



Housing and Homelessness Incentive Program (HHIP)

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HHIP Background & Overview

The **Housing and Homelessness Incentive Program (HHIP)*** is a voluntary Medi-Cal Managed Care Plan (MCP) Incentive Program that aims to improve health outcomes and access to whole person care services by addressing housing insecurity and instability as social determinants of health for the Medi-Cal population.

There are two program goals:

1. Help MCPs develop the capacity and partnerships to connect members to needed housing services, and
2. Reduce and prevent homelessness.

To draw down funds, MCPs must demonstrate progress toward HHIP program metrics. This requires collaboration with the CoCs and local housing stakeholders.

More info: <https://www.dhcs.ca.gov/services/Pages/Housing-and-Homelessness-Incentive-Program.aspx>

* HHIP is funded by the American Rescue Plan Act: \$644 million in state funds + \$644 million in matching federal funding

** Subject to the requirement of 42 Code of Federal Regulations (CFR) section 438.6(b)(2) that incentive payments not exceed five percent of the value of payments attributable to the enrollees or services covered by the incentive arrangement. DHCS may, at its discretion, use an updated PIT count as appropriate to redetermine the amounts for Program Year 2.

HHIP Background (cont'd)



Goals: Ensure managed care plans (MCPs) have the necessary capacity and partnerships to connect their members to needed housing services; Reduce and prevent homelessness.



Total Funding Available: Health Net (Los Angeles): up to **\$115 million**; L.A. Care: up to **\$290 million**; one-time funding



Letter of Intent (LOI): Completed April 4, 2022



Local Homelessness Plan (LHP): Submitted June 30, 2022; updated measures submitted August 12, 2022



Investment Plan: Due September 30, 2022

HHIP Investment Plan (IP) Deliverable

- Each MCP must submit a non-binding Investment Plan (IP) per county to DHCS by September 30, 2022, detailing investments needed to achieve program metrics. DHCS is NOT requiring MCPs to specify how incentive funds will be spent.
 - There are 4 components to the IP:
 1. **Description of Investment Activities**
 - Funding amounts, recipients, timelines, and impacted HHIP measures
 2. **MCP Narrative of Risk Analysis to achieve HHIP goals and make successful investments**
 3. **Signed CoC Letters of Support**
 4. **Signed Attestation by MCP**
- **L.A. Care and Health Net are currently developing investment plans for LA County**, in partnership with Core Planning Stakeholders and other partners.
 - Estimating which metrics we can meet (and what associated funding we expect)
 - Estimating costs for required activities to meet metrics
 - Identifying potential investments to improve infrastructure, care, and housing outcomes
- **Likely cannot spend HHIP funds on “room & board”** (i.e. ongoing rental payments)

Requesting a Letter of Support from the Long Beach COC:

- **Los Angeles MCPs are requesting a letter of support for the Investment Plan from the Long Beach COC.**
 - L.A. Care
 - Health Net
 - SCAN
 - AHF
- ***“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. ”***
- **Collaboration w/the COC:**
 - Included in HHIP LA Core Planning Stakeholder group
 - Participated in development of investment priorities (see next slide)
 - Will be able to review and comment on draft IPs between 9/14 and 9/21
 - Will participate in HHIP LA Core Planning Stakeholder meeting to discuss draft IPs on 9/20
 - MCPs will share final IPs submitted to DHCS

HHIP LA Top Priorities for Investment - DRAFT

Infrastructure: Data Exchange, Workforce

- Data exchange and connectivity between HMIS and health plans.
- Data infrastructure w/other housing & homeless services partners (DMH, DPH, Community Supports providers)
- Workforce development and support, especially for housing navigation and tenancy services

Street Medicine

- Street Medicine extends beyond Primary Care Services and in some instances, the goal is to stabilize and connect to PCP services (example: wound care).
- Clinically enriched programs and trained outreach teams
- Potential inclusion of behavioral health and public health partners
- Potential HIE project

Programs to Get & Keep People Housed

- Expanding utilization of housing-related Community Supports (CS)
- Increasing enrollment in Enhanced Care Management (ECM) for people experiencing homelessness

Housing Placement

- Master lease buildings
- Partner with COCs and County to increase utilization of tenant-based vouchers
- Maybe cover long term costs of “slots” in order to unlock funding for master leasing and new development

Housing Accessibility

- Access to interim and permanent housing for people w/Activity of Daily Living (ADL) needs
- Enhanced services funding to get members placed in congregate living, ARFs, and/or RCFEs

Sources:

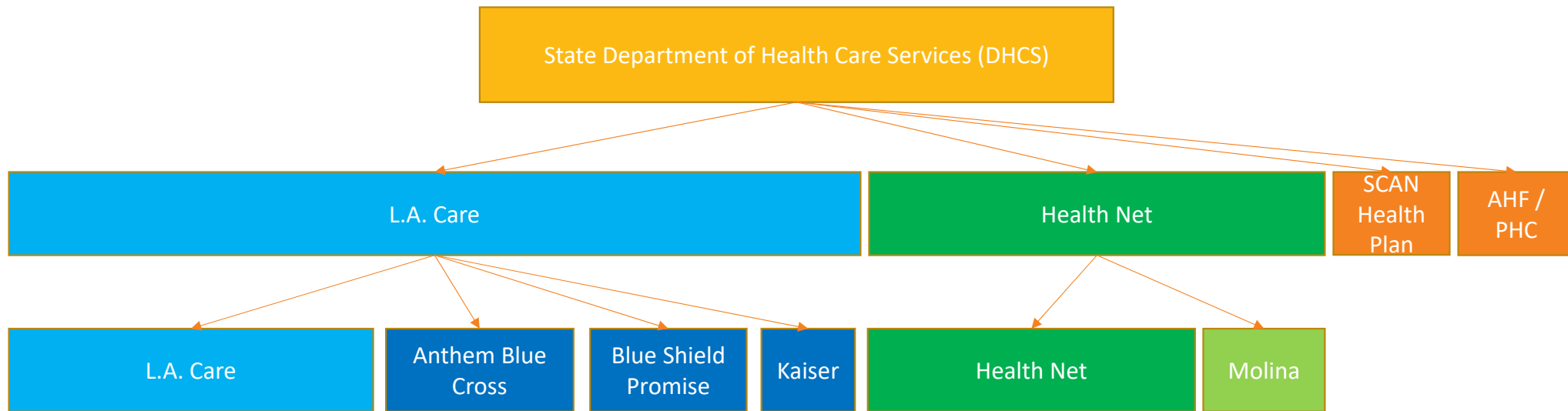
Stakeholder meetings with COCs, County agencies, Enhanced Care Management and Community Supports providers, CBOs, Clinics, MCP Collaborators, Lived Experience Advisory Board Feedback, Community Forum

HHIP Los Angeles Main Points of Contact

L.A. Care Health Plan	Health Net
<p>Cynthia Carmona, Senior Director, Safety Net Initiatives, ccarmona@lacare.org</p> <p>Alison Klurfeld, Consultant, alison@klurfeldconsulting.com</p>	<p>Karen Richmond, Regional Vice President, Medi-Cal SW, Karen.Richmond@healthnet.com</p> <p>Carly Goldblatt, Program Manager III Community Engagement Department, carly.goldblatt@centene.com</p>

Thank you

Medi-Cal Managed Care Plans in LA



Note: there are other health plans for people with Medicare Advantage or CalMediConnect (integrated plan for people with both Medicare and Medicaid)

MCPs must demonstrate progress on HHIP measures to draw down funds.

Priority Area 1: Partnership and Capacity to Support Referrals for Services	Priority Area 2: Infrastructure to Coordinate and Meet Member Housing Needs	Priority Area 3: Delivery of Services and Member Engagement
1.1 Engagement with CoC , such as, but not limited to: attending CoC meetings, joining the CoC board, subgroup or workgroup, and attending CoC webinars.	2.1 Connection with street medicine team that is providing healthcare for individuals who are homeless Priority Measure*	3.1 Percent of MCP Members screened for homelessness/risk of homelessness
1.2 Connection and integration with the local homeless Coordinated Entry System Priority Measure*	2.2 MCP connection with the local Homeless Management Information System (HMIS) Priority Measure*	3.2 MCP Members screened for homelessness or risk of homelessness who were discharged from an inpatient setting or have been to the emergency department for services two or more times in a 4-month period
1.3 Identifying and addressing barriers to providing medically appropriate and cost-effective housing-related Community Supports services or other housing-related services to MCP members experiencing homelessness	2.3 MCP process for tracking and managing referrals for housing-related Community Supports offered during the measurement period, including: <div><div>1. Housing Transition Navigation</div><div>2. Housing Deposits</div><div>3. Housing Tenancy and Sustaining Services</div><div>4. Recuperative Care</div><div>5. Short-Term Post-Hospitalization Housing</div><div>6. Day Habilitation Programs</div></div>	3.3 MCP members experiencing homelessness who were successfully engaged in ECM
1.4 Partnerships with counties, CoC, and/or organizations that deliver housing services (i.e., interim housing, rental assistance, supportive housing, outreach, prevention/diversion) with whom the MCP has a data sharing agreement that allows for timely information exchange and member matching Priority Measure*		3.4 MCP members experiencing homelessness receiving at least one housing related Community Supports , including: <div><div><div>1. Housing Transition Navigation</div><div>2. Housing Deposits</div><div>3. Housing Tenancy and Sustaining Services</div></div><div><div>4. Recuperative Care</div><div>5. Short-Term Post-Hospitalization Housing</div><div>6. Day Habilitation Programs</div></div></div> Priority Measure*
1.5 Data sharing agreement with county MHPs and DMC-ODS (if applicable)		3.5 MCP Members who were successfully housed Priority Measure*
1.6 Partnerships and strategies the MCP will develop to address disparities and equity in service delivery, housing placements, and housing retention (aligns w/ HHAP-3)		3.6 MCP Members who remained successfully housed Priority Measure*
1.7 Lessons learned from development and implementation of Investment Plan (IP)		Note: Priority Measures* will be weighed heavily by DHCS when reviewing MCP reports to determine funds earned. Measures are either P4P (pay-for-performance) or P4R (pay-for-reporting)