

## What is HHIP?

The Housing & Homelessness Incentive Program (HHIP) allows Medi-Cal managed care plans (MCPs) to earn incentive funds for making investments and progress in addressing homelessness and keeping people housed. It is a voluntary program and MCPs that choose to participate must work at the county-level with local community stakeholders (including Continuums of Care or CoCs) to improve both health outcomes and access to health and housing services by addressing housing insecurity and instability.

While the majority of people experiencing homelessness are eligible or already enrolled in Medi-Cal managed care, MCPs have historically not been engaged in efforts to address homelessness. HHIP offers incentive funds to build relationships and partnerships between MCPs and homeless systems. Through CalAIM, some MCPs are funding certain homeless services for their members (e.g., housing navigation, deposits, tenancy supports, recuperative care), yet are often not connected to or fully educated about the larger homeless system of care. HHIP is an opportunity for MCPs to better understand the homeless system of care, just as it is an opportunity for homeless system partners to understand the role of MCPs and how Medi-Cal programs can support community efforts to address homelessness.

## Goals of HHIP

There are two stated goals for the HHIP:

1. Ensure Medi-Cal MCPs develop the necessary capacity and partnerships to connect their members to needed housing services; and
2. Reduce and prevent homelessness.

## Population served through HHIP

The population who can benefit from HHIP are individuals at risk of or currently experiencing homelessness, defined as:

- An individual or family who lacks adequate nighttime residence
- An individual or family who will imminently lose housing in the next 30 days
- An individual or family with a primary residence that is a public or private place not designed for or ordinarily used for habitation
- An individual or family living in a shelter
- Individual or family fleeing domestic violence
- Unaccompanied youth and homeless families and children and youth defined as homeless under other federal statutes

## How much funding is available?

The state has a total of \$1.3 billion of one-time incentive funds available under HHIP through American Rescue Plan Act (ARPA) one-time state funding. For each county, there is a pre-determined maximum amount that participating MCPs can earn over the course of the program, with the vast majority of the funding awarded to MCPs in March 2023 and March 2024.

MCPs are not guaranteed to receive any specific amount. They must earn their allotted portion of funds by meeting specific housing- and health-related metrics over the duration of the program. (See below for additional details on the metrics and reporting/draw-down timeline).



## HHIP Partnerships

Because there are already local networks of service providers ensuring people experiencing homelessness can obtain and retain stable housing, HHIP incentives MCPs to have partnerships that include Counties, local CoCs, and other organizations that deliver housing-related services to ensure that MCPs are part of the solution in making investments and progress in addressing homelessness and keeping people housed.

HHIP requires MCPs to connect to their local homeless systems of care to better understand who is experiencing homelessness and to make referrals for enhanced care management (ECM) and Community Supports (CS). (For more information about ECM and CS benefits, please see the companion document, *CalAIM's Housing-Related Services*.)

### Why should CoCs care about HHIP?

For local homeless systems of care, HHIP can bring in additional, needed funding and resources to fill gaps and/or enhance what the community is already doing to prevent and end homelessness.

#### Types of opportunities under HHIP

- Screening Medi-Cal members to identify those who are at risk of or experiencing homelessness and then providing them with or linking them to prevention services through the local homeless system of care's Coordinated Entry System (CES).
- Partnering with local behavioral health agencies to provide robust and ongoing mental health services to members experiencing homelessness.

For a longer list of opportunities through HHIP, see the companion document, *Opportunities for Homeless Systems of Care Under HHIP*.

## How do MCPs earn HHIP funds?

To receive HHIP funds, MCPs must:

- ① Submit a Letter of Intent to the Department of Health Care Services by April 4, 2022 indicating the counties in which they plan to participate in HHIP;
- ② Submit a Local Homeless Plan for each county by June 30, 2022;
- ③ Complete and submit an Investment Plan in collaboration with their local partners by September 30, 2022; and
- ④ File reports throughout the program period that demonstrate they've achieved specific performance metrics.

### ① Letter of Intent

MCPs had to let the Department of Health Care Services know they would be applying for incentive funds by April 2022. Within the 58 counties in California, MCPs working in most counties indicated that would participate in HHIP, covering all or nearly all of the local homeless systems of care.

### ② Local Homeless Plan

In each county where local MCPs opted to apply for HHIP funding, all the MCPs operating in the county had to work together to develop and submit a single Local Homeless Plan by June 30, 2022.

MCPs were also required to confer with local county agencies and the local CoCs to develop their plan. Most importantly, each Local Homeless Plan had to be designed to coordinate with the plans that local communities each developed for their state Homeless Housing Assistance and Prevention (HHAP) grants.

The submitted Local Homeless Plans were very high level; they required MCPs to provide important data to the

### Homeless Housing Assistance and Prevention (HHAP)

A series of grant opportunities (four in total as of 2022) that provide large cities, counties, and CoCs flexible funding to continue their efforts to prevent and end homelessness.

Department of Health Care Services about what homelessness looks like generally in their local counties (e.g., how many people are experiencing homelessness, who is living sheltered, who is living unsheltered, demographics of the population, etc.) and to share a brief county level description of the strategies they intended to pursue to accomplish the goals of the program.

In addition to the joint strategy statement, each MCP operating in the county had to submit separate information about their specific membership goals and metrics.

The Department of Health Care Services must review and approve the Local Homeless Plan for the MCPs to continue to be eligible to draw down HHIP funds. The first HHIP payments (5% of the MCP’s potential maximum allocation in each county) are scheduled to be made in September 2022, in response to Local Homeless Plan submissions. The Department of Health Care Services recently updated the Local Homeless Plan requirements and MCPs must submit revised Plans by August 12, 2022.

### ③ Investment Plan

The Investment Plan requires that each MCP demonstrate that they have a clear roadmap for achieving their HHIP measures and targets in collaboration with their local partners. MCPs must show how they intend to invest in the community by identifying the activities they will fund, the gaps to be addressed, the recipient/s of the funding, the time frame, which measures the activities will impact, and the domain targeted (e.g., MCP infrastructure, provider/partner infrastructure, goods, member interventions). The full Investment Plan categories ask MCPs to report on:

- Investments
- Activities covered
- Gaps or needs addressed
- The amount of funding provided (or a range)
- The intended recipient/s of the funds
- The timeline
- The HHIP measure/s impacted
- The HHIP domain targeted

MCPs will be eligible to earn an additional 10% of their incentive allocation when they successfully complete and submit their Investment Plan. Unlike the Local Homeless Plan, an Investment Plan must be submitted separately by each MCP serving the local community.

The Investment Plan must be submitted to the Department of Health Care Services by September 30, 2022.

### ④ Reporting on Performance Metrics

To receive payments of HHIP incentive funds, MCPs must file reports at the end of each of two measurement periods to demonstrate that they have met specific performance metrics.

- Measurement Period 1 covers May 1, 2022 through December 31, 2022
  - Report due: February 2023
  - Payment issued in response: May 2023 (up to 35% of potential HHIP allocation)
- Measurement Period 2 covers January 1, 2023 through October 31, 2023
  - Report due: December 2023
  - Payment issued in response: March 2024 (up to the total remaining portion of the MCP’s potential HHIP allocation)

The actual amounts paid to each MCP in May 2023 and March 2024 will depend on their performance in each county, as measured by the metrics. It is possible that MCPs will not be able to fully meet the performance metrics and will therefore receive less than 100% of their potential funding allocations. Collaboration between CoCs and MCPs can increase the likelihood of meeting the metrics and maximizing the amount of incentive funds awarded to the MCPs. (See below for more details on the performance metrics).



## What role does data play in HHIP?

To make collaboration and coordination meaningful between the MCPs and the local homeless systems of care, the Department of Health Care Services strongly encourages MCPs to develop data sharing agreements and technical arrangements with counties, CoC leads, and other organizations that deliver housing-related services, which allows MCPs to participate fully in the CoC’s Coordinated Entry System (CES) and the Homeless Management Information System (HMIS), as well as agreements with the key county behavioral health service agencies.

For more general information about data sharing agreements, see Homebase’s [“How to Share Data: A Practical Guide for Health and Homeless Systems of Care,”](#) pages 19-32.

## What can HHIP funds be used for?

The Department of Health Care Services does not direct or restrict MCP’s use of incentive funds they earn, however the Department:

- Intends for HHIP to bolster housing- and homelessness-focused efforts and investments, with the aim of achieving measurable progress in reducing and preventing homelessness; and
- Expects MCPs will maximize investment with local partners who are leading housing- and homelessness-related efforts and most directly supporting and assisting this population.

For a longer list of opportunities through HHIP, see the companion document, [Opportunities for Homeless Systems of Care Under HHIP](#).



## Metrics

The Department of Health Care Services will evaluate MCPs on the basis of a series of 15 metrics to determine the effectiveness of the MCP’s engagement with the local homeless system of care and their investments made to address people’s homelessness and housing insecurity.

The metrics to determine the amount of incentive funds each MCP will ultimately receive are organized under 3 priority areas:

- Priority Area 1** Partnerships 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

The Department of Health Care Services will evaluate the MCPs based on how they meet the priority areas and all fifteen metrics. They have identified **7 high priority metrics**, marked in red below, which, if well performed, can earn MCPs additional points.

**Metrics for Priority Area 1**

**Partnerships and capacity to support referrals for services**

- 1.1 Engagement with the local CoC, including, but not limited to:
  - Attending CoC meetings
  - Joining the CoC board
  - Joining a CoC subgroup or workgroup
  - Attending a CoC webinar
- 1.2 Connection and integration with the local Coordinated Entry System (CES).
- 1.3 Identifying and addressing barriers to providing medically-appropriate and cost-effective housing-related Community Supports or other housing-related services to MCP members who are experiencing homelessness.
- 1.4 Partnerships with counties, CoCs, and/or organizations that deliver housing services (i.e., interim housing, rental assistance, supportive housing, outreach, prevention/diversion) with which the MCP has a data sharing agreement that allows for timely exchange of information and member matching.
- 1.5 Data sharing agreement with county mental health plans and drug Medi-Cal organization delivery system (if applicable).
- 1.6 Partnerships and strategies the MCP will develop to address disparities and equity in service delivery, housing placements, and housing retention (Aligns with Homeless Housing Assistance and Prevention (HHAP) Round 3 Application).
- 1.7 Lessons learned from development and implementation of the Investment Plan.



**Metrics for Priority Area 2**

**Infrastructure to coordinate and meet member housing needs**

- 2.1 Connection with street medicine team providing health care for individuals who are homeless.
- 2.2 MCP connection with the local Homeless Management Information System (HMIS).
- 2.3 MCP process for tracking and managing referrals for the housing-related Community Supports it is offering during the measurement period, which may include:
  - Housing Transition Navigation
  - Housing Deposits
  - Housing Tenancy and Sustaining Services
  - Recuperative Care
  - Short-Term Post-Hospitalization Housing
  - Day Habilitation Programs

MCPs will be evaluated based only on the Community Supports they are offering during the measurement period.

Metrics for Priority Area 3

### Delivery of services and member engagement

- 3.1 Percent of MCP members screened for homelessness/risk of homelessness.
- 3.2 The number of MCP members who were discharged from an inpatient setting or who have been to the emergency department for services two or more times in a 4-month period who were screened for homelessness or risk of homelessness.
- 3.3 The number of MCP members experiencing homelessness who were successfully engaged with enhanced care management (ECM).
- 3.4 The number of members receiving at least one housing-related Community Supports (See list in measure 2.3 above).
- 3.5 The number of members who were successfully housed.
- 3.6 The number of members who remained successfully housed.

### HHIP Payments

The Department of Health Care Services pre-determined each MCPs potential allocation under HHIP based on member enrollment numbers and/or revenues, with an adjustments factor based on local Point-in-Time (PIT) counts. Each MCP can earn up to its full allocated amount based on the successful completion of the requirements and evaluation of their metrics. The Department will:

- Evaluate each MCP's submissions and performance and make incentive payments that are proportional to the number of points earned.
- Monitor the timeliness and content of MCP submissions and may request revisions for incomplete or inadequate submissions as needed during the review timeframe.