



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	SCAN Health Plan
Lead Contact Person Name and Title	Jill McGougan, Medi-Cal Operations Manager
Contact Email Address	JMcGougan@scanhealthplan.com
Contact Phone	562-997-1819

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>
CoC Engagement	SCAN currently lacks a dedicated senior resource internally to attend CoC Board meetings and support long-term engagement and coordination with CoCs. This would include formalizing relationships and support of CoCs to ensure funding for housing programs, including NOFO Partnerships. SCAN identified this gap as it began to implement CalAIM through direct conversations with CoCs and within LA County Core Stakeholders Workgroup.	SCAN will appoint its Senior Director of Homeless Strategies to be its Dedicated housing & homelessness representative. This individual will join the CoC Board in Long Beach plus attend all CoC meetings with other LA County and MCPs through CY 2023 and 2024. SCAN anticipates that this portion of the Senior Director’s overall job responsibility will account for 0.2 FTE, but for the purposes of budgeting SCAN plans to allocate \$10,000 to defray costs.	\$10,000	MCP salaries & wages	01/2023 – 12/2024	1.1;	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
HMIS Access	Access to HMIS to ensure coordination of services across stakeholders, tracking historical utilization and current outstanding requests, and assessing program effectiveness. SCAN, other MCPs, and CoCs aligned around this gap in the LA County Core Stakeholders Workgroup to facilitate CES enrollment and reduce burden on CoC staff.	SCAN will direct these funds toward the labor effort to implement HMIS within SCAN's systems, including training staff on HMIS use and VI-SPDAT, legal expenses related to contract review, IT / Information Security assessments, platform fees, and coordination with HMIS staff. SCAN has already successfully integrated with the Los Angeles HMIS and is currently working on integration with the Long Beach system.	\$7,500	MCP, LA CoC, and Long Beach CoC	01/2022 – 3/2023	1.2; 2.2	MCP and Provider/ Partner Infrastructure
Housing Service Provider Contracting & Data Sharing	Historically SCAN had no contracts with housing service providers or other CBOs delivering CalAIM CSS. SCAN and LA MCPs identified gap when initiating contracting for CSS. All MCPs shared similar experiences with the lack of providers and resulting capacity, as well as their readiness for health plan contracting.	As of LHP submission, SCAN had 1 signed contract with data sharing agreement in place with a street medicine outreach provider. SCAN will direct these funds towards legal and IT / Information Security services to finalize contracts and data sharing agreements. Since CSS providers may not have HIPAA-compliant IT infrastructure, SCAN may develop a secure member data exchange	\$50,000	MCP and CBOs/housing service providers	01/2022 – 12/2023	1.4, 2.3, 3.4	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
		portal to ensure coordination of services. SCAN expects to have 4 more contracts with Community Supports housing service providers by Q1 2023.					
Upgrading IT infrastructure for referral tracking and management	SCAN's current care management system is not configured for CalAIM data, referrals, invoices, or contracts. SCAN identified this gap when onboarding our first contracted Community Supports provider. As a result, all of these processes are being done manually.	SCAN will direct these funds to update MedHOK (MHK), SCAN's care management platform. The modifications will update workflows, data capture, referral management, and invoice processing for CSS service. MHK modifications will also support reporting requirements set by DHCS related to CSS.	\$60,000	MCP and MCP vendor	8/2022 – 12/2023	2.3, 3.1-3.6	MCP Infrastructure
HRAs and identification of opportunities to increase health equity	SCAN's current HRA questions are not aligned with DHCS' definitions under CalAIM, which complicates mandatory reporting and identifying opportunities to increase health equity. SCAN identified this gap when reviewing the	SCAN will modify its HRA content to ensure that we are capturing responses that directly align with DHCS' definitions re: housing status, as well as add two new SDOH screening questions to accurately detect the risk for homelessness and enable earlier intervention. The new data measures will	\$5,000	MCP staff and MCP analytics vendor	07/2022 – 12/2023	1.6; 3.1; 3.5-3.6	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
	HHAP and completing the Local Housing Plan.	help us categorize our members experiencing unsheltered homelessness, chronic homelessness, SMI/SUD, in addition to their household demographics, composition, status as veterans, HIV/AIDS status, and DV survivorship. These funds will support the design and deployment of the new HRA and modifications to our analytics platform, KenSci, to report back to DHCS.					
Housing & Homelessness Care Management Team (HHCMT)	HHCMT, SCAN's dedicated care management team for housing & homelessness, is currently understaffed to manage robust demand for community supports services. SCAN identified this gap during early implementation of CalAIM. The demand for services exceeded our projections and continues to grow.	SCAN will use these funds to add 2-3 CHWs with lived experience on to HHCMT plus a supervisor for LA County. These incremental staff will support referral tracking, enrollment, coordination of services, supporting individuals through the Coordinated Entry System, and direct outreach to members experiencing homelessness or housing insecurity.	1 Peer Navigator \$85,000 2 Community Health Workers \$170,000 1 Supervisor \$144,050 Total: \$399,050	MCP staff	09/2022 – 12/2023	1.2; 3.1 - 3.6	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
Community Supports Expansion	SCAN's CSS program is not supported by incremental funding from DHCS and is financed through its own discretionary funds. SCAN was informed by DHCS that this would be a gap due to our unique contract structure. SCAN is committed to growing the program regardless as the early results of the program have been very positive. We are eager to accelerate. Apart from nominal admin costs, most funds are passed through to contracted CBOs.	Funds would support increased utilization of SCAN's Community Supports program that is currently unfunded by DHCS. Once infrastructure, contracts, and staff are in place, SCAN would like to accelerate a more comprehensive rollout of CSS across LA County expanding both the scope of Community Supports offered and the target enrollment. \$100,000 would cover incremental utilization of services in 2022, and \$200,000 would be allocated to 2023. These funds will not cover the costs of SCAN's CSS program.	\$300,000	CSS Providers	1/1/2022-1/1/2023	2.3, 3.4	Direct Member Interventions
Street Medicine Capacity Building	Lack of street medicine providers in Los Angeles County capable of contracting with MCPs and deploying a scalable model. SCAN identified this gap in early 2021 when it was contemplating a new enterprise initiative focused on healthcare for	SCAN is the founding member of Healthcare in Action (HIA), a new, integrated street medicine provider delivering full scope primary care, behavioral health, SUD, social work, Enhanced Care Management, and Community Supports Services based on best practices of the University of Southern	\$100,000	Street Medicine – ECM and CSS Provider	1/1/2022 – 12/31/2023	2.1; 3.4	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
	<p>individuals experiencing homelessness. SCAN engaged with LA County leaders in homeless healthcare, including USC and Venice Family Clinic. All the programs we assessed relied on charitable funding and/or FQHC support to operate. Through this engagement SCAN recognized the need for a street medicine group that could contract for and integrate with managed care plans.</p>	<p>California’s street medicine model. SCAN’s Board of Directors authorized \$6.7M in funds, \$3.3M of which have been disbursed to date, to launch HIA as part of our commitment to the Long Beach and to the broader LA County that we serve. HIA is already delivering PCP, ECM, and CSS services to individuals experiencing homelessness in LA County through contracts with SCAN Health Plan, Molina, and LA Care. SCAN’s initial funds, along with Molina’s financial commitment, enabled placement of two street medicine teams in LA County. HIA is already experiencing overwhelming demand, and given the size of LA County, intends to place two more teams in LA County during 2023. SCAN will direct any funds received in this category to those incremental teams, including the mobile clinics, equipment, and</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
		hiring/onboarding of ECM/CSS staff.					
Independence at Home (IAH) Upstream Eviction Prevention Fund	Community resources to provide upstream support to housing insecure and vulnerable seniors targeted at eviction prevention or otherwise preventing homelessness. The experience of SCAN's HHCMT and internal HRA data demonstrate the need for more upstream resources at preventing homelessness. This experience is shared by other LA County MCPs and aligns with key goals of the HHAP.	SCAN intends to use funds to pay for staff, including 1 supervisor and 1 housing advocate, to support eviction prevention, housing placement, and other housing retention approaches. Other funds would provide grant dollars to community-based organizations, CoCs, and other entities who operate medical-legal partnerships or other housing support programs. IAH is SCAN's community-benefit program serving non-SCAN members, so all benefits would be invested directly in the community.	<p>\$143,000 for supervisor including fringe.</p> <p>\$84,500 for 1 housing advocate including fringe.</p> <p>\$100,000 in community grants</p> <p>Total: \$327,500</p>	Community benefit organization; grants to be distributed to local housing services	01/01/2023 – 12/31/2023	1.3; 1.4; 1.6	Direct Member Interventions

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)

SCAN Health Plan's (SCAN) mission is to keep seniors healthy and independent. Adults aged 55+ constitute the fastest growing population segment of individuals experiencing homelessness in LA County. In 2022 there was an increase of 6.9% of older adults experiencing homelessness directly threatening our ability to achieve this mission. The profile of these older adults experiencing homelessness matches SCAN's core population served within our FIDE-SNP, those dually eligible for Medi-Cal and Medicare over the age of 65.

These individuals have unique needs, including a higher prevalence of socio-economic disparities that would make them eligible for Community Supports and housing services in addition to their healthcare needs. The biggest challenge from SCAN's perspective in achieving the HHIP program goals is the sufficient supply of providers capable of contracting with MCPs and that have capacity to serve our membership/community, as other managed care plans will most likely be using the same housing and homeless providers. In addition to the availability generally of providers, the aged community that meets the eligibility requirements for CSS requires providers with a special skillset to address the whole person care needs of older adults.

This compelled SCAN to invest in Healthcare in Action (HIA), SCAN's street medicine solution which is also used by LA Care and Molina Healthcare to increase capacity in the community through a scalable and nimble model capable of handling older adults as well as other categories of beneficiaries experiencing homelessness. We will continue to invest in HIA, and we have already started closer coordination with other Community Supports providers, including recuperative care, to ensure capacity, timely response to referrals and data exchange, and efficient delivery of services. In addition, SCAN created a new dedicated care management team to meet internal care management needs for members experiencing housing insecurity and homelessness and is coordinating with Independence at Home, SCAN's community benefit arm, to support housing retention for non-SCAN community members experiencing housing instability, threat of eviction, or other drivers of homelessness.

Our experience thus far has demonstrated that there is work to do with IT infrastructure in order to exchange HIPAA compliant data with our provider partners, which may result in additional delays in order to achieve our goals in a timely fashion. SCAN will provide technical assistance and guidance to ensure that partners can be in compliance as soon as possible. In addition, SCAN now has

access to the two different LA County HMIS systems, however workflows and processes need to be developed in order to access information and coordinate care. SCAN is also committed to coordinating our efforts with those of the other MCPs in Los Angeles County to ensure seamless operations for our CBO partners.

Additional staff and case management system enhancements are needed to process referrals and conduct assessments timely. These roles will help coordinate services with contracted providers in order to serve more members. SCAN would like to be proactive to identify more members that are homeless or at risk of homelessness. In addition, SCAN staff will be able to work closer with the Continuum of Care agencies to coordinate care and participate in their boards/meetings.

Since its founding in 1977, SCAN has been committed to closing the gap in need between the social and medical services that mutually support good health. We strongly support the goals of CalAIM, as evidenced by our existing planned investments that significantly outstrip potential HHIP funds, and this implementation is supported by the entire SCAN leadership. We remain a committed partner to mitigate any unforeseen challenges coordinating with DHCS, other MCPs, and the broader Los Angeles Community.

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.

September 16, 2022

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

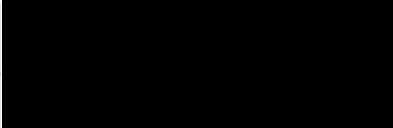
Re: Housing and Homelessness Incentive Program (HHIP) Investment Plan Letter of Support

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





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



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

September 21, 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.

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 SCAN Health Plan in Los Angeles County. The Long Beach Continuum of Care had the opportunity to engage and collaborate with SCAN Health Plan, 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

