Housing and Homelessness Incentive Program Agreement

BETWEEN BLUE CROSS OF CALIFORNIA PARTNERSHIP PLAN, INC.

AND

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

THIS AGREEMENT (the "Agreement") by and between Blue Cross of California Partnership Plan, Inc. and its affiliates ("Anthem" or "MCP") and the City and County of San Francisco, a municipal corporation, acting by and through the San Francisco Department of Public Health ("HHIP Grantee"), referenced collectively as parties and individually as party, is effective upon the date of complete execution of the 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.

WHEREAS: The Housing and Homelessness Incentive Program (HHIP) is a two-year (2-year) incentive program from the California Department of Health Care Services (DHCS) that allows Medi-Cal Managed Care Plans to earn funds by working with community organizations to build partnerships and address housing and homelessness. As part of HHIP, Anthem is making investments to community partners such as HHIP Grantee, to address identified gaps and needs and meet HHIP metrics.

AGREEMENT:

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

1. Anthem 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 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 Anthem 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. The Agreement will commence on the Effective Date and will terminate as specified in Exhibit A.

5. Either party may terminate this Agreement with or without cause on thirty (30) business days' prior written notice to the other party. This Agreement will automatically terminate upon one or more of the following events:
   a. HHIP Grantee fails to meet requirements and measurements as outlined in Exhibit A.

6. This Agreement may not be amended except in writing and executed by the duly authorized representatives of the parties hereto.

7. The parties hereto represent to each other that to their knowledge this Agreement (i) has been validly executed and delivered, and (ii) has been duly authorized by all corporate action necessary for the authorization.

8. 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 Public Health
   333 Valencia St #344-19
   San Francisco, CA 94103
   Attn: Bernadette Gates
   bernadette.gates@sfdph.org

   and to
   SFHN Office of Managed Care
   Laguna Honda Hospital and Rehabilitation Center
   375 Laguna Honda Blvd Box 16 (or A-Wing Annex for UPS, FedEx)
   San Francisco, CA 94116
   Attn: Director of Managed Care
   stella.cao@sfdph.org ; omc@sfdph.org

   If to Anthem:
   Anthem Blue Cross
   21215 Burbank Blvd.
   Woodland Hills, CA 91367
   Attn: Les Ybarra
   Les.Ybarra@anthem.com

9. This Agreement shall be construed and interpreted in accordance with the laws of the State of California.

10. This Agreement is solely for the benefit of HHIP Grantee and Anthem 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.

11. 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.

12. 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.

13. The funding for this Agreement is subject to Anthem's receipt of HHIP funds from DHCS.

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IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be duly executed.

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

Signature: DocuSigned by: Grant Colfax 5F44B17A50944BA...

Name: Grant Colfax

Date: _____

BLUE CROSS OF CALIFORNIA PARTNERSHIP PLAN, INC. (Anthem)

Signature: _____

Name: _____

Date: _____

Approved as to Form:
David Chiu
City Attorney

By: DocuSigned by: Adam Radtke 1AFBEA6D5F35481...
Adam Radtke
Deputy City Attorney
01/29/2024 | 9:42 AM PST

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EXHIBIT A-1
BEST Neighborhoods

HHIP is for Anthem California Medicaid/Medi-Cal business 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, Anthem will advance funds (See Total Grant Amount) as a grant to assist Anthem with meeting HHIP metrics during the Program measurement periods. If this Program Agreement between Anthem and HHIP Grantee is terminated for any reason, HHIP Grantee understands and agrees that it will repay all unspent grant funds to MCP.

1. **Grantee Information:**

Grantee Name: San Francisco Department of Public Health ("DPH")	**Primary Contact for Grant:** Name: Kathleen Johnson-Silk Email: kathleen.silk@sfdph.org Phone: 415-839-0607
Grantee Address: 1076 Howard St 2nd Floor San Francisco, CA 94103	**County Served:** San Francisco

2. **Description of Grant/Investment:** HHIP Grantee will expand street-based services in San Francisco by creating Bridge and Engagement Services Team (BEST) Neighborhood engagement teams to provide rapid, trauma-informed behavioral and physical health assessments; community-based therapeutic interventions to promote healing, wellness, and positive community participation; and linkages to benefits, housing and community resources. The engagement teams will be composed of street-based clinicians and peers in assigned neighborhoods, with focused and phased interventions to support clients in transitioning to ongoing care and services.

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

☐ 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 *(DHCS Priority Measure)*		☐ 3.6 MCP members who remained successfully housed *(DHCS Priority Measure)*
☒ 1.6 Partnerships and strategies the MCP will develop to address disparities and equity in service delivery, housing placements, and housing retention (aligns with HHAP-3)		

4. **HHIP Grantee Deliverables/Reporting:**
    - Establish BEST Neighborhood teams in assigned neighborhoods
    - BEST Neighborhood Teams link and navigate clients to housing and benefits, and will receive training on how to submit online Medi-Cal applications
    - BEST Neighborhood Teams support SFDPH Enhanced Care Management through linkage and engagement with Enhanced Care Management and Community Supports.
    - By December 1, 2023, provide a report of:
        - Number of MCP members who received BEST Neighborhood services, January 1, 2023 to October 31, 2023
        - Number of MCP members referred to an MCP-contracted CalAIM Community Supports provider for a housing-related CalAIM Community Support, January 1, 2023 to October 31, 2023
        - Number of MCP members referred and enrolled in SFHN Enhanced Care Management by the BEST Neighborhood program, January 1, 2023 to October 31, 2023

5. **Anthem 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. Work with HHIP grantee on determining how HHIP investments are sustained through other CalAIM mechanisms.
    c. Distribute funds to HHIP Grantee based on Disbursement Intervals below.
    d. 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:** Fifty-nine thousand dollars and zero cents **(**$59,000.00)

7. **Effective Date:** 08/01/23-07/31/24

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

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EXHIBIT A-2
ECM Peers Street Medicine

HHIP is for Anthem California Medicaid/Medi-Cal business 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, Anthem will advance funds (See Total Grant Amount) as a grant to assist Anthem with meeting HHIP metrics during the Program measurement periods. If this Program Agreement between Anthem and HHIP Grantee is terminated for any reason, HHIP Grantee understands and agrees that it will repay all unspent grant funds to MCP.

1. **Grantee Information:**

Grantee Name: San Francisco Department of Public Health ("DPH")	**Primary Contact for Grant:** Name: Joel Parker Email: joel.parker@sfdph.org Phone: 415-653-9171 Name: Carol Carbone Email: carol.carbone@sfdph.org Phone: 415-509-9147
Grantee Address: 1076 Howard St 2nd Floor San Francisco, CA 94103	**County Served:** San Francisco

2. **Description of Grant/Investment:** HHIP Grantee will expand the capacity of its street-based Enhanced Care Management (ECM) services by incorporating peer counselors and supervisors, to support enrollment and engagement in services through trauma-informed behavioral and physical health assessments; community-based therapeutic interventions to promote healing, wellness, and positive community participation; and linkages to benefits, housing and community resources. Peers will be embedded in the ECM Street Medicine team and will work with qualified individuals to support them in connecting to ECM or transitioning to other services.

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**
☐ 1.1 Engagement with the CoC (Continuum of Care)	☒ 2.1 Connection with street medicine team *(DHCS Priority Measure)*	☒ 3.3 MCP members experiencing homelessness who were successfully engaged in ECM
☐ 1.2 Connection and Integration with the local Homeless Coordinated Entry System *(DHCS Priority Measure)*	☐ 2.2 MCP Connection with the local Homeless Management Information	☒ 3.4 MCP members experiencing homelessness receiving at least one

	System (HMIS) *(DHCS Priority Measure)*	housing related Community Supports *(DHCS Priority Measure)*
☒ 1.3 Identifying and addressing barriers to providing medically appropriate and cost-effective housing-related Community Supports		☐ 3.5 MCP members who were successfully housed *(DHCS Priority Measure)*
☐ 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 *(DHCS Priority Measure)*		☐ 3.6 MCP members who remained successfully housed *(DHCS Priority Measure)*
☒ 1.6 Partnerships and strategies the MCP will develop to address disparities and equity in service delivery, housing placements, and housing retention (aligns with HHAP-3)		

4. **Grantee Deliverables/Reporting:**
    - Hire and train peer counselors and supervisors
    - Peer counselors and supervisors respond to referrals and provide targeted engagement, assessment, care planning and linkage to services.
    - Peer counselors and supervisors support SFDPH Street Medicine Enhanced Care Management through engagement and relationship-building with people experiencing homelessness.
    - Peer counselors and supervisors support SFDPH Street Medicine Enhanced Care Management through linkage and engagement with Enhanced Care Management and Community Supports.
    - Peer counselors and supervisors support clients with Medi-Cal enrollment processes enrollment or reenrollment, including development and implementation of street-based Medi-Cal enrollment
    - Train peers to support documentation of ECM outreach encounters and/or other engagement with ECM
    - Train peers in tracking of MCP-referred members under the ECM Episode in EPIC, including the use of appropriate coding for outreach and engagement encounters
    - By December 1, 2023, provide a report of:
        - Number of MCP members who enrolled in SFDPH Street Medicine Enhanced Care Management services January 1, 2023 to October 31, 2023
        - Number of MCP members referred by SFDPH Street Medicine Enhanced Care Management to an MCP-contracted CalAIM Community Supports provider for a housing-related CalAIM Community Support January 1, 2023 to October 31, 2023
        - Number of MCP members screened for homelessness by SFDPH Street Medicine Enhanced Care Management January 1, 2023 to October 31, 2023

5. **Anthem 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. Work with

HHIP Grantee on determining how HHIP investments are sustained through other CalAIM mechanisms.

c. Distribute funds to HHIP Grantee based on Disbursement Intervals below.
d. 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:** Forty-six thousand sixty-two dollars and zero cents **(**$46,062.00)

7. **Effective Date:** 07/01/23-12/31/24

8. **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 A-3
Epic Upgrades

HHIP is for Anthem California Medicaid/Medi-Cal business 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, Anthem will advance funds (See Total Grant Amount) as a grant to assist Anthem with meeting HHIP metrics during the Program measurement periods. If this Program Agreement between Anthem and HHIP Grantee is terminated for any reason, HHIP Grantee understands and agrees that it will repay all unspent grant funds to MCP.

1. **Grantee Information:**

Grantee Name: San Francisco Department of Public Health ("DPH")	**Primary Contact for Grant:** Name: Natasha Lalani Email: natasha.lalani@sfdph.org Phone: 628-206-1142
Grantee Address: 1001 Potrero Ave Building 40, 2nd Floor San Francisco, CA 94110	**County Served:** San Francisco

2. **Description of Grant/Investment:** HHIP Grantee will engage a contractor for Epic support of the Street Medicine Program, to build flowsheets and dashboards supporting more efficient documentation and data collection pathways, as well as one-time Epic training Grantee's street-based care team. The contractor's work will augment the Street Medicine Program by expanding capacity to see more clients, providing additional outreach and enrollment support into Medi-Cal, improving documentation and the ability to claim for services provided during visits and follow up, and increasing referrals to Enhanced Care Management and linkages to Community Supports.

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**
☐ 1.1 Engagement with the CoC (Continuum of Care)	☒ 2.1 Connection with street medicine team *(DHCS Priority Measure)*	☒ 3.3 MCP members experiencing homelessness who were successfully engaged in ECM
☐ 1.2 Connection and Integration with the local Homeless Coordinated Entry System *(DHCS Priority Measure)*	☐ 2.2 MCP Connection with the local Homeless Management Information	☒ 3.4 MCP members experiencing homelessness receiving at least one housing related Community Supports *(DHCS Priority Measure)*

☒ 1.3 Identifying and addressing barriers to providing medically appropriate and cost-effective housing-related Community Supports	System (HMIS) *(DHCS Priority Measure)*	☐ 3.5 MCP members who were successfully housed *(DHCS Priority Measure)*
☐ 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 *(DHCS Priority Measure)*		☐ 3.6 MCP members who remained successfully housed *(DHCS Priority Measure)*
☒ 1.6 Partnerships and strategies the MCP will develop to address disparities and equity in service delivery, housing placements, and housing retention (aligns with HHAP-3)		

4. **HHIP Grantee Deliverables/Reporting:**
   - Conduct user training and develop user training materials.
   - Create, update, and maintain project documentation materials
   - By December 1, 2023, have capability to share with MCP from Epic the current homelessness status of MCP members served by the Street Medicine Program
   - By December 1, 2023, report to MCP on the number of MCP members who received street medicine services, January 1, 2023 to October 31, 2023

5. **Anthem 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. Work with HHIP grantee on determining how HHIP investments are sustained through other CalAIM mechanisms.
   c. Distribute funds to HHIP Grantee based on Disbursement Intervals below.
   d. 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:** Twenty thousand six hundred dollars and zero cents **(**$20,600.00)

7. **Effective Date:** 07/01/23-12/31/24

8. **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 A-4
Street Medicine Vehicles

HHIP is for Anthem California Medicaid/Medi-Cal business 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, Anthem will advance funds (See Total Grant Amount) as a grant to assist Anthem with meeting HHIP metrics during the Program measurement periods. If this Program Agreement between Anthem and HHIP Grantee is terminated for any reason, HHIP Grantee understands and agrees that it will repay all unspent grant funds to MCP.

9. **Grantee Information:**

Grantee Name: San Francisco Department of Public Health ("DPH")	**Primary Contact for Grant:** Name: John Grimes Email: john.grimes@sfdph.org Phone: 628-233-0692
Grantee Address: 555 Stevenson St San Francisco, CA 94105	**County Served:** San Francisco

10. **Description of Grant/Investment:** HHIP Grantee will procure vehicles for use by HHIP Grantee's Street Medicine Program, Enhanced Care Management (ECM) Street Medicine team, and Bridge and Engagement Services Team (BEST) Neighborhoods Teams. Use of these vehicles will enable team members to provide care and services for a greater number of clients, as well as the teams to transport clients to needed health and housing services, Community Supports and shelter.

11. **HHIP Measures to be Impacted:** The following HHIP measures are intended to be successfully impacted/achieved by the grant. 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**
☐ 1.1 Engagement with the Continuum of Care (CoC)	☒ 2.1 Connection with street medicine team *(DHCS Priority Measure)*	☒ 3.3 MCP members experiencing homelessness who were successfully engaged in ECM
☐ 1.2 Connection and Integration with the local Homeless Coordinated Entry System *(DHCS Priority Measure)*	☐ 2.2 MCP Connection with the local Homeless Management Information	☒ 3.4 MCP members experiencing homelessness receiving at least one housing related Community Supports *(DHCS Priority Measure)*

☒ 1.3 Identifying and addressing barriers to providing medically appropriate and cost-effective housing-related Community Supports	System (HMIS) *(DHCS Priority Measure)*	☐ 3.5 MCP members who were successfully housed *(DHCS Priority Measure)*
☐ 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 *(DHCS Priority Measure)*		☐ 3.6 MCP members who remained successfully housed *(DHCS Priority Measure)*
☒ 1.6 Partnerships and strategies the MCP will develop to address disparities and equity in service delivery, housing placements, and housing retention (aligns with HHAP-3)		

12. **HHIP Grantee Deliverables/Reporting:**
Obtain and put into service one vehicle each for:
- DPH Street Medicine program,
- Street Medicine ECM program, and
- BEST Neighborhoods Team.

13. **Anthem 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. Distribute funds to HHIP Grantee based on Disbursement Intervals below.
   d. 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.

14. **Total Grant Amount:** Sixteen thousand four hundred forty-two dollars and zero cents ($16,442.00)

15. **Effective Date:** 07/01/23-12/31/24

16. **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 B
DHCS All Plan Letter (APL) 22-007
See following pages

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

MICHELLE BAASS
DIRECTOR

GAVIN NEWSOM
GOVERNOR

DATE: September 19, 2022

ALL PLAN LETTER 22-007 (*REVISED*)

TO: ALL MEDI-CAL MANAGED CARE HEALTH PLANS[1]

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.

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

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[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]

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[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 T*emplate *and LHP Revised Measures* T*emplate* must be used for collecting and reporting data. The *MCP LHP Template and the LHP* Revised Measures T*emplate* 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 (MCOD) 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 MCOD 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 MCOD Contract Manager and/or your Capitated Rates Development Division Rate Liaison.

Sincerely,

Dana Durham, Chief

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[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.

Managed Care Quality and Monitoring Division