



INVESTMENT PLAN TEMPLATE

San Bernardino 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

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 |
|----------------------------|---|--|------------------------|-----------------------------------|-----------------------|--------------------------|-----------------------------|
| 1. Transitional Care Homes | MCP members lack immediate shelter, the navigation center will provide beds and services to point members to needed housing resources . | Provide a community, home-like setting that offers step down – structured behavioral health treatment services on-site as well as provides supportive housing for individuals who are either 1) stepping-down from locked care or 2) experiencing mental health issues in addition to homelessness. Both streams of persons would benefit from the type of care and education to support readiness for transition to independent living in the community (own residence, reunification with family) and linkage to the behavioral health continuum | \$500,000 | County | 10/01/2022-12/31/2023 | 3.4 | 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 |
|---|--|--|------------------------|-----------------------------------|-----------------------|--------------------------|----------------------------------|
| | | of care for continued stabilization. | | | | | |
| 2. Enhance the Coordinated Entry System | 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 | Increase access points and assessment capacity to be able to serve more individuals/families. This would also include administrative support to handle the number of calls received through the CES. | \$60,000 | County | 10/01/2022-12/31/2023 | 1.2 | 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 |
|---------------------------------|--|---|------------------------|--------------------------------------|-----------------------|------------------------------|--|
| 3. Permanent Housing Investment | MCP members lack immediate and equitable access to housing. | Funds will be used to fund, locate, and secure additional housing for people experiencing homelessness. | \$350,000 | County | 10/01/2022-12/31/2023 | 3.1, 3.2, 3.3, 3.4, 3.5, 3.6 | Delivery of Services and Member Engagement |
| 4. Street Medicine Teams | While there are some existing street medicine services available, most are limited in scope. Additionally, there is a lack of coordination for robust, integrated street medicine in the | Funds will support the expansion and integration of street medicine services throughout the county and linkages to the CalAIM and provider community. Funds will be used to support coordination, infrastructure, and expanded street medicine services through increased funding for | \$170,000 | County and Street medicine providers | 10/01/2022-12/31/2023 | 2.1, 3.3, 3.4, 3.5 | Infrastructure to Coordinate and Meet Member Housing Needs |

| 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 |
|----------------------|---|---|------------------------|-----------------------------------|-----------------------|--------------------------|--|
| | county. | staffing, supplies, travel, and other operations costs. | | | | | |
| 5. Navigation Center | MCP members lack immediate to shelter, the navigation center will provide beds and services to point members to needed housing resources. | Will directly support capital investments for housing navigation services to expand access for members. | \$500,000 | County/Shelter program | 10/01/2022-12/31/2023 | 3.4 | Delivery of Services and Member Engagement |

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 Plan anticipates the following factors that may arise which would make it challenging to achieve the goals above and HHIP program goals:

- For permanent housing, the Plan anticipates the regulatory processes, such as obtaining permits, may cause delays for getting housing. We also anticipate supply chain issues for materials to be able to build housing. Planning may be challenging with any public emergencies faced that may delay housing construction build projects.
- The Plans anticipates challenges with capacity for street medicine providers to provide field-based environment services in the entire county geographic area for reaching all members homeless. The Plan anticipates experiencing contract challenges with providers and reaching agreements for rates to be able to support street medicine and mobile unit development.
- The Plan anticipates challenges for funding and staffing resources to support the capital improvement of the shelter's navigation center. Expanding services and staffing for the shelter is crucial to support members for receiving beds and services timely and help them with any further needs to access care.

II. The following aspects of the IP will be affected by these factors:

- The permanent housing activities will be affected by the timeline set for completing all the regulatory steps such as with obtaining permits and be able to get approval for building. It will also affect building any new housing as that will depend on construction approval and supplies for moving forward with the housing project builds.
- The provider contract agreement will affect the Plan's ability to have a dedicated street medicine provider 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 building capacity with additional mobiles and/or staffing to access more of our members for covering the county geographic area.
- Funding and resources such as staffing will affect the operational expenses to support for the shelter and navigation center services for helping members with temporary housing and access to services. Having these resources and appropriate staffing will ensure members are able to connect with the shelter who can link them to services needed or a bed to stay in until other housing and can be provided.

III. The Plan is addressing these factors by taking the following steps below to avoid and/or mitigate the impact:

- The Plan is working through the housing steps needed with the County to plan for actions that will be needed and funding opportunities to help with the timeline for obtaining housing. This will include all the entities that we will have to coordinate with to receive and/or build housing resources and obtain supplies with project timelines built out.
- The Plan is working with providers and plans to offer competitive rates along with potential incentive amounts to support our

goals. We are collaborating on further goals and incentives for developing the mobile units and increasing staffing to expand capacity.

- For the Shelter/Navigation Center, the Plan will be providing incentives to build up the workforce for recruiting the best fits for staffing and funding to expand capacity for services provided to our members. Staffing is crucial to support the shelter being able to increase its capacity to help more members to navigate and access services and resources such as care, food, housing, transportation, etc.

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.

San Bernardino County Homeless Partnership

Homeless Provider Network

Administrative Office
215 North D Street, Suite 301, San Bernardino, CA 92415-0044
Office: (909) 501-0610



August 31, 2022

Michelle Baass
Director
Department of Health Care Services
P.O. Box 997413, MS 0000
Sacramento, CA 95899-7413

RE: Letter of Support for Molina Healthcare of California's Investment Plan Template for the Housing and Homelessness Incentive Program (HHIP)

Dear Michelle Baass:


As the governing body for the County of San Bernardino County Continuum of Care (CoC), the Interagency Council on Homelessness provides this letter of support to Molina Healthcare of California for the HHIP Investment Plan (IP).

We are in support of the investment activities outlined in the submitted Investment Plan and proposed funding in alignment with our Homeless Housing, Assistance and Prevention (HHAP) grant submission. We welcome the opportunity to partner with your organization to achieve the San Bernardino City & County CoC's Local Homelessness Action Plan & Outcome Goals.

We appreciate your commitment to addressing identified needs to prevent and reduce homelessness in San Bernardino County.

Sincerely,

DocuSigned by:


Maria Razo

Chair, Interagency Council on Homelessness

**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: San Bernardino

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