



INVESTMENT PLAN TEMPLATE

Sacramento County

HOUSING AND HOMELESSNESS INCENTIVE PROGRAM

September 30, 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	Molina Healthcare of California
Lead Contact Person Name and Title	Diana Sekhon, Director Government Contracts
Contact Email Address	Diana.Sekhon@MolinaHealthcare.com
Contact Phone	925-286-8829

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. CoC Infrastructure	The CoC, Sacramento Steps Forward (SSF), needs support with overall project coordination and management, capacity building, addressing disparities, offering provider trainings, data/HMIS development and implementation, and CES development, implementation, and maintenance. There is a need for ongoing coordination and integration between the CoC, County, City & MCPs and an opportunity to build on the success of the community adopted Local Homeless Action Plan (LHAP).	Funds will support SSF staffing, consultation services, communication, technology, and trainings. Funds will support SSF in developing and maintaining a centralized intake/referral network including data management and reporting; offering training and support to CBOs and MCPs on CES and HMIS; providing quality assurance and technical assistance; and implementing equity initiatives to address MCP member needs. Funds will support SSF in coordinating the LHAP.	\$351,934	SSF	10/01/2022-12/31/2023	1.1, 1.2, 1.3, 1.4, 1.6, 2.2, 3.3, 3.4	Provider/ Partner Infrastructure
2. Street Medicine Capacity Building	While there are some existing street medicine services available, most are limited in scope. Additionally, there	Funds will support the expansion and integration of street medicine services throughout the county and linkages to the CalAIM and provider	\$70,387	Sacramento County and Street Medicine Providers	10/01/2022-12/31/2023	2.1, 3.3, 3.4, 3.5	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
	is a lack of coordination for robust, integrated street medicine in the county.	community. Funds will be used to support coordination, infrastructure, and expanded street medicine services through increased funding for staffing, supplies, travel, and other operations costs.					
3. Strategies for landlord engagement and housing lease up support	There is a need for more strategic, centralized, and focused engagement of landlords and acquisition of rental units on behalf of the homeless system. Various rental assistance programs often go underutilized because of the struggle to find a unit. This is a critical gap outlined in the LHAP.	Funds will be used to pay for services, support administrative capacity of the County contracted CBOs, and expand landlord subsidy/incentive (lease up bonuses, holding fees, and damage funds, etc.). This is a key strategy within the LHAP. As part of the County model, individuals receiving ECM and CS services are target populations for this intervention.	\$281,548	Sacramento County (with distribution to CBOs)	10/01/2022-12/31/2023	1.2, 3.3, 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
4. Increase street outreach, Coordinated Access diversion, and housing navigation	There is a lack of affordable housing units and a need for housing coordination, including but not limited to staff who can support members with enrollment in Community Supports, eviction prevention, landlord/tenant education and incentives, and housing placement.	Funds will support trainings, customer support, ombudsman development, program consultation, and stipends for people with lived experience who serve as Coordinated Access Navigators. Funds will also support increased service delivery for outreach, diversion, and housing navigation support.	\$239,315	SSF (with distribution to CBOs)	10/01/2022-12/31/2023	1.2, 1.4, 3.3, 3.4, 3.5, 3.6	Provider/ Partner Infrastructure

PART II: RISK ANALYSIS

Description of Anticipated Contingencies (500 - 1000 word limit)

- I. The Plan anticipates the following factors that may arise which would make it challenging to achieve the goals above and HHIP program goals:
- The Plan and CoC must both have successful and timely IT implementations for supporting HMIS access and data sharing capabilities to expand the CoC infrastructure of the community adopted Local Homeless Action Plan (LHAP).
 - The Plans anticipates challenges with capacity for street medicine providers to be able to expand their scope to provide field based environment services in the entire county geographic area for reaching all members homeless. The Plan also experiences contract challenges such as rate agreements street medicine providers to be able to support street medicine expanding its services and capabilities for serving the county.
 - The landlord engagement strategies will depend on the various landlords and their commitment to the program and also the rental property volume acquired for our members meeting the eligibility criteria.
 - For increasing street outreach, coordinated Access diversion, and housing navigation we are dependent on finding the right people with lived experience to build the workforce.
- II. The following aspects of the IP will be affected by these factors:
- The IT infrastructure for data sharing capabilities affects our visibility to our members that are identified in HMIS as homeless which impacts our care coordination activities to achieve goals. This may also result in duplicative efforts from the Plan and CoC for care management for members if we cannot share updated data with one another.
 - The provider contract agreement will affect the Plan's ability to expand services and capacity for street medicine providers in the County serving our members homeless. Once the contract and rates are agreed upon, the Plan will still need to work with the provider on collaborative efforts to integrate services and operations to serve members throughout the county.
 - If the landlord engagement strategies do not have engaged committed landlords or acquire enough rental properties, we will not have enough resources to support our members in need.
 - Having the right workforce team members for street outreach and housing navigation will affect how successful the program is because having the right fits with lived experience will help connect and support our members.
- III. The Plan is addressing these factors by taking the following steps below to avoid and/or mitigate the impact:
- The Plan is working with the CoC actively to discuss staffing needs and HMIS system access as well as internally planning the IT workstreams to support the platform for data sharing capabilities.
 - The Plan is in active contract discussions with Street medicine providers to offer competitive rates along with potential incentive amounts to support our goals. We are collaborating on further goals and incentives for coordinating infrastructure and operations for an integrated approach to expand and provider field based services throughout the County.
 - The Plan is working with County as a part of the LHAP strategies to expand on landlord incentives for increasing engagement and rental properties to support the capacity for our members.

- The Plan will be investing in workforce recruitment and training for finding the right fits for the housing navigation support and street outreach and diversion to better serve our members. We will be incentivizing for recruiting for these positions with stipends motivate those with lived experience serve our members.

PART III: CoC LETTER OF SUPPORT

See CoC letter of support in Appendix.

Part IV: Attestation

See signed attestation as appendix.



**SACRAMENTO
STEPS FORWARD**

Ending Homelessness. Starting Fresh.

September 16, 2022

To: California Department of Health Care Services

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

To Whom It May Concern,

On behalf of the Sacramento County Continuum of Care (CoC), represented by Sacramento Steps Forward, we submit this Letter of Support as an endorsement of the California Department of Health Care Services (DHCS) Housing and Homeless Incentive Program Investment Plan(s) (IP) being submitted by Aetna Better Health of California, Anthem Blue Cross Partnership Plan, Health Net Community Solutions, Kaiser Permanente, and Molina Healthcare of California Partner Plan in Sacramento County.

The CoC had the opportunity to engage in and collaborate with the Plans, provide input on the IP, and review the IP prior to the Medi-Cal managed care plan (MCP) submission. The CoC understands that the IP reflects a non-binding consensus on the general direction for investments by the MCPs in order to meet DHCS' HHIP program metrics, independent of how the MCPs plan to invest HHIP incentive funds once earned. The 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 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 to me directly at (916) 200-6553.

Sincerely,



Lisa Bates

Chief Executive Officer

Sacramento Steps Forward

lbates@sacstepsforward.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: Molina Healthcare of California

County: Sacramento

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: Abbie Totten
Print name

9/28/2022
Date

[Redacted Signature]
Signature

CEO/Plan President
Title