

HOUSING AND HOMELESSNESS INCENTIVE PROGRAM AGREEMENT

BETWEEN

SAN FRANCISCO HEALTH AUTHORITY dba SAN FRANCISCO HEALTH PLAN

AND

SAN FRANCISCO HUMAN SERVICES AGENCY

This Housing and Homelessness Incentive Program Agreement (the “Agreement”) by and between **San Francisco Health Authority dba 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 Human Services Agency (“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 Exhibit A (the “Effective Date”). The scope of services, reporting, and funding details are included in **Exhibit A**.

RECITALS

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, and

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

AGREEMENT

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 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 shall control in order to maintain Program eligibility.
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 April 1, 2026 (the “Effective Date”) and shall terminate on March 31, 2030, 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. In the event of an automatic termination, Health Plan will request repayment of unspent grant funds.

5. Recovery and/or Return of Fund Disbursement. Health Plan has a right to recover and HHIP Grantee agrees to return any unspent funds to Health Plan within sixty (60) business days upon notification of the following reasons:
 - a. HHIP Grantee fails to carry out the full scope of services outlined in the Agreement.
 - b. HHIP Grantee uses the funds for a different purpose other than those outlined in its application project budget without prior approval.
 - c. HHIP Grantee ceases operations during the grant period.
 - d. The Agreement or this Exhibit A is terminated before the grant is completed.

HHIP Grantee will have thirty (30) business days to respond to any recoupment request from Health Plan before further action is taken.

6. 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.
7. 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.
8. 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.
9. Payment. Health Plan will pay HHIP Grantee in the amount and in accordance with the schedules set forth in Exhibit A.
10. Reporting. HHIP Grantee will provide Health Plan with required reports described in Exhibit A and additional data and reporting, when requested, to demonstrate the performance and effectiveness of the Program.

11. 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 Human Services Agency
P.O. Box 7988
San Francisco, CA 94102
Attn: Trent Rhorer
trent.rhorer@sfgov.org

If to Health Plan:

San Francisco Health Plan
P.O. Box 194247
San Francisco, CA 94119
Attn: Chief Operating Officer
jmoore01@sfhp.org

12. 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.
13. 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.
14. 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.
15. 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.
16. The funding for this Agreement is subject to Health Plan's receipt of HHIP funds from DHCS.
17. 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.

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

**SAN FRANCISCO HEALTH AUTHORITY
DBA SAN FRANCISCO HEALTH PLAN**

Signed by:
Signature: Jenn Moore
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Print: Jenn Moore

Title: Chief Operating Officer

Date: 10/8/2025

**SAN FRANCISCO HUMAN SERVICES
AGENCY**

DocuSigned by:
Signature: Trent Rhorer
9753A8870BB74EE...

Trent Rhorer
Executive Director/CEO

10/14/2025
Date: _____

Approved as to Form:

David Chiu
City Attorney

DocuSigned by:
By: Valerie Lopez
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Valerie Lopez
Deputy City Attorney
Date: 10/14/2025

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EXHIBIT A
Homeless Benefits Access Initiative
(HHIP-15)

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: San Francisco Human Services Agency	Primary Contact for Grant: Name: Cindy Ward, Homelessness Benefits Linkages Manager Email: cindy.ward@sfgov.org Phone: (415-203-1388)
Grantee Address: P.O. Box 7988 San Francisco, CA 94102	County Served: San Francisco

- 2. Description of Grant/Investment:** HHIP Grantee will work to increase enrollment in SFHSA public benefits (Medi-Cal, CalFresh, County Adult Assistance Program) for unhoused clients in SFHSH shelters and navigation centers and train nonprofit staff working with the unhoused to better understand the benefits processes and assist clients in obtaining and maintaining benefits through enhanced benefits education.

- 3. Objectives and Performance Measurements:** The following objectives are intended to be successfully achieved by the HHIP Grantee as measurement of success of the project:

Objectives #1		
Major Activities	Measurable Outcome	Target Completion Date
Increase benefits enrollment in Medi-Cal (SFHSA benefits program) among clients who are unhoused by 75-100 clients annually (300-400 total over the project term) with at least a 75% approval rate. Help existing Medi-Cal beneficiaries maintain coverage. Conduct in-person client meetings and application processing at shelters and navigation centers at least once a month.	Increase enrollment as measured by applications and application approvals at Multidisciplinary Team (MDT) and through site specific BenefitsCal portals. Conduct in person outreach at shelters at least once a month.	Activities will be ongoing for the four (4) year period, with annual measurable outcomes data.

Objectives #2		
Major Activities	Measurable Outcome	Target Completion Date
<p>Increase benefits enrollment in CalFresh (SFHSA benefits program) among clients who are unhoused by 75-100 clients annually (300-400 total over the project term) with at least a 75% approval rate.</p> <p>Help existing CalFresh beneficiaries maintain coverage.</p>	<p>Increase enrollment as measured by applications and application approvals at Multidisciplinary Team (MDT) and through site specific BenefitsCal portals.</p> <p>Conduct in person outreach at shelters at least once a month.</p>	<p>Activities will be ongoing for the four (4) year period, with annual measurable outcomes data.</p>
Objectives #3		
Major Activities	Measurable Outcome	Target Completion Date
<p>Increase benefits enrollment in CAAP (SFHSA benefits program) among clients who are unhoused by 75-100 clients annually (300-400 total over the project term) with at least a 75% approval rate.</p> <p>Conduct in person outreach at shelters at least once a month.</p> <p>Help existing CalFresh beneficiaries maintain coverage.</p> <p>In collaboration with HAS, BI will create a tracking system.</p>	<p>Increase enrollment as measured by applications and application approvals at Multidisciplinary Team (MDT) and through site specific BenefitsCal portals.</p> <p>Conduct in person outreach at shelters at least once a month.</p> <p>Data to be tracked includes:</p> <ul style="list-style-type: none"> - Date of outreach - Location of outreach - Number of enrollments by benefit (Medi-Cal, CalFresh, CAAP) - Percentage of total enrollments approved 	<p>Activities will be ongoing for the four (4) year period, with annual measurable outcomes data.</p>
Objectives #4		
Major Activities	Measurable Outcome	Target Completion Date
<p>Train at least 400 non-profit staff working at homeless response navigation centers and shelters to effectively assist unhoused clients in obtaining and maintaining San Francisco Human Services Agency (SFHSA) benefits through enhanced benefits education.</p>	<p>In collaboration, HSH and HSA, will provide up to four monthly group trainings to HSH-contracted staff for training site selection and coordination with CBO providers.</p>	<p>3/31/2030</p>

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 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 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 checked="" 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 checked="" 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. **Grantee Deliverables/Reporting:** HHIP Grantee Deliverables / Reporting: HHIP Grantee will provide Health Plan with a complete grant progress and final report of all activities, purchases, and vendor acquired services via email at ipp@sfhp.org following the below due dates using the most current Health Plan Grant Reporting Template.

Report Name	Due Date
Progress Report	On or before 04/01/2028
Final Report	On or before 03/31/2030

In addition to the above reports, Health Plan will have the right to request reports on an ad hoc basis at any point during the term of this Agreement.

6. **Health Plan Responsibilities:**
- Identify a point of contact to serve as a liaison for HHIP grant.
 - 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 objectives. Engage with HHIP Grantee on strategies to improve/address challenges to meeting objectives.
7. **Total Grant Amount:** One million seventy-two thousand dollars and zero cents (\$1,072,000.00)
8. **Effective Date:** 04/01/2026 - 3/31/2030
9. **Disbursement Intervals:** After the receipt of the fully executed Agreement, Total Grant Amount as described in Section 7 above shall be paid ten (10) days after notification to SFHP staff email address ipp@sfhp.org that project staff have been fully hired and trained.

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