

File No. 240559

Committee Item No. 13

Board Item No. 32

COMMITTEE/BOARD OF SUPERVISORS

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- FYs 2023-2025 AAO Excerpt 7/25/2023
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Completed by: Brent Jalipa Date May 30, 2024

Completed by: Brent Jalipa Date June 6, 2024

1 WHEREAS, HHIP grant funding is available to improve health outcomes and access to
2 whole person care services by addressing housing insecurity and instability as a social
3 determinant of health for the Medi-Cal population; and

4 WHEREAS, HHIP is a voluntary incentive program that will enable Medi-Cal managed
5 care plans (“MCPs”) to earn incentive funds for making progress in addressing homelessness
6 and housing insecurity as social determinants of health; and

7 WHEREAS, The San Francisco Health Plan “SFHP”), a MCP, submitted a San
8 Francisco HHIP Investment Plan (“Plan”) to DHCS, that included initiatives to address gaps in
9 housing and homelessness in San Francisco, a copy of the Plan is on file with the Clerk of the
10 Board of Supervisors in File No. 240559, and includes a letter of support from the San
11 Francisco Local Homelessness Coordinating Board; and

12 WHEREAS, In March 2023, HSH was notified by the SFHP that HHIP funds would be
13 distributed to HSH to support the Department’s enhancements in permanent supportive
14 housing (“PSH”) proposed in the Plan; and

15 WHEREAS, PSH is the most effective evidence-based solution to chronic
16 homelessness, and as of April 2024, HSH funds a portfolio of over 9,000 site-based units of
17 PSH citywide; and

18 WHEREAS, The FY 2023-2025 Budget and Appropriation Ordinance, adopted by the
19 Board of Supervisors in July 2023, appropriated anticipated HHIP grant funds to the
20 Department, a copy of which is on file with the Clerk of the Board of Supervisors in File
21 No. 240559; and

22 WHEREAS, In December 2023, HSH received a draft Grant Agreement (“Agreement”)
23 from the SFHP for a total grant amount of \$3,227,884, and has been working closely with
24 SFHP to finalize the Agreement; and

25

1 WHEREAS, HSH desires to retroactively enter into the Agreement with SFHP for a
2 term of July 1, 2023, through December 31, 2025, in a total amount not to exceed \$3,277,844
3 to provide enhanced onsite services, increase site accessibility and support data integration
4 for permanent supportive housing; and

5 WHEREAS, A draft of the final form Agreement is on file with the Clerk of the Board of
6 Supervisors in File No. 240559; and

7 WHEREAS, San Francisco Charter, Section 9.118 requires contracts entered by a
8 department having anticipated revenue to the City of \$1,000,000 or more to be approved by
9 the San Francisco Board of Supervisors, now, therefore, be it

10 RESOLVED, That the Board of Supervisors hereby authorizes the Executive Director
11 of HSH (“Director”) or their designee to retroactively enter into the Agreement with a term of
12 July 1, 2023, through December 31, 2025, with anticipated revenue to the City of \$3,227,884;
13 and, be it

14 FURTHER RESOLVED, That the Board of Supervisors hereby authorizes the Director
15 to enter into any amendments or modifications to the Agreement that the department
16 determines, in consultation with the City Attorney, are in the best interests of the City, do not
17 otherwise materially increase the obligations or liabilities of the City, are necessary to
18 effectuate the purposes of the Grant, and are in compliance with all applicable laws; and, be it

19 FURTHER RESOLVED, That within 30 days of the Agreement being executed by all
20 parties, HSH shall submit to the Clerk a completely executed copy for inclusion in File
21 No. 240559; this requirement and obligation resides with HSH, and is for the purposes of
22 having a complete file only, and in no manner affects the validity of the approved agreement.

HOUSING AND HOMELESSNESS INCENTIVE PROGRAM AGREEMENT

BETWEEN

SAN FRANCISCO HEALTH AUTHORITY dba SAN FRANCISCO HEALTH PLAN

AND

SAN FRANCISCO DEPARTMENT OF HOMELESSNESS AND SUPPORTIVE HOUSING

This Housing and Homelessness Incentive Program Agreement (the “Agreement”) by and between **San Francisco Health Authority doing business as San Francisco Health Plan (“Health Plan” or “MCP”)** and the City and County of San Francisco (“City”), a municipal corporation, acting by and through the **San Francisco Department of Homelessness and Supportive Housing (“HHIP Grantee”)**, referenced collectively as parties and individually as party, is effective upon the date of complete execution of this Agreement, for the time period described in Exhibits A, B and C (the “Effective Date”). The scope of services, reporting, and funding details are included in Exhibits A, B and C.

WHEREAS, The Housing and Homelessness Incentive Program (HHIP) is an incentive program from the California Department of Health Care Services (DHCS) that allows Medi-Cal Managed Care Plans (MCPs) to earn funds by working with community organizations to build partnerships and address housing and homelessness. As part of HHIP, Health Plan is making investments to community partners such as HHIP Grantee to address identified gaps and needs and meet HHIP metrics.

NOW, THEREFORE, for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties agree as follows:

1. Health Plan and HHIP Grantee each desire to participate in HHIP (the “Program”) geared towards improving partnerships and addressing housing and homelessness among Medi-Cal members. HHIP Grantee agrees to perform the services, and agrees to program goals, metrics and objectives as specified in Exhibit A, B and C, attached hereto and incorporated herein.
2. To the extent any provision contained in this Agreement conflicts with the terms and conditions of DHCS All Plan Letter (“APL”) 22-007, or future DHCS APLs concerning the terms and conditions of the Program, then DHCS APLs control in order to maintain Program eligibility. DHCS APL 22-007 is available in Exhibit D, attached hereto and incorporated herein.
3. The parties acknowledge and agree that all information related to the Program created and/or furnished by one party to the other party as a result of this Agreement is proprietary. HHIP Grantee and Health Plan agree not to use such proprietary information except for the purpose of carrying out their obligations under this Agreement. Neither party shall disclose any proprietary information to any person or entity, except as required pursuant to San Francisco Administrative Code Chapter 67 or other applicable law, regulatory requirements or legal order, in which case such party shall immediately notify the other party of the receipt of any such request for disclosure prior to the disclosure.

4. Term and Termination. This Agreement will commence on the Effective Date and shall terminate on December 31, 2025, unless terminated earlier by either party pursuant to the terms in this Section.

Either party may terminate this Agreement with or without cause by giving thirty (30) business days prior written notice to the other party. This Agreement will automatically terminate upon the event where HHIP Grantee fails to meet requirements and measurements as outlined in this Agreement including Exhibit A, B and C. In the event of an automatic termination, Health Plan will request repayment of unspent grant funds.

5. Books and Records; Audit. HHIP Grantee shall maintain accurate books and records relating to this Agreement and the services as described in Exhibit A, including accounting records, copies of all invoices, and applicable subcontracts. HHIP Grantee shall make such books and records available to Health Plan (or its designee) for review and audit for at least ten (10) years after termination of this Agreement, at a location mutually agreed to by both parties, including remote, if possible. Should an audit by Health Plan identify HHIP Grantee deficiencies in the performance of services, Health Plan shall have the right to require corrective action.
6. HHIP Subcontracts. Any subcontract entered into by HHIP Grantee shall require the subcontractor to comply with the terms and conditions set forth in this Agreement. HHIP Grantee agrees to maintain and make available to Health Plan, upon request, copies of all HHIP Grantee subcontracts and to ensure that all subcontracts are in writing and require that the subcontractor comply with the requirements set forth in Section 5 (Books and Records; Audit) of this Agreement.
7. Amendment. This Agreement may not be amended except in writing and executed by the duly authorized representatives of the parties hereto. Health Plan retains the right to unilaterally amend this Agreement, provided that such amendment incorporates only mandated changes as a result of statutes, regulations, accreditation requirements, directives, or applicable contract(s) with a government agency, and shall provide HHIP Grantee at least ten (10) business days' advance notice unless a shorter timeframe is necessary for compliance.
8. Payment. Health Plan will pay HHIP Grantee in the amount and in accordance with the schedules set forth in Exhibits A, B and C.
9. Reporting. HHIP Grantee will provide Health Plan with required reports described in Exhibits A,, B and C, and additional data and reporting, when requested, to demonstrate the performance and effectiveness of the Program.
10. Notices. Any notices required under this Agreement shall be made in writing and given to the other party by personal delivery, certified mail, or other mutually agreed upon method of delivery (e.g. electronic mail) at the following addresses:

If to HHIP Grantee:

San Francisco Department of Homelessness and Supportive Housing
440 Turk Street
San Francisco, CA 94102
Attn: Jessica Shimmin
jessica.shimmin@sfgov.org

If to Health Plan:

San Francisco Health Plan
P.O. Box 194247
San Francisco, CA 94119
Attn: Chief Executive Officer
vhuggins@sfhp.org

11. Governing Law. This Agreement shall, in all respects, be interpreted, construed, enforced, and given effect in accordance with the laws of the State of California, excluding its principles of conflicts of laws.
12. This Agreement is solely for the benefit of HHIP Grantee and Health Plan and will not be construed to give rise to or create any liability or obligation to, or to afford any claim or cause of action to, any other person or entity.
13. Indemnification. Each party agrees to indemnify, defend, and hold harmless the other party from and against any and all liability, loss, claim, damage or expense, including defense costs and legal fees, incurred in connection with a breach of any representation and warranty made by a party in this Agreement, and for claims for damages of any nature whatsoever, arising from a party's performance or failure to perform its obligations hereunder.
14. HHIP Grantee agrees that HHIP funds cannot be used for long-term "room and board" costs which is defined as long-term rental assistance. This does not include shelter operations or shelter costs, short-term or emergency rental assistance, housing related costs for housing lease-up, capital funds for permanent affordable or supportive housing development or rehab, or housing development operating subsidies.
15. The funding for this Agreement is subject to Health Plan's receipt of HHIP funds from DHCS.
16. Entire Agreement. This Agreement shall consist of the terms and conditions set out in the main body of this Agreement together with those provisions set out in any Schedule, Exhibit, Attachment and/or Addenda relating to this Agreement and attached or otherwise signed by the parties to this Agreement. This Agreement shall constitute the entire, integrated agreement and understanding between the parties and supersedes all prior agreements, representations and understandings between the parties, whether written or oral. This Agreement may not be amended or modified except by an instrument in writing executed by the parties hereto.

(Remainder of this page is intentionally left blank.)

IN WITNESS WHEREOF, the parties have duly executed this Agreement by their authorized representatives as of the Effective Date.

CITY AND COUNTY OF SAN FRANCISCO

SAN FRANCISCO HEALTH PLAN

Signature: _____

Signature: _____

Shireen McSpadden
Executive Director
Department of Homelessness and Supportive Housing

Printed: _____
Title: _____

Date: _____

Date: _____

Approved as to Form:

David Chiu
City Attorney

By: _____
Adam Radtke
Deputy City Attorney

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EXHIBIT A

HHIP is for Medi-Cal only. Unless otherwise defined in this Agreement, all defined terms shall have the meanings set forth in the DHCS HHIP All Plan Letter 22-007.

Under the Program, Medi-Cal Managed Care Plan (“MCP”) will advance funds (See Total Grant Amount) as a grant to assist MCP with meeting HHIP metrics and/or performance goals. If this Program Agreement between MCP and HHIP Grantee is terminated for any reason, HHIP Grantee understands and agrees that it will repay all unspent grant funds pursuant to Section 4 (Term and Termination) of the Agreement

1. Grantee Information:

Grantee Name: SF Department of Homelessness and Supportive Housing (“HSH”)	Primary Contact for Grant: Name: Jessica Shimmin, PhD Email: jessica.shimmin@sfgov.org Phone: 917-543-4501
Grantee Address: 440 Turk Street San Francisco, CA 94102	County Served: San Francisco

2. Description of Grant/Investment: HHIP Grantee will address San Francisco’s existing gap in Permanent Supportive Housing (PSH) onsite services, by providing adaptive clinical nursing support and behavioral health services tailored to meet individual residents’ needs at a PSH with enhanced onsite health services. While piloting this service model Grantee will develop a sustainable financing structure through Medi-Cal and/or Medicare reimbursement and access to Medi-Cal waivers.

3. HHIP Measures to be Impacted: The following HHIP measures are intended to be successfully impacted/achieved by the grant. The HHIP Grantee has reviewed and understands the definitions and expectations of the intended impacted DHCS HHIP metrics below:

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
<input type="checkbox"/> 1.1 Engagement with the Continuum of Care (CoC)	<input type="checkbox"/> 2.1 Connection with street medicine team (<i>DHCS Priority Measure</i>)	<input checked="" type="checkbox"/> 3.3 MCP members experiencing homelessness who were successfully engaged in ECM
<input type="checkbox"/> 1.2 Connection and Integration with the local Homeless Coordinated Entry System (<i>DHCS Priority Measure</i>)	<input type="checkbox"/> 2.2 MCP Connection with the local Homeless Management Information System (HMIS) (<i>DHCS Priority Measure</i>)	<input checked="" type="checkbox"/> 3.4 MCP members experiencing homelessness receiving at least one housing related Community Supports (<i>DHCS Priority Measure</i>)
<input checked="" type="checkbox"/> 1.3 Identifying and addressing barriers to providing medically appropriate and cost-effective housing-related Community Supports		<input checked="" type="checkbox"/> 3.5 MCP members who were successfully housed (<i>DHCS Priority Measure</i>)
<input type="checkbox"/> 1.4 Partnerships with counties, CoC, and/or organizations that deliver housing services with whom the MCP has a data sharing agreement		<input checked="" type="checkbox"/> 3.6 MCP members who remained successfully housed (<i>DHCS Priority Measure</i>)

that allows for timely information exchange and member matching (<i>DHCS Priority Measure</i>)		
<input checked="" type="checkbox"/> 1.6 Partnerships and strategies the MCP will develop to address disparities and equity in service delivery, housing placements, and housing retention (aligns with HHAP-3)		

4. Grantee Deliverables/Reporting:

Phase I - Planning:

- a. Establish an interagency planning group with representatives from San Francisco’s Department of Homelessness and Supportive Housing, Department of Public Health, Department of Disability and Aging Services and local Medi-Cal Managed Care Plans.
- b. Identify a new or existing PSH building to serve as the pilot site.
- c. If a new PSH building is selected, enter into grant/service agreement(s), including a social services provider and a property manager.
- d. Identify a clinical services provider and establish a contractual mechanism by which they can be paid.
- e. Determine qualifying criteria and referral pathway for clients to be placed at the site.

Phase II – Operations:

- a. Renovations and/or modifications, if determined to be needed, of selected site to accommodate placements.
- b. Staffing for clinical services delivery.
- c. Resident move-ins and provision of enhanced care services.

Phase III – Monitoring and analysis:

- a. Twelve months following the execution of this agreement the HHIP Grantee will report to the MCP:
 - o The number and proportion of MCP Members served in PSH Enhanced Services during the 12 months following the execution of the agreement.
 - o The number of MCP Members served in PSH Enhanced Services that remained housed after 6 months of move in.
 - o A summary narrative of common medical and behavioral health challenges confronted by residents in the PSH Enhanced Services program.
 - o A summary narrative of gaps in service delivery and Medi-Cal capabilities, including gaps in accessing CalAIM Enhanced Care Management (ECM) and/or Community Supports.
 - o A summary narrative of the long-term funding model for sustaining PSH enhanced Services after HHIP.
- b. Identify MCP as a funder of the pilot in public messaging or reporting of the project.

5. Health Plan Responsibilities:

- a. Identify a point of contact to serve as a liaison for HHIP grant.
- b. Participate as necessary in any planning activities, system/program design, or any other necessary meetings to implement activities being funded by the HHIP grant.

- c. Work with HHIP Grantee on determining how HHIP investments are sustained through other CalAIM mechanisms.
 - d. Distribute funds to HHIP Grantee based on Disbursement Intervals below.
 - e. Periodically meet with HHIP Grantee to monitor progress on achieving anticipated HHIP metrics. Engage with HHIP Grantee on strategies to improve/address challenges to meeting HHIP metrics.
6. **Total Grant Amount:** Two million five hundred sixty-nine thousand six hundred dollars and zero cents (\$2,569,600.00)
7. **Effective Date:** 7/1/2023-12/31/2025
8. **Disbursement Intervals:**
- \$ 856,534.00 upon execution of this agreement.
- \$ 856,533.00 upon execution of services agreement with a clinical services provider for pilot site.
- \$ 856,533.00 upon admission of 40th MCP member in total between Health Plan and Anthem Blue Cross to pilot site.

(Remainder of this page is intentionally left blank.)

EXHIBIT B

HHIP is for Medi-Cal only. Unless otherwise defined in this Agreement, all defined terms shall have the meanings set forth in the DHCS HHIP All Plan Letter 22-007.

Under the Program, Medi-Cal Managed Care Plan (“MCP”) will advance funds (See Total Grant Amount) as a grant to assist MCP with meeting HHIP metrics and/or performance goals. If this Program Agreement between MCP and HHIP Grantee is terminated for any reason, HHIP Grantee understands and agrees that it will repay all unspent grant funds pursuant to Section 4 (Term and Termination) of the Agreement

1. Grantee Information:

Grantee Name: SF Department of Homelessness and Supportive Housing (“HSH”)	Primary Contact for Grant: Name: Jessica Shimmin, PhD Email: jessica.shimmin@sfgov.org Phone: 917-543-4501
Grantee Address: 440 Turk Street San Francisco, CA 94102	County Served: San Francisco

2. Description of Grant/Investment: Improvements to Permanent Supportive Housing (PSH) properties to ensure accessibility for residents with disabilities or functional impairments, including modifications to entry ways, ramps, common areas and bathrooms.

3. HHIP Measures to be Impacted: The following HHIP measures are intended to be successfully impacted/achieved by the grant. The HHIP Grantee has reviewed and understands the definitions and expectations of the intended impacted DHCS HHIP metrics below:

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
<input type="checkbox"/> 1.1 Engagement with the Continuum of Care (CoC)	<input type="checkbox"/> 2.1 Connection with street medicine team (<i>DHCS Priority Measure</i>)	<input type="checkbox"/> 3.3 MCP members experiencing homelessness who were successfully engaged in ECM
<input type="checkbox"/> 1.2 Connection and Integration with the local Homeless Coordinated Entry System (<i>DHCS Priority Measure</i>)	<input type="checkbox"/> 2.2 MCP Connection with the local Homeless Management Information System (HMIS) (<i>DHCS Priority Measure</i>)	<input checked="" type="checkbox"/> 3.4 MCP members experiencing homelessness receiving at least one housing related Community Supports (<i>DHCS Priority Measure</i>)
<input checked="" type="checkbox"/> 1.3 Identifying and addressing barriers to providing medically appropriate and cost-effective housing-related Community Supports		<input checked="" type="checkbox"/> 3.5 MCP members who were successfully housed (<i>DHCS Priority Measure</i>)
<input type="checkbox"/> 1.4 Partnerships with counties, CoC, and/or organizations that deliver housing services with whom the MCP has a data sharing agreement that allows for timely information exchange and member matching (<i>DHCS Priority Measure</i>)		<input checked="" type="checkbox"/> 3.6 MCP members who remained successfully housed (<i>DHCS Priority Measure</i>)

<input type="checkbox"/> 1.6 Partnerships and strategies the MCP will develop to address disparities and equity in service delivery, housing placements, and housing retention (aligns with HHAP-3)		
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4. HHIP Grantee Deliverables/Reporting:

- a. Document expenditures of HHIP funds in the City's fiscal and accounting system, and collect documentation from PSH operators on the status and costs of renovations funded by this Grant.
- b. By December 31, 2025, report on total number of units made more accessible by grant-funded improvements.
- c. Track and provide de-identified and aggregated reports concerning MCP members from housing prioritization wait list who are successfully transferred to/within the permanent supportive housing system and the number of MCP members who remain stably housed in their unit due to building accessibility improvements.
- d. Identify MCP as a funder of these activities in public messaging or reporting of the project

5. Health Plan Responsibilities:

- a. Identify a point of contact to serve as a liaison for HHIP grant.
- b. Participate as necessary in any planning activities, system/program design, or any other necessary meetings to implement activities being funded by the HHIP grant.
- c. Work with HHIP Grantee on determining how HHIP investments are sustained through other CalAIM mechanisms.
- d. Distribute funds to HHIP Grantee based on Disbursement Intervals below.
- e. Periodically meet with HHIP Grantee to monitor progress on achieving anticipated HHIP metrics. Engage with HHIP Grantee on strategies to improve/address challenges to meeting HHIP metrics.

6. Total Grant Amount: Five hundred twenty-eight thousand dollars and zero cents (\$528,000.00)

7. Effective Date: 7/1/2023-12/31/2025

8. Disbursement Intervals: Full Total Grant Amount as described in Section 6 above to be paid upon execution of this Agreement.

(Remainder of this page is intentionally left blank.)

EXHIBIT C

HHIP is for Medi-Cal only. Unless otherwise defined in this Agreement, all defined terms shall have the meanings set forth in the DHCS HHIP All Plan Letter 22-007.

Under the Program, Medi-Cal Managed Care Plan (“MCP”) will advance funds (See Total Grant Amount) as a grant to assist MCP with meeting HHIP metrics and/or performance goals. If this Program Agreement between MCP and HHIP Grantee is terminated for any reason, HHIP Grantee understands and agrees that it will repay all unspent grant funds pursuant to Section 4 (Term and Termination) of the Agreement.

1. Grantee Information:

Grantee Name: SF Department of Homelessness and Supportive Housing (“HSH”)	Primary Contact for Grant: Name: Jessica Shimmin, PhD Email: jessica.shimmin@sfgov.org Phone: 917-543-4501
Grantee Address: 440 Turk Street San Francisco, CA 94102	County Served: San Francisco

Description of Grant/Investment:

2. HHIP Grantee will contract for a consultant/researcher with experience developing and deploying Coordinated Entry assessment tools using predictive risk modeling. The consultant will support HHIP Grantee’s efforts to redesign and improve the current interview-based Coordinated Entry assessment. The consultant will analyze administrative data to develop a range of risk assessment models for San Francisco, validate the risk assessment to ensure reliability and equitability, and provide a pathway to operationalize the model at Coordinated Entry and prioritization.
- 3.
4. **HHIP Measures to be Impacted:** The following HHIP measures are intended to be successfully impacted/achieved by the grant. The HHIP Grantee has reviewed and understands the definitions and expectations of the intended impacted DHCS HHIP metrics below:

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
<input checked="" type="checkbox"/> 1.1 Engagement with the Continuum of Care (CoC)	<input type="checkbox"/> 2.1 Connection with street medicine team (<i>DHCS Priority Measure</i>)	<input checked="" type="checkbox"/> 3.3 MCP members experiencing homelessness who were successfully engaged in ECM
<input checked="" type="checkbox"/> 1.2 Connection and Integration with the local Homeless Coordinated Entry System (<i>DHCS Priority Measure</i>)	<input checked="" type="checkbox"/> 2.2 MCP Connection with the local Homeless Management Information System (HMIS) (<i>DHCS Priority Measure</i>)	<input type="checkbox"/> 3.4 MCP members experiencing homelessness receiving at least one housing related Community Supports (<i>DHCS Priority Measure</i>)
<input type="checkbox"/> 1.3 Identifying and addressing barriers to providing medically appropriate and cost-effective housing-related Community Supports		<input type="checkbox"/> 3.5 MCP members who were successfully housed (<i>DHCS Priority Measure</i>)

<input type="checkbox"/> 1.4 Partnerships with counties, CoC, and/or organizations that deliver housing services with whom the MCP has a data sharing agreement that allows for timely information exchange and member matching (<i>DHCS Priority Measure</i>)		<input type="checkbox"/> 3.6 MCP members who remained successfully housed (<i>DHCS Priority Measure</i>)
<input checked="" type="checkbox"/> 1.6 Partnerships and strategies the MCP will develop to address disparities and equity in service delivery, housing placements, and housing retention (aligns with HHAP-3)		

5. HHIP Grantee Deliverables/Reporting:

- a. Identify data and system improvement opportunities to match people experiencing homelessness accurately and equitably with the appropriate resource to meet their needs.
- b. Submit a report, and present to HSH Leadership and the CE Redesign Implementation Committee, the findings and a pathway to operationalize the findings for CE and housing prioritization.
- c. By December 15, 2023, report to MCP on the number of MCP members successfully housed from January 1, 2023 to October 31, 2023.
- d. By December 15, 2023, report to MCP on the number of MCP members successfully housed from May 1, 2022 to December 31, 2022 who remained housed as of October 31, 2023.

6. Health Plan Responsibilities:

- a. Identify a point of contact to serve as a liaison for HHIP grant.
- b. Participate as necessary in any planning activities, system/program design, or any other necessary meetings to implement activities being funded by the HHIP grant.
- c. Work with HHIP Grantee on determining how HHIP investments are sustained through other CalAIM mechanisms.
- d. Distribute funds to HHIP Grantee based on Disbursement Intervals below.
- e. Periodically meet with HHIP Grantee to monitor progress on achieving anticipated HHIP metrics. Engage with HHIP Grantee on strategies to improve/address challenges to meeting HHIP metrics.

7. Total Grant Amount: One hundred thirty thousand two hundred eighty-four dollars and zero cents (\$130,284.00)

8. Effective Date: 7/1/2023-12/31/2025

9. Disbursement Intervals: Full Total Grant Amount as described in Section 6 above to be paid upon execution of this Agreement.

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EXHIBIT D

California Health and Human Services Agency
Department of Health Care Services All Plan Letter 22-007



MICHELLE BAASS
DIRECTOR

State of California—Health and Human Services Agency
Department of Health Care Services



GAVIN NEWSOM
GOVERNOR

DATE: September 19, 2022

ALL PLAN LETTER 22-007 (REVISED)

TO: ALL MEDI-CAL MANAGED CARE HEALTH PLANS¹

SUBJECT: CALIFORNIA HOUSING AND HOMELESSNESS INCENTIVE PROGRAM

PURPOSE:

The purpose of this All Plan Letter (APL) is to provide Medi-Cal managed care health plans (MCP) with guidance on the incentive payments linked to the Housing and Homelessness Incentive Program (HHIP) implemented by the California Department of Health Care Services (DHCS) in accordance with the Medi-Cal Home and Community-Based Services (HCBS) Spending Plan. Revised text is found in *italics*.

BACKGROUND:

In accordance with section 9817 of the American Rescue Plan Act of 2021, DHCS developed an HCBS Spending Plan detailing a series of initiatives that will enhance, expand, and strengthen HCBS in California. HHIP is one of the HCBS *Transition* initiatives, which aim to expand and enhance programs that facilitate individuals transitioning to community-based independent living arrangements. HHIP is a voluntary incentive program that *enables* MCPs to 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.

Effective January 1, 2022, DHCS *implemented* HHIP. As designed, the incentive program is intended to support delivery and coordination of health and housing services for *Members* by:

- Rewarding MCPs for developing the necessary capacity and partnerships to connect their *Members* to needed housing services; and
- Incentivizing MCPs to take an active role in reducing and preventing homelessness.

¹ This APL does not apply to Prepaid Ambulatory Health Plans or any MCP *that* will not be in operation in CY 2023, which includes, but is not limited to, Cal Medi-Connect Plans.

Managed Care Quality and Monitoring Division
1501 Capitol Avenue, P.O. Box 997413, MS 4410
Sacramento, CA 95899-7413
Phone (916) 449-5000 Fax (916) 449-5005
www.dhcs.ca.gov

The incentive program period is expected to be effective from January 1, 2022 to December 31, 2023. The program period *is* split between two distinct Program Years (PY) with three distinct measurement periods:

- PY 1 (January 1, 2022 to December 31, 2022), and:
- PY 2 (January 1, 2023 to December 31, 2023)

MCP Submission	Measurement Period	MCP Submission Date	Program Year
MCP Local Homelessness Plan (LHP) Submission	January 1, 2022 to April 30, 2022	June 30, 2022	1
MCP LHP Submission Revisions	January 1, 2022 to April 30, 2022	August 12, 2022	1
MCP Investment Plan (IP) Submission	N/A	September 30, 2022	1
MCP Submission 1	May 1, 2022 to December 31, 2022	March 10, 2023	1
MCP Submission 2	January 1, 2023 to October 31, 2023	December 29, 2023	2

POLICY:

Participating MCPs must comply with the policy requirements outlined throughout this APL to earn incentive payments. The incentive payments will be in addition to the MCPs' actuarially sound capitation rates. *Program Resources and Submission Materials* can be found on the DHCS website.²

MCP Eligibility and Participation

MCP participation in this incentive program is voluntary, but strongly encouraged. MCPs that elect to participate must adhere to program and applicable federal and state requirements to earn incentive payments.

Definition of Individuals Experiencing Homelessness

The HHIP includes all *Members* who are at risk of, have recently been, or are currently experiencing homelessness. In order to assist MCPs with identification of these *Members*, DHCS has provided a definition for individuals *or families* who are experiencing *or have recently experienced* homelessness *or* are at risk of homelessness that aligns with the Community Supports Policy Guide and the Housing

² These documents can be found on the HHIP website. The HHIP website can be found at: <https://www.dhcs.ca.gov/services/Pages/Housing-and-Homelessness-Incentive-Program.aspx>.

and Urban Development definition as provided in Section 91.5 of Title 24 of the Code of Federal Regulations (CFR).^{3,4} These include:

- An individual or *families* who lacks adequate nighttime residence.
- An individual or *families* with a primary residence that is a public or private place not designed or ordinarily used for habitation.
- An individual or *families* living in a shelter.
- An individual or *families* exiting an institution into homelessness.
- An individual or *families* who will imminently lose housing in next 30 days.
- Unaccompanied youth *under 25 years of age*, or families with children and youth, defined as homeless under other federal statutes.
- Individuals or *families* fleeing domestic violence.

MCP Incentive Payments

DHCS will make available up to the total funding of \$1.288 billion across eligible MCPs in *four* payments. DHCS determined and shared the maximum amount of incentive payments that each MCP is eligible to earn for each measurement period based on a range of factors, including *Member* enrollment, revenue, and county point-in-time (PIT) counts of homelessness,⁵ subject to the requirement of 42 *CFR* section 438.6(b)(2) that incentive payments not exceed five percent of the value of capitation payments attributable to the enrollees or services covered by the incentive arrangement.⁶ Each MCP may earn up to its allocated amount based on the successful completion of the requirements for the *four* payments as outlined below.

Each MCP payment will be based on the successful completion and achievement of program measures, LHP components, and the IP.

DHCS will evaluate each MCP's submissions and performance and make incentive payments that are proportional to the number of points earned. DHCS will monitor the timeliness and content of MCP submissions and may request *information* for incomplete submissions as needed during the review timeframe.

DHCS expects participating MCPs to work closely with all applicable local partners including, but not limited to: local Continuums of Care (CoCs), counties, public health agencies, organizations that deliver housing services (i.e., interim housing, rental

³ Definition aligns with the Community Supports Policy Guide and 24 CFR section 91.5. The Community Supports Policy Guide is available at <https://www.dhcs.ca.gov/Documents/MCQMD/DHCS-Community-Supports-Policy-Guide.pdf>.

⁴ The CFR is searchable at <https://www.ecfr.gov/>.

⁵ PIT estimates as of 2019. DHCS may, at its discretion, use an updated PIT count as appropriate to redetermine these amounts for PY 2.

⁶ See 42 CFR Section 438.6(b)(2).

assistance, supportive housing, outreach, and prevention/diversion), *Providers*, county mental health plans, and Drug Medi-Cal and Drug Medi-Cal Organized Delivery Systems in their efforts to meet the program's goals and to report on measures. DHCS does not direct or restrict the MCP's use of incentive funds they have earned. However, DHCS intends for the HHIP to bolster housing and homelessness-focused efforts and investments at the local level, with the aim of building or expanding capacity and partnerships to connect *Members* to needed housing services and achieving measurable progress in reducing and preventing homelessness. Therefore, DHCS anticipates participating MCPs will maximize investment with local partners who are leading housing and homelessness-related efforts on the ground and most directly supporting and assisting this vulnerable population.

Requirements for Payment 1 (measurement period January 1, 2022 to April 30, 2022)
Participating MCPs operating in the same county must collaborate *with the local CoCs* to submit a single LHP by **June 30, 2022**, and MCPs must submit revised LHP measures to DHCS by **August 12, 2022**. DHCS will issue Payment 1 to MCPs in *October of 2022*, subject to DHCS' acceptance of the LHP submissions and the MCP's performance on applicable measures. The MCP is required to complete the LHP in full, as outlined in the *MCP LHP Template*, including the following sections:

- 1. Measurement Areas:** MCPs must complete required quantitative and narrative responses, outlined in the *MCP LHP Template*, providing information on current regional progress and goals toward the three priority areas of HHIP (*Partnerships and capacity to support referrals for services, Infrastructure to coordinate and meet Member housing needs, Delivery of services and Member engagement*) described in this APL.
- 2. MCP Strategies:** MCPs must provide a county-wide aggregate and unique MCP narrative submission identifying housing and service gaps in alignment with the Homeless Housing, Assistance and Prevention Program (HHAP) strategies to meet HHAP Outcome Goals and address the overall approach for the county as well as specific strategies for each MCP and how they align with the county approach.
- 3. Landscape Analysis:** MCPs must provide an aggregate and unique landscape analysis in alignment with the HHAP Round 3 (HHAP-3)⁷ application landscape analysis utilizing relevant data from the Homeless Management Information System (HMIS), PIT counts, and other local needs assessments.⁸

⁷ MCPs may also reference HHAP Round 2 (HHAP-2) applications if additional context is helpful for them, or if Round 3 are not yet available. https://bcsh.ca.gov/calich/hhap_program.html

⁸ If the MCP does not have the current data capabilities, they *must* provide an estimate based on PIT counts and describe what they need to achieve the connectivity to HMIS or other local data sources to report this information in the future.

- 4. Funding Availability:** MCPs must submit as an appendix their local HHAP funding availability assessment identifying state, federal, and local funds currently being used, and available to be used, to provide housing and homelessness-related services in alignment with the HHAP-3 assessment (or Round 2, if Round 3 is unavailable).

Effective July 19, 2022, participating MCPs must complete revised measures 1.1, 3.3, 3.4 and 3.5 and resubmission of Measure 2.1 is optional and may be submitted at the MCP's discretion. MCPs are encouraged to reference the LHP Revised Measures Template for further details.

MCPs will be evaluated based on the quality of the LHP components they submit, including the Landscape Analysis, Funding Availability assessment, and MCP Strategies, as well as on the program measures. Each program measure will either be earned in full, or not earned.

The *MCP LHP Template* specifies the requirements for MCP reporting. The data sources specified in the *MCP LHP Template* and *LHP Revised Measures Template* must be used for collecting and reporting data. The *MCP LHP Template* and the *LHP Revised Measures Template* must be submitted electronically to DHCSHHIP@dhcs.ca.gov.

Requirements for Payment 2 (based on the MCP IP 2022)

*Each MCP(s) must collaborate with the local CoCs and participating MCPs to complete one IP per county in which they are participating in HHIP. MCPs must submit completed IPs to DHCS by **September 30, 2022**. The IP must be submitted electronically to DHCSHHIP@dhcs.ca.gov. DHCS will issue Payment 2 to MCPs in December of 2022, subject to DHCS' acceptance of the IP submissions and the MCP's performance on applicable components of the IP.*

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 must 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, was given an opportunity to review the MCP's IP, and supported the MCP's IP. The letter of support must be included with the 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 investments and their 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.

MCPs will be evaluated based on the quality of the IP components they submit, including the Investments, Risk Analysis, CoC Letter of Support, and Attestation.

Requirements for Payment 3 (measurement period May 1, 2022 to December 31, 2022)

MCPs must report a set of quantitative and narrative measures, as outlined in the *HHIP Measure Set Updated for MCP Submission 1*, describing their performance during the period from May 1, 2022 to December 31, 2022. MCPs must submit completed Submissions to DHCS by **March 10, 2023**. For MCPs operating in more than one county, the MCP must complete a Submission 1 *template* for each county in which it operates and elects to participate in the incentive program. *Submission 1 Templates will be distributed to the MCPs via the DHCS HHIP inbox*. DHCS will issue Payment 3 to MCPs in May 2023, subject to DHCS' acceptance of the MCP Submission 1 and the MCP's performance on applicable measures.

Requirements for Payment 4 (measurement period January 1, 2023 to October 31, 2023)

MCPs must report a set of quantitative and narrative measures, as outlined in the *HHIP Measure Set Updated for MCP Submission 2 template*, describing their performance in Program Year 2 by **December 29, 2023**. For MCPs operating in more than one county, the MCP must complete a Submission 2 *template* for each county in which it operates and elects to participate in the incentive program. *Submission 2 Templates will be distributed to the MCPs via the DHCS HHIP inbox*. DHCS will issue Payment 4 to MCPs in March 2024, subject to DHCS' acceptance of the MCP Submission 2 and the MCP's performance on applicable measures.

Program Priority Areas and Measurement Areas

HHIP will prioritize MCP investment in and achievement of partnerships, capacity-building, infrastructure, delivery of services, and *Member* engagement.

Program Resources and Submission Materials are available on the HHIP website.

High Performance Option

The program allows MCPs that fail to achieve points on select measures in Submissions 1 and 2 to earn back some or all of those points by performing over and above thresholds on select Priority Measures in the same reporting period. This option is only applicable to points not earned on pay-for-performance measures that are not noted in the HHIP measure set as a priority measure. Points that are not earned on a priority measure may not be re-earned by the MCP.

DHCS Oversight

DHCS will monitor the timeliness of MCP submissions, as well as the content of the reports, and *may request further information if submissions are incomplete*. DHCS will send confirmation of approved submissions, as well as revision requests for incomplete submissions, to MCPs electronically.

If the requirements contained in this APL, including any updates or revisions to this APL, necessitate a change in an MCP's *contractually required* policies and procedures (P&Ps), the MCP must submit its updated P&Ps to its Managed Care Operations Division (MCO) contract manager within 90 days of the release of this APL. If an MCP determines that no changes to its P&Ps are necessary, the MCP must submit an email confirmation to its MCO contract manager within 90 days of the release of this APL, stating that the MCP's P&Ps have been reviewed and no changes are necessary. The email confirmation must include the title of this APL as well as the applicable APL release date in the subject line.

MCPs are responsible for ensuring that their Subcontractors and Network Providers comply with all applicable state and federal laws and regulations, contract requirements, and other DHCS guidance, including APLs and Policy Letters.⁹ These requirements must be communicated by each MCP to all Subcontractors and Network Providers.

If you have any questions regarding this APL, please email DHCSHHIP@dhcs.ca.gov and CC your MCO Contract Manager and/or your Capitated Rates Development Division Rate Liaison.

Sincerely,

Dana Durham, Chief

⁹ For more information on Subcontractors and Network Providers, including the definition and applicable requirements, see APL 19-001, and any subsequent APLs on this topic.

ALL PLAN LETTER 22-007 (REVISED)

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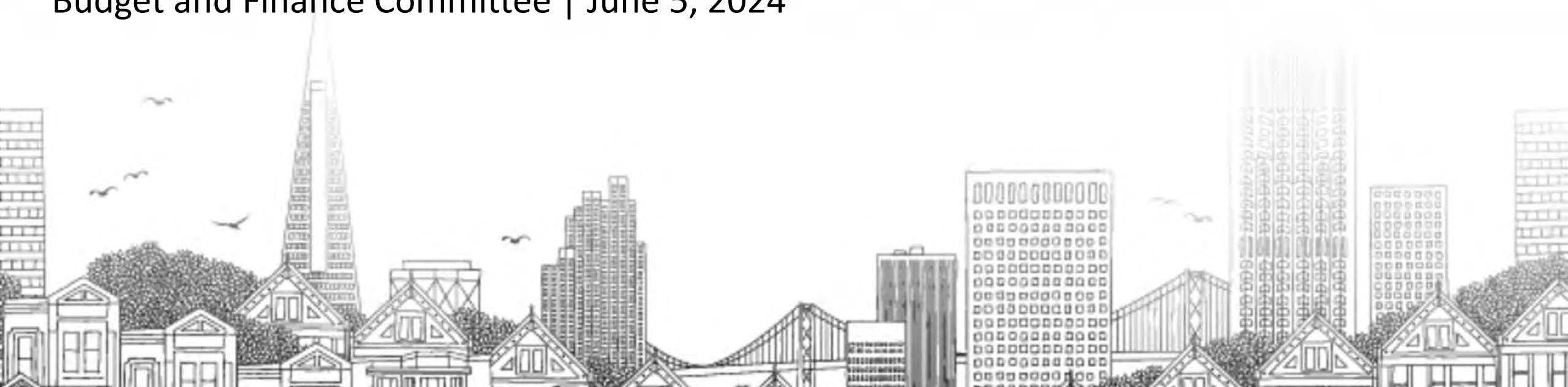
Managed Care Quality and Monitoring Division



DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Housing and Homelessness Incentive Program (HHIP) Grant Agreement San Francisco Health Plan

Budget and Finance Committee | June 5, 2024



Resolution Details

- **Resolution:** Authorize HSH to enter into a grant agreement with the **San Francisco Health Plan for Housing and Homelessness Incentive Program (HHIP)** grant funds.
- **Grant Term:** **July 1, 2023 – December 31, 2025**
- **Amount Not to Exceed:** **\$3,227,884**
- **Retroactivity Statement:** HSH received tentative notification of HHIP grant funds in March 2023, and appropriated funds in the FY2023-24 budget. HSH received a draft grant agreement in December 2023, and has been working closely with the San Francisco Health Plan to finalize.

Grant Agreement Overview

- **HHIP state grant funding** is available to improve health outcomes and access to whole person care services by **addressing housing insecurity and instability** as a social determinant of health for the Medi-Cal population.
- HSH will use HHIP grant funds for **enhancements in permanent supportive housing (PSH)** as identified in the San Francisco Investment Plan that the San Francisco Health Plan submitted to the California Department of Health Care Services.

Project Name	Project Description	Proposed Amount
Enhanced PSH Services	Provide enhanced onsite services in PSH by providing adaptive clinical nursing and behavioral health services.	\$2,569,600
Improvements to PSH	Improvements to PSH sites to ensure accessibility, including modifications to entry ways, ramps, common areas and bathrooms.	\$528,000
Data Integration for PSH	Identify data and system improvement opportunities to match people experiencing homelessness with appropriate resources.	\$130,284



DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Questions?

Thank you!

Proposed Budget - SFHP HHIP Grant Funds



DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Project Name	Project Description	Proposed Amount
Enhanced PSH Services	Provide enhanced PSH onsite services by providing adaptive clinical nursing support and behavioral health services tailored to meet tenants needs.	\$2,569,600
Improvements to PSH	Improvements to PSH properties to ensure accessibility for residents with disabilities or functional impairments, including modifications to entry ways, ramps, common areas and bathrooms.	\$528,000
Data Integration for PSH	Identify data and system improvement opportunities to match people experiencing homelessness accurately and equitably with the appropriate resource to meet their needs.	\$130,284
		\$3,227,884



**San Francisco Health Plan
HHIP INVESTMENT PLAN**

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	San Francisco Health Plan
Lead Contact Person Name and Title	Skip Bishop, Chief Financial Officer
Contact Email Address	sbishop@sfhp.org
Contact Phone	415-615-4230

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	Requestor Entity
1. MCP Engagement with the CoC	Develop MCP subject matter expertise to lead housing and homelessness strategy and initiatives	Engage consulting support for HHIP activities to continue efforts with CoC. Hire senior management SFHP staff to create in-house housing focus. The new position will lead a new department responsible for MCP's housing strategy and manage external stakeholders	\$ 750,000	SFHP	10/2022 – 10/2023	1.1	MCP Infrastructure	SFHP internal assessment
2. CoC Infrastructure	Provide CoC support to assist with strategic planning and coordination of housing and health integration activities.	Provide funding to DPH/HSH for consulting support on strategic planning and coordination of housing and health integration. This was recommended by HSH on 8/26.	\$250,000	HSH	10/2022 – 10/2023	1.1	Provider/ Partner Infrastructure	Discussions with the Homelessness and supportive housing (HSH)
3. Street Medicine	Increase MCP engagement with street medicine teams	Provide funding support for street medicine team(s). Support may include building infrastructure, systems, support to enable data exchanges in a	\$1M - \$2.5M	Service Provider	10/2022 – 10/2023	2.1	Provider/ Partner Infrastructure	SFDPH provided technical guidance on this request and SFHP identified an opportunity to create

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	Requestor Entity
	in SF	HIPAA-compliant manner, etc. Funding may also be used to support direct services provided by street medicine providers that may not qualify under the DHCS Street Medicine APL that has been released in draft.						more coherency for street medicine programs across the city.
4. Health disparities and outreach	Members disproportionately impacted by homelessness may lose Medi-Cal.	Provide funding to support activities to address health disparities among the homeless, provide funding to conduct outreach to homeless members to help them retain and/or renew their Medi-Cal enrollment. Fund an organization positioned to provide these services.	\$1,000,000	SFHP	10/2022 – 10/2023	1.6, 3.3	Direct Member Interventions	Discussions with SFDPH

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	Requestor Entity
5. Home based care	Ensure high-needs members in permanent housing retain their housing.	Provide funding to expand and/or build capacity for home-based care and clinical service in supportive housing. Explore possibility to have Cardea Health/Oak Days model expand to San Francisco or assist an existing San Francisco organization build capacity to create a similar model. This was recommended by HSH on 8/26	\$5M - \$9M	Service providers	10/2022 – 10/2023	2.3, 3.6	Direct Member Interventions	Discussions with CoC / HSH and DPH
6. Housing community supports capacity	Increase access to housing-related community supports for members at-risk or experiencing homelessness.	Expand and build capacity among providers to deliver housing-related Community Supports such as home modifications, personal caretaker services, transitional care coordination, short term post hospitalization housing, medical respite. This effort	\$5M - \$7M	Service providers	10/2022 – 10/2023	2.3, 3.5, 3.6	Provider/ Partner Infrastructure	Discussions with HSA, DPH, Housing providers, and SF Housing Workgroup

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	Requestor Entity
		would target members at risk for or experiencing homelessness. HSH recommended this investment activity.						
7. Data sharing and exchange	Strengthen HSH/HMIS data infrastructure to share housing and homelessness data with SFHP.	Provide funding for consulting and staffing for HSH/HMIS to support the data infrastructure needed for: - improved bidirectional data exchange between SFHP and HSH/HMIS. - implementation of the use of administrative/health care data into Coordinated Entry	\$1M - \$2.5M	SFHP, DPH, HSH, HSA	10/2022 – 10/2023	1.2, 1.4, 1.5, 2.2, 3.1, 3.2, 3.5, 3.6	Provider/ Partner Infrastructure	Discussions with DPH, HSH, SFHP

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	Requestor Entity
		<p>prioritization.</p> <p>- improved data sharing with HSA to improve predictive analytics on members experiencing homelessness (e.g., use APS involvement, hoarding, IHSS data as predictors of at-risk for homelessness).</p> <p>This was recommended by HSH on 8/26.</p>						
8. Coordination and referrals	Lack of housing navigation services in health care settings.	<p>Provide funding to expand housing navigation services and staff for existing teams (e.g., BHS Access teams, street outreach teams). Recommend</p>	\$2,000,000	HSH	10/2022 – 10/2023	2.3, 3.5	Provider/ Partner Infrastructure	Discussions with HSH and SFHP providers (ECM)

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	Requestor Entity
		ed by HSH on 8/26						

As we developed the Investment Plan, we had discussions with the following entities to identify needs and collect investment ideas.

- *Human Services Agency (HSA)*
- *San Francisco Department of Public Health (SFDPH)*
- *Homelessness and Supportive Housing (HSH) aka the local CoC - The CoC Board also signed a letter of support to indicate alignment with the plan.*
- *Community housing providers (5 housing providers and local leadership from SF housing provider collaborative)*
- *Community housing workgroup which included (DPH, HSH, HSA, On Lok, Institute on Aging, Mercy Housing, and SFHP)*

After submission of the investment plan on 9/30, SFHP continues to have a series of follow-up discussions to confirm investment ideas, gain greater scope clarity, and determine priorities by agency.

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)

Although SFHP has been engaging frequently with county and community partners to identify and prioritize HHIP investments, additional operational planning is needed to determine achievability of HHIP outcomes by October 2023. One of the most significant challenges we anticipate is having sufficient time for planning and implementation, to achieve measure targets in 13 months.

Some of the key challenges include:

- **Onboarding staff** – Hiring and recruiting staff and consultants, especially by our county partners, can take many months. Workforce shortages, County/civil service hiring processes, affordability of consultants and competitive bidding requirements will be challenges to getting needed resources. Investments 1, 2, 7 and 8 reflect investments that require staffing and/or consulting needs for SFHP, County partners and service providers (subcontractors of HSH).
- **Identifying and selecting the right opportunities for investments** – Although we have identified priorities for investments, SFHP will need to continue engagement with the community to identify the specific projects for investments. Investments 4 and 5 include discovery and exploration of projects and/or organizations for funding. . For example, SFHP will need to identify organizations appropriate for investment that will provide outreach to SFHP members that will impact HHIP measures (e.g., measure 2.3 and 3.6). In discussions with HSH, SFHP has learned about the Cardea and Oak Days models, but they are organizations in Alameda County that do not have a presence in San Francisco. To identify where best to support, participate and invest in this project, we need to let the community engagement phase of the project determine the need and identify the scope of work and potential organizations.
- **Contracting** – SFHP will need to identify and select service providers for investments 3, 5 and 6. The selection process can take time and be extensive to ensure readiness and due diligence by the health plan, and may also be hindered by contracting processes, which often require legal reviews and engagement with multiple parties at each organization.
- **Data and operational challenges** – SFHP anticipate challenges in executing data sharing agreements as well as building the data exchange infrastructure to match health plan member data to HMIS data. Determining the right model and process, as well building the technological infrastructure in less than 13 months will be challenging, especially for housing and homelessness data that is not in standardized health care formats.
- **Medi-Cal disenrollments resulting from the end of the Public Health Emergency (PHE)** – SFHP anticipates the PHE to end during the HHIP program (before October 2023), which will potentially result in a significant number of member disenrollments. These disenrollments may be particularly impactful for our members experiencing homelessness and may impact our ability to (a) confirm outcomes for populations that were but are no longer our members; and (b) effectively intervene to provide access to services and housing placements if members are disenrolled and/or have lapses in their Medi-Cal eligibility and enrollment due to the PHE.

To help mitigate some of these identified risks and concerns, SFHP plans to:

- **Leverage existing processes to identify interested and engaged providers** – This summer SFHP conducted an RFI to gather input from interested potential CS providers on their readiness and ability to deliver housing-related Community Supports. We plan to utilize information already collected to identify the best positioned providers and most viable options for growing housing Community Supports capacity.
- **Extend consultant support and expertise** – SFHP has engaged experienced consultants to help support HHIP and housing initiatives and anticipates this engagement may be needed as a stopgap until in-house MCP staff can be hired and onboarded.
- **Streamline activities to maximize efficiencies** – Starting in October 2022, SFHP will implement a reorganized operational structure for CalAIM and HHIP to bring implementation activities under one housing and homelessness unit. We hope this will allow SFHP to focus on a strategy to achieve the HHIP goals and outcomes.

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 FRANCISCO
LOCAL HOMELESSNESS COORDINATING BOARD**



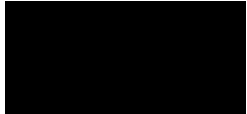
Monday September 12, 2022

To: California Department of Health Care Services
Re: Housing and Homelessness Incentive Program (HHIP) Investment Plan Letter of Support

San Francisco's Local Homeless Coordinating Board (LHCB) is a nine-member advisory body that is appointed by the Board of Supervisors, Mayor, and the Controller. The LHCB is the governing body for the San Francisco Continuum of Care (CoC CA-501). The LHCB serves as the lead independent body for coordinating homeless policy, McKinney funding, and San Francisco's Continuum of Care implementation. Our Board includes representation from a range of homelessness system stakeholders.

The LHCB is supportive of the California Department of Health Care Services (DHCS) Housing and Homeless Incentive Program Investment Plan(s) (IP) being submitted by the San Francisco Health Plan (SFHP) and Anthem Blue Cross, San Francisco's two Medi-Cal Managed Care Plans (MCPs). San Francisco's Department of Homelessness and Supportive Housing (HSH), as well as other departments and homelessness stakeholders, engaged and collaborate with SFHP and Anthem, provided input on the IP, and will review the IP prior to submission. The LHCB 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 LHCB 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 LHCB 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,



Mary Kate Bacalao and Del Seymour

Co-Chairs San Francisco Local Homelessness Coordinating Board

Del Seymour
Co-Chair

Mary Kate
Bacalao -
Co-Chair

Kelley Cutler

James Loyce

Brenda Jewett

Andrea Evans

Rev. Megan-

Rohrer

Charles Minor, Staff

**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: San Francisco Health Plan

County: San Francisco

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: Ernest C. Bishop III
Print name

September 30, 2022
Date


Signature

CFO
Title

CITY AND COUNTY OF SAN FRANCISCO

**BUDGET AND APPROPRIATIONS COMMITTEE
BUDGET AND APPROPRIATION ORDINANCE**

AS OF JULY 18, 2023



File No. 230644

Ordinance No. 144-23

**FISCAL YEAR ENDING JUNE 30, 2024 and
FISCAL YEAR ENDING JUNE 30, 2025**

Department: HOM Homelessness And Supportive Housing

Fund Code	Fund Title	Code	Title	2022-23 Original Budget	2023-24 Recommended Budget	2023-24 Change From 2022-23	2024-25 Recommended Budget	2024-25 Change From 2023-24
Grants Projects								
		10040222	HOM VETERAN AFFAIRS ONE SYSTEM		20,000	20,000	20,000	
12960 Total				65,850,932	62,167,702	(3,683,230)	62,167,702	0
Grants Projects Total				66,460,426	62,799,252	(3,661,174)	62,799,252	0
Work Orders/Overhead								
10060	GF Work Order	203646	HOM PROGRAMS	5,555,473	4,756,859	(798,614)	6,256,859	1,500,000
10060 Total				5,555,473	4,756,859	(798,614)	6,256,859	1,500,000
Work Orders/Overhead Total				5,555,473	4,756,859	(798,614)	6,256,859	1,500,000
Continuing Projects - Project Control								
12920	SR Human Welfare-Grants Sta	10038927	HHAP 3	47,355,929		(47,355,929)		
		10039905	HHAP 4		40,696,894	40,696,894		(40,696,894)
		10040254	HHIP		3,668,050	3,668,050		(3,668,050)
		10040256	PATH CITED		1,945,706	1,945,706		(1,945,706)
		10040393	ERF-2-L (Mission Cabins)		6,460,884	6,460,884		(6,460,884)
12920 Total				47,355,929	52,771,534	5,415,605	0	(52,771,534)
Continuing Projects - Project Control Total				47,355,929	52,771,534	5,415,605	0	(52,771,534)
Total Uses of Funds				672,019,804	712,707,581	40,687,777	645,900,166	(66,807,415)



City and County of San Francisco
Tails
Ordinance

City Hall
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

File Number: 230644

Date Passed: July 25, 2023

Budget and Appropriation Ordinance appropriating all estimated receipts and all estimated expenditures for Departments of the City and County of San Francisco as of June 1, 2023, for the Fiscal Years (FYs) ending June 30, 2024, and June 30, 2025.

June 16, 2023 Budget and Appropriations Committee - CONTINUED

June 15, 2023 Budget and Appropriations Committee - CONTINUED

June 14, 2023 Budget and Appropriations Committee - CONTINUED

June 28, 2023 Budget and Appropriations Committee - AMENDED, AN AMENDMENT OF THE WHOLE BEARING SAME TITLE

June 28, 2023 Budget and Appropriations Committee - RECOMMENDED AS AMENDED

July 11, 2023 Board of Supervisors - CONTINUED ON FIRST READING

Ayes: 10 - Chan, Dorsey, Engardio, Mandelman, Melgar, Peskin, Preston, Safai, Stefani and Walton
Excused: 1 - Ronen

July 18, 2023 Board of Supervisors - AMENDED, AN AMENDMENT OF THE WHOLE BEARING SAME TITLE

Ayes: 11 - Chan, Dorsey, Engardio, Mandelman, Melgar, Peskin, Preston, Ronen, Safai, Stefani and Walton

July 18, 2023 Board of Supervisors - PASSED ON FIRST READING AS AMENDED

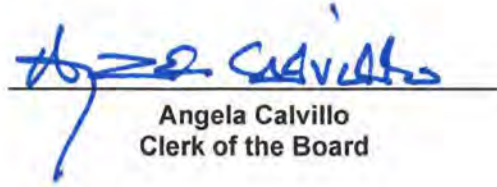
Ayes: 10 - Chan, Dorsey, Engardio, Mandelman, Melgar, Peskin, Ronen, Safai, Stefani and Walton
Noes: 1 - Preston

July 25, 2023 Board of Supervisors - FINALLY PASSED

Ayes: 10 - Chan, Dorsey, Engardio, Mandelman, Melgar, Peskin, Ronen, Safai, Stefani and Walton
Noes: 1 - Preston

File No. 230644

I hereby certify that the foregoing Ordinance was FINALLY PASSED on 7/25/2023 by the Board of Supervisors of the City and County of San Francisco.


Angela Calvillo
Clerk of the Board


London N. Breed
Mayor

7/27/23
Date Approved



To: Honorable Members of the San Francisco Board of Supervisors

From: San Francisco Department of Homelessness and Supportive Housing

Date: April 22, 2024

Subject: Grant Agreement – Retroactive – San Francisco Health Plan – Housing Homelessness Incentive Program – Not to Exceed \$3,227,884

This Resolution seeks approval for the Department of Homelessness and Supportive Housing (“HSH”) to retroactively enter into a grant agreement with the San Francisco Health Plan (“SFHP”) for the Housing Homelessness Incentive Program (“HHIP”). The Grant Agreement (“Agreement”) has a term of July 1, 2023, through December 31, 2025, not to exceed \$3,227,884. HSH plans to use HHIP grant funds to enhance onsite services, increase accessibility and support data integration for permanent supportive housing.

HSH received tentative notification of HHIP grant funds in March 2023, and appropriated anticipated HHIP grant funds through the FY 2023-2025 Budget and Appropriation Ordinance, adopted by the Board of Supervisors in July 2023. HSH received a draft Agreement from the SFHP in December 2023, and has been working closely with the SFHP to finalize. A final copy of the FY 2023-2025 AAO, and final to form copy of the Agreement are on File with the Clerk of the Board of Supervisors for this item.

HSH is seeking retroactive authorization from the Board of Supervisors to enter into the Grant Agreement with the SFHP under the City Charter, Section 9.118 that requires Board of Supervisors approval if the anticipated revenue is over \$1,000,000.

We humbly request retroactive authorization for this item. Please contact Dylan Rose Schneider, HSH Manager of Legislative Affairs, at dylan.schneider@sfgov.org for any questions about this request for retroactive authorization.

From: [Trejo, Sara \(MYR\)](#)
To: [BOS Legislation, \(BOS\)](#)
Cc: [Paulino, Tom \(MYR\)](#); [Schneider, Dylan \(HOM\)](#); [Cohen, Emily \(HOM\)](#)
Subject: Mayor -- Resolution -- Housing and Homelessness Incentive Program
Date: Tuesday, May 21, 2024 2:35:09 PM
Attachments: [HHIP SHFP - Authorizing Reso - HSH.docx](#)
[HSH Retroactive Memo - SFHP HHIP .pdf](#)
[San-Francisco-Health-Plan-San-Francisco-Investment-Plan.pdf](#)
[SFHP HHIP Grant Agreement Final 240424 .pdf](#)
[SFHP HHIP Grant Budget_HSH_v1.pdf](#)
[FY23-25 AAO HHIP HSH.pdf](#)
[HHIP SHFP - Authorizing Reso - HSH - DocuSigned.pdf](#)

Hello Clerks,

Attached is a Resolution retroactively authorizing the Department of Homelessness and Supportive Housing (“HSH”) to enter into a Grant Agreement for a term commencing on July 1, 2023, through December 31, 2025, between the City and County of San Francisco (“City”), acting by and through HSH, and the San Francisco Health Plan, not to exceed \$3,227,884, in order to provide enhanced onsite services, increase site accessibility and support data integration for permanent supportive housing under the Housing and Homelessness Incentive Program (“HHIP”); and authorizing HSH to enter into any amendments or other modifications to the agreement that do not materially increase the obligations or liabilities, or materially decrease the benefits to the City and are necessary or advisable to effectuate the purposes of the agreement.

Best regards,

Sara Trejo

Legislative Aide

Office of the Mayor

City and County of San Francisco

415.554.6141 | sara.trejo@sfgov.org