



Leveraging Health Care Partnerships for Housing First Goals

Housing First Partnership Conference
April 9, 2024

Sharing Today

- ✓ Overview of California initiatives
 - Medi-Cal's new housing-related supports (CalAIM)
 - Housing and Homelessness Incentive Program (HHIP)
 - Medi-Cal Renewal Campaign
- ✓ Panel Discussion
 - Alameda County's CalAIM efforts
 - Riverside County's use of Managed Care Plan incentive funds
 - Santa Clara County's cross-sector partnership

Introductions



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Emerging Opportunities

- Housing is a social determinant of health and health care access is critical for maintaining housing
 - Homeless Assistance and Health System collaboration is crucial
- New resources and state initiatives created opportunities to incentivize and facilitate cross-system partnerships across health and homeless systems of care

Medi-Cal: Medicaid in California

- California's Medicaid program, Medi-Cal, is more expansive than many
- California Advancing and Innovating Medi-Cal (CalAIM)
 - Initiative that provides comprehensive care for people w/complex needs, including people experiencing homelessness
- Housing and Homelessness Incentive Program (HHIP)
 - American Rescue Plan Act (ARPA)-funded program to incentivize managed care plans to work closely with their local Continuums of Care (CoCs) to address homelessness and allow people to remain stably housed in their communities



CalAIM Housing-Related Medi-Cal Services

Many new programs under CalAIM - 2 offer housing-related services:

- **Enhanced Care Management (ECM)** - All MCPs must provide ECM to their eligible members
- **Community Supports (CS)** - MCPs opted in to provide specific community supports to their eligible members (most are starting with some; can add more over time)

Key goal: allow members to obtain care in the least restrictive setting possible and ensure people can stay in their communities

CalAIM's Enhanced Care Management (ECM)

- For Medi-Cal members with **complex care** needs
- Intensive care coordination and services across multiple systems to help address both clinical and non-clinical needs of Medi-Cal members
 - Required to meet members where they are in their communities, not just at the Dr.'s office (e.g., at shelters, on the street, or at home)
 - Care managers help Medi-Cal members set clear goals, ensure they receive the full array of benefits they are eligible for, and coordinate across systems
 - Anyone can refer Medi-Cal members for ECM, including self-referrals

CalAIM's Community Supports (CS)

- For Medi-Cal members with **complex health needs** and **unmet social needs**
- MCPs can provide as many of the 14 pre-identified services as possible:
 - **Housing transition navigation services**
 - **Housing tenancy and sustaining services**
 - Recuperative care (medical respite)
 - Caregiver respite services
 - Community transition services/nursing facility transition to a home
 - Environmental accessibility adaptations (home modifications)
 - Sobering centers
 - **Housing deposits**
 - **Shorter-term post hospitalization housing**
 - Day habitation programs
 - Personal care and homemaker services
 - Nursing facility transition/diversion to assisted living facilities
 - Medically supportive food/meals/medically tailored meals
 - Asthma remediation

Housing & Homelessness Incentive Program (HHIP)

- Funded with \$1.3 billion in one-time ARPA funding.
- MCPs earn incentive funds by making investments/ progress in addressing homelessness and keeping people housed in their local communities.
- Goals:
 - Engage with their local homeless systems of care
 - Prevent and end homelessness
- Allocations pre-determined by the State for each county
- Have to meet a series of metrics in collaboration with homeless system in order to draw down the funds

Medi-Cal Renewal Campaign

- Campaign was focused on receiving a yellow envelope in the mail
- State and CMS recognized people experiencing homelessness likely to fall through the cracks
- State sought and received federal waivers
 - Using ex parte information, auto-renew people with \$0 income, fixed income, or those <100% of the federal poverty level
 - Homebase conducted an awareness campaign for CoC members across the state: webinar, Toolkit, and monthly office hours
 - Early data, doubled the # of people renewing automatically



Alameda County's Community Supports

Alameda County Contracting Structure for Housing Community Supports

**Managed Care Plan (currently Alameda Alliance) Contract with
Alameda County Health Care Services**



**Alameda County Health Care Services (Intermediary)
Contracts with Community Providers**
(HCS available to all, regardless of Medi-Cal Managed Care enrollment)



**Community Providers (currently 21) Housing Community Support Services
(Housing Navigation, Tenancy Sustaining Services, Housing Deposits)**

Agency	Primary Activities
Managed Care Plan	<ul style="list-style-type: none"> • Provide member eligibility files • Authorize services • Pay Health Care Services Agency (HCSA) for enrolled & authorized members
Health Care Services Agency	<ul style="list-style-type: none"> • Provide program and contract oversight • Provide trainings • Contract with service providers (and collect credentialing information) • Assign clients to contractors using Coordinated Entry prioritization • Submit authorization requests to MCP • Submit Invoices/Claims to MCP <ul style="list-style-type: none"> • Extract data from Homeless Management Information System (HMIS) • Ongoing data bumps against member eligibility files • Pay community providers for all clients served
Community Providers	<ul style="list-style-type: none"> • Obtain client consent and engagement • Provide services • Documentation of need, creation of Housing Support Plans • Enter data and documentation in HMIS

Successes

- ✓ HCSA as Intermediary has allowed for **service expansion** through providers that would not have the capacity to contract directly with MCPs
 - ✓ Now 21 Provider Agencies
 - ✓ Using one-time funding to provide capacity building
- ✓ Service commitments have helped leverage new permanent supportive housing developments
- ✓ Improved **standardization** and quality assurance with subcontractors

Challenges

- ✓ Administrative workload to facilitate authorization extensions for Tenancy Sustaining Services
- ✓ Additional documentation/paperwork for subcontractors
- ✓ Significant staffing and billing infrastructure development needs
- ✓ Identifying on-going, sustainable funding for non-managed care portion

HOUSING AND HOMELESS INCENTIVE PROGRAM



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HOUSING AND HOMELESS INCENTIVE PROGRAM

- **\$44,000,000 Investment**
- Health Plan Collaboration Efforts
 - CoC Participation
 - Working Group
 - Investment Plan
- CalAim Opportunities
 - Exploration of Billing for CBOs
- Alignment With 5-Year Strategic Plan
- Collaborative Implementation
 - Relatively No New Programming
- Expedited Schedule-Board Authority for Contracting



HWS HOUSING AND
WORKFORCE
SOLUTIONS
ENGAGE. ENCOURAGE. EQUIP.



Investment Plan



- \$18.5 Million For 429 Housing Units
- Two Navigation Centers One With 80 Transitional Modular Units

KEY TAKEAWAYS

Leveraged Investments for Sustainability

Significant Investment in Capital and Human Infrastructure

Enhanced Public Private Partnership

Data and Results Driven Plan and Reporting

Integrated Services Delivery Approach



Santa Clara County's Cross-Sector Partnership

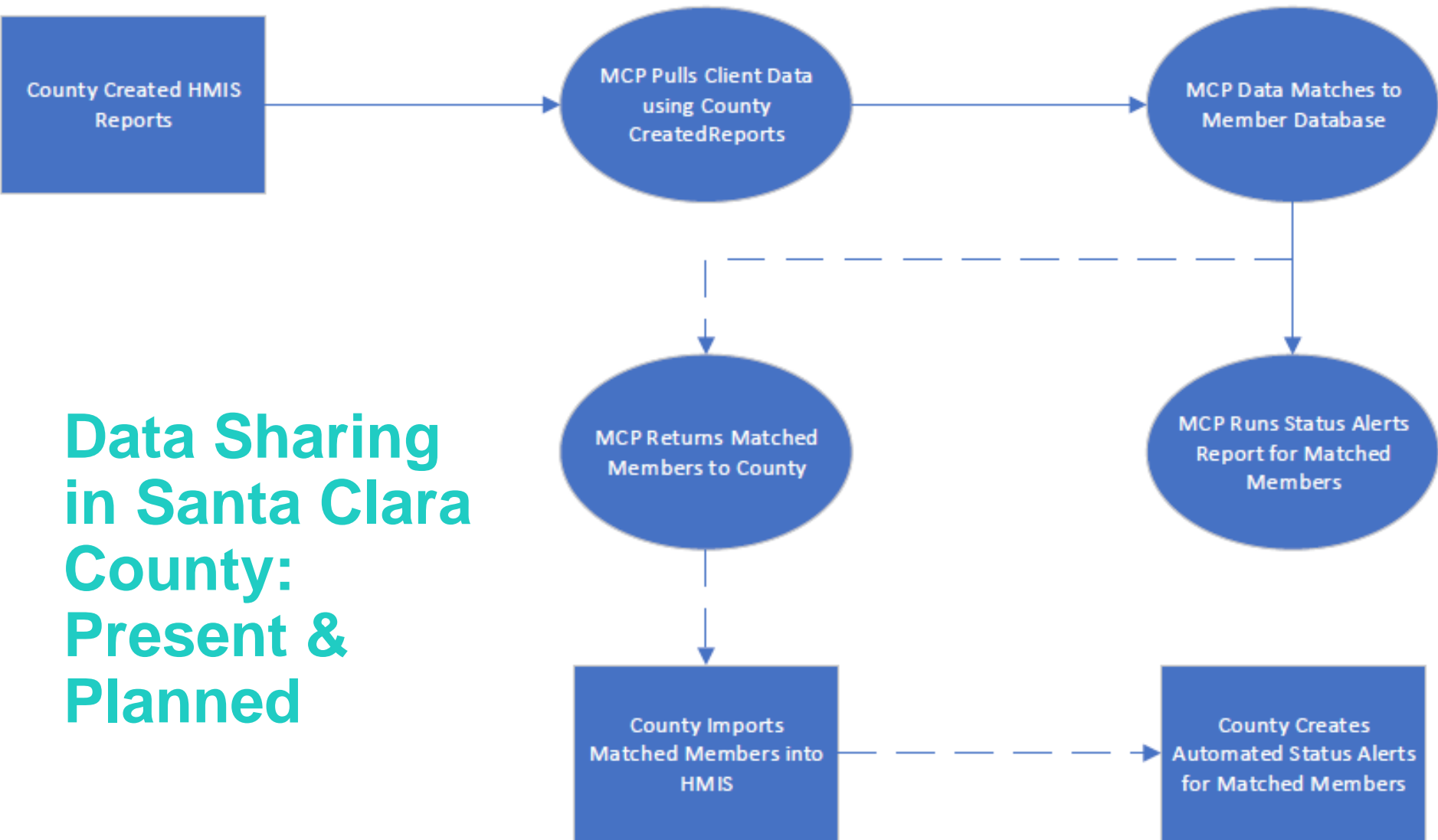
Partnering on Strategic Investments and Data Sharing

- Large county in California with over 1.9 million people; large urban center + suburban and some rural areas
- Lots of wealth but also very high numbers of people experiencing homelessness
 - Most recent Point-in-Time Count: 9,903 people
- Robust CoC with established Community Plan to End Homelessness
- Dedicated MCPs: One local and one multi-county commercial plan
 - MCPs are participating HMIS agencies
- CalAIM + HHIP = Great strides in cross-system collaboration, including investment planning/MCP investments in CoC and data sharing

Collaborative, Strategic Investment Planning

- Multi-year collaborative process, catalyzed by HHIP and CalAIM
 - Active Work Group with representatives from CoC, County, largest City, and all MCPs
- Jointly developed Investment Plan and Expenditure Plan
 - Direct MCP investments in County and CoC to fund collaboratively-identified priorities (including prevention, street medicine, CoC infrastructure)
 - Planned investments in expanded shelter and temporary housing capacity
 - Ongoing planning to jointly roll out process to identify innovative, impactful projects for flexible funding
- Strategic referrals to Community Supports for those prioritized via CoC's Coordinated Entry

Data Sharing in Santa Clara County: Present & Planned



Panel Discussion



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Resources

- Homebase Resources:
 - [Medicaid Renewals & Homelessness](#)
 - [National Medicaid Renewal Toolkit](#)
 - [Medi-Cal Renewal Toolkit](#)
 - [HHIP Implementation Toolkit for CoCs](#)
 - [Recommendations to Improve Implementation of ECM & Community Supports for People Experiencing Homelessness](#)
- Information about state Medicaid plans and waivers
 - [State Profiles](#)
 - [Medicaid State Plan amendments](#) (searchable by state and topic)
 - [Medicaid State Waivers List](#) (searchable by state and waiver type)
 - [State Medicaid agencies and directors](#)

THANK YOU!