



# Housing and Homelessness Incentive Program (HHIP)

Karen Richmond

Regional Vice President, Medi-Cal SW, Health Net

**Charles Robinson** 

Senior Director, Community Health, LA Care Health Plan Local Initiative Health Authority for Los Angeles County

March 11, 2024

**HHIP Overview** 

#### **HHIP Background & Overview**





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

There are two program goals:

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

DHCS determined the total eligible funds that participating MCPs can earn per county based on Medi-Cal membership, MCP revenue, and the 2019 PIT Count.\*\*

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

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

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

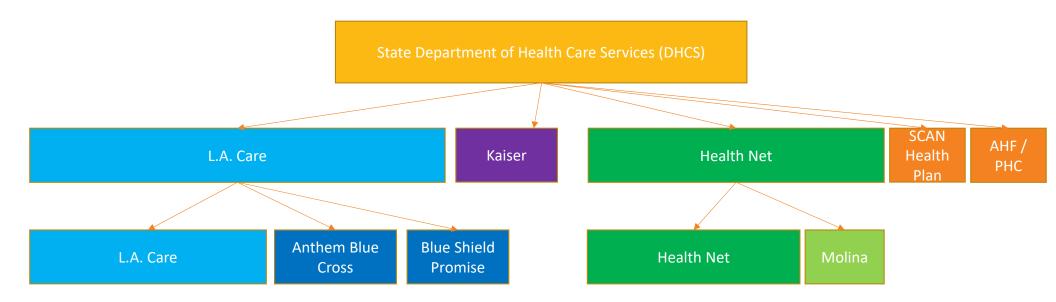
# MCPs must demonstrate progress on HHIP measures to draw down funds.

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

#### Medi-Cal Managed Care Plans in LA







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

#### HHIP vs. Other CalAIM Programs





There are many related programs in California Advancing and Innovating in Medi-Cal (CalAIM):

# Housing & Homelessness Incentive Program (HHIP)\*

 Incentive program to help MCPs improve services to members experiencing homelessness, and to reduce / prevent homelessness

#### Enhanced Care Management (ECM)

 Intensive, in-person care management program for Medi-Cal members with health and social challenges (including PEH)

#### **Community Supports**

 Nontraditional services for Medi-Cal members to address social determinants of health; must be medically appropriate and cost-effective

# Incentive Payment Program (IPP)

 Incentive program for MCPs to build capacity to deliver ECM and CS services

#### Providing Access and Transforming Health (PATH)

 Justice-involved capacity building and additional TA and financial support for ECM and CS provider capacity building

<sup>\*</sup>HHIP is not a "program" for client enrollment. It is a funding source for many client programs and infrastructure needs.





#### **HHIP Funding**

- One-time funding
- Los Angeles Managed Care Plans can earn up to about \$400 million
  - LA Care: up to about \$290 million
  - Health Net: up to about \$128 million
- Funds must be <u>earned</u> by March 2024
- Funds can be <u>spent</u> after March 2024

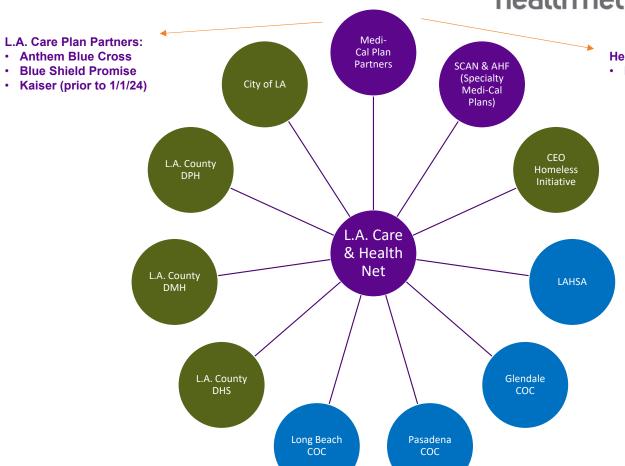
#### **Funding Allocation**

LHP	5%
Investment Plan	10%
Period 1	35%
Period 2	50%

# **HHIP LA Core Planning Team**







Molina

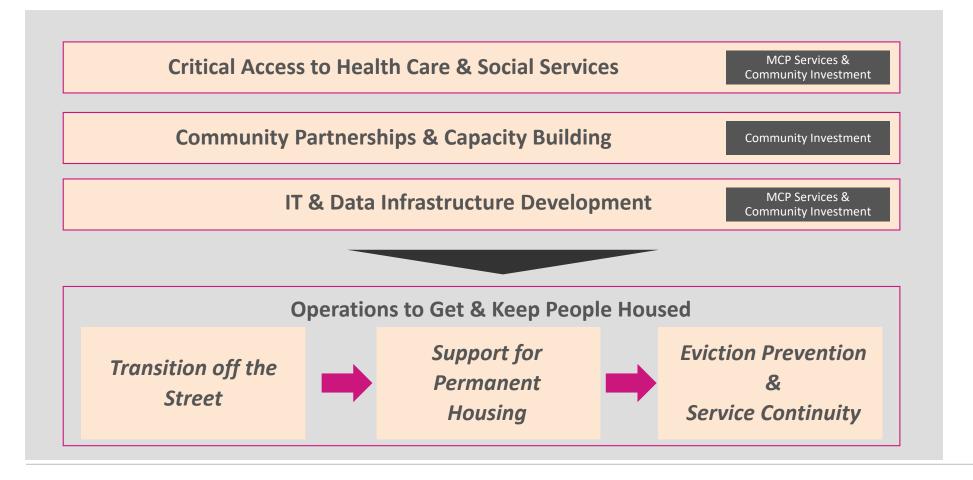
# **MCP Investment Priorities**

.....

# Strategy to serve members experiencing homelessness







#### HHIP Investment Priorities & Progress





#### Infrastructure: HIE, Data Exchange, Workforce

- Data sharing
- HMIS integration
- Medi-Cal application and renewal assistance for people experiencing homelessness
- Workforce development for the homeless sector

#### Field Medicine

- Field Medicine Capacity Building, Technical Assistance, and Training
- Field Medicine Contracts with providers

#### Programs to Get & Keep People Housed

- Permanent supportive housing
- Unit Acquisition and ADL Expansion (see next two categories)
- Capacity building support for Enhanced Care Management and Community Supports
- Eviction Prevention

#### **Unit Acquisition Strategy**

- Efforts to lease entire buildings by covering non-rent costs, paired w/tenant-based vouchers.
- Partner with COCs and County to increase utilization of tenantbased vouchers.
- Funds will cover long term costs of "slots" in order to unlock funding for third-party leasing

### Activities of Daily Living (ADL) Expansion Strategy

• Efforts to create field-based team to assess individual ADL needs for PEH, provide caregiving in interim housing for PEH w/ADL needs, and provide enhanced services funding to get members placed in Adult Residential Facilities (ARFs) and/or Residential Care Facilities for the Elderly (RCFEs)

**\$114M** over 5 years to support unit acquisition & ADL expansion

**Sources:** 

Stakeholder meetings with counties, City of LA, COCs, Enhanced Care Management and Community Supports providers, CBOs, Clinics, MCP Collaborations, Lived Experience Advisory Board Feedback

#### **Investment Summary**





#### Public Partner Investments:

- Field Medicine
- CEO HI Unit Acquisition Strategy & ADL Expansion Strategy
- LAHSA Data Sharing & Integration Infrastructure
- Glendale Housing Supportive Services
- DMH Data Sharing & Integration Infrastructure (in progress)
- Long Beach Data Sharing & Integration Infrastructure (in progress)
- DPH PH-focused street medicine, encampment support, and Medi-Cal application assistance (in progress)

#### Private Partner Investments:

- CCALAC Street Medicine Roundtable
- Street Medicine Provider Capacity Building Investments
- Mayor's Fund of Los Angeles Legal Assistance for Eviction Prevention
- United Way Workforce development & infrastructure support for Homeless Services Providers (in progress)
- Housing Equity Investments
- LA Family Housing Expansion of housing location program
- City of Redondo Beach Crisis response and interim housing (in progress)

#### Health Plan Investments:

- Plan Partner amendments (in progress)
- CES Liaisons (in progress)
- Street Medicine Clinical Costs (in progress)
- CS Expansion & Capacity-Building Costs (in progress)
- Consulting & data / IT support for HHIP execution

Investments in pink = jointly funded by Health Net and LA Care

Investments in green = Health Net Only

Investments in blue = LA Care Only

Investments in purple = LA Care and Health Net but separate investments

# Current HHIP Investments in the City of Los Angeles





Unit Acquisition Strategy & ADL Expansion Strategy

Legal Assistance for Eviction Prevention

Public Health-focused street medicine, encampment support, and Medi-Cal application assistance for PEH

Workforce development & infrastructure support for Homeless Services Providers

Field Medicine Capacity Building, Technical Assistance, and Training

**Housing Equity Grants** 

# Field Medicine





# Los Angeles County Field Medicine Program

- County-wide **network of Field Medicine Primary Care Providers** who can provide longitudinal primary care and social services
- Operational framework for providers to coordinate services county-wide, with a regional structure and specialized approach to high density regions
- Member-focused infrastructure to support City and County flagship programs to address the housing crisis

#### Field Medicine Program Strategy





#### **Field Medicine Contributions**

**Critical Access to Health**Care & Social Services
County-wide network of primary care providers oriented towards the clinical and social needs of members experiencing homelessness, including care throughout the housing continuum

**Community Partnerships &** Key partnerships with the County CEO, City of LA, DHS and FQHCs to expand provider capacity, **Capacity Building** address unique needs on Skid Row, support interim housing programs

IT & Data Infrastructure
Development

Support for expanded access and utilization of LANES and HMIS for participating providers

Transition off the Street



Support for Permanent Housing



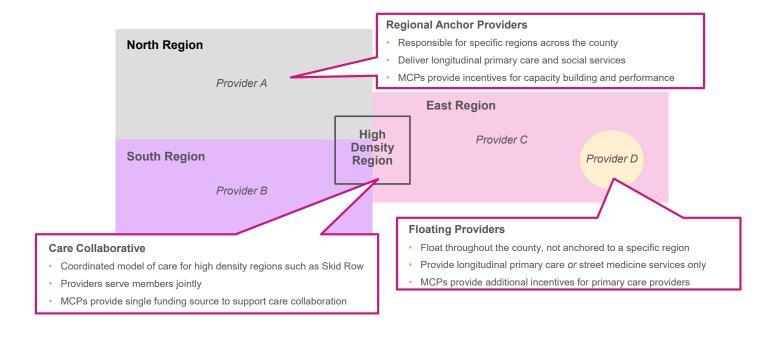
Eviction Prevention &
Service Continuity

# Field Medicine Program Details





#### **Illustrative** Los Angeles County Map



# **Next Steps**

.....





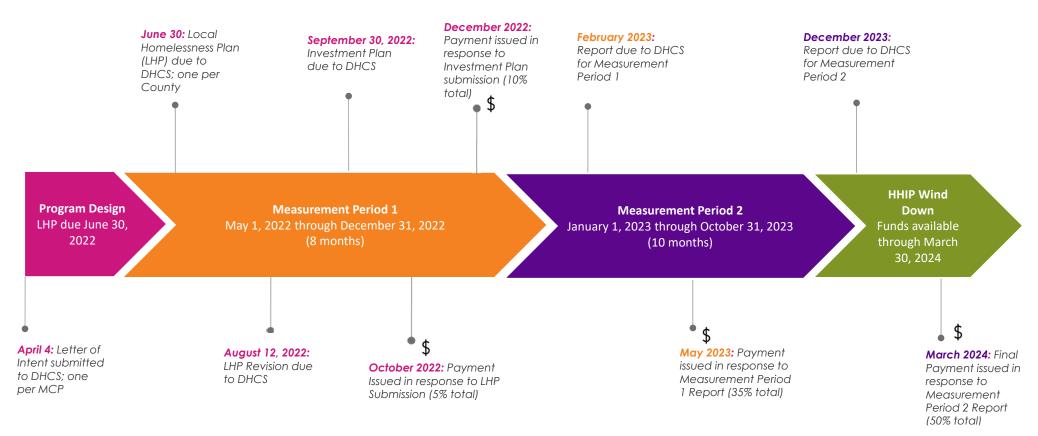
#### How to Stay Involved with HHIP

- City of LA to attend Core Stakeholder Meetings
- Attend HHIP LA Community Forums
- Connect on Field Medicine Work Underway
- Collaborate with Existing Unit Acquisition Work with CEO HI

#### **HHIP Timeline**







# **HHIP Los Angeles Main Points of Contact**

L.A. Care	health net
Charlie Robinson, Senior Director Community Health Department crobinson@lacare.org	Karen Richmond, Regional Vice President Medi-Cal Southwest Karen.Richmond@healthnet.com
Erika Granados, Manager, HHIP Community Health Department egranados@lacare.org	Carly Goldblatt, Program Manager III Community Engagement Department, carly.goldblatt@healthnet.com

Q&A

# Thank you