



Jennifer O'Reilly-Jones
Homeless Programs Coordinator
joreillyjones@cityofpasadena.net

