

PART I: HHIP MEASURES

Please provide the name of the MCP completing the MCP LHP submission and the county for which it will be submitted:

MCP Name	Lead Contact Person Name	Title	Contact Email Address	County Name		
CalOptima Health	Katie Balderas	Director	katie.balderas@caloptima.org	Orange		
Priority Area	Measurement Area	Available Points	Measure Numerator	MCP Numerator Submission	Measure Denominator	MCP Denominator Submission
1. Partnerships and capacity to support referrals for services	<p>1.1 Engagement with CoC, including, but not limited to:</p> <ul style="list-style-type: none"> - Attending CoC meetings - Joining the CoC board - Joining a CoC subgroup or workgroup - Attending a CoC webinar <p>During program evaluation, DHCS will administer surveys to the CoC so that the Department can better understand the level of engagement from the MCP.</p> <p>Update: Additional narrative description requested. MCP should resubmit the narrative they previously submitted with an additional 250 characters to address the updated prompt.</p>	<p>10 (8 points for the original submission, and 2 points for the additional narrative submission)</p>	<p>Narrative submission (500 character limit)</p> <p>Original submission: Provide a narrative description of the MCPs engagement with the CoC, citing the number of CoC meetings attended and any formal involvement, such as joining the board or a workgroup. Engagement with the CoC should be based on the MCP and CoC joint determination of the most effective way to partner. (500 characters)</p> <p>Additional narrative submission: DHCS is requesting an additional description of the CoC's needs (i.e. capacity, funding) for conducting the 2023 PIT count (or the next year that the PIT count will be completed) and how the MCP anticipates supporting the CoC for the PIT count. (250 characters)</p>	<p>In 2021, CalOptima nominated staff for the CoC Board, but was unable to secure a seat. Three staff are general membership. From 1/1/22-4/30/22, staff attended all regular board meetings and 5 committee meetings. Staff regularly meet with CoC administrative staff and HHAP applicant cities (Santa Ana and Anaheim). CalOptima plans to nominate a staff person for the CoC Board in 2022 and work with the CoC to identify other opportunities for involvement.</p> <p>CalOptima will support planning of the next PIT count, and can provide funding for care packages, offer cell phones for unhoused individuals, support volunteer recruitment, and ensure Street Medicine providers are available during the survey period.</p> <p>CoC Contact: Zulima Lundy, ZLundy@ochca.com</p>		
			<p>2. Infrastructure to coordinate and meet member housing needs</p> <p>2.1 Connection with street medicine team providing healthcare for individuals who are homeless</p> <p>Street Medicine defined as health and social services developed specifically to address the unique needs and circumstances of unsheltered homeless individuals delivered directly to these individuals in their own environment.</p> <p>Priority Measure</p> <p>Update: Removed the requirement that the street medicine team serve as a PCP. MCP may choose to resubmit the response given this update.</p>	<p>20</p> <p>Points will be applied to either the updated submission if the MCP chooses to update or to the original submission if the MCP does not submit an update.</p>	<p>Attach as appendix to LHP:</p> <p>Attach a MOU or contract, or joint statement of intent to submit a MOU or contract by the next reporting period (Submission 1), with a street medicine team providing healthcare for individuals who are homeless.</p> <p><i>No longer needs to include a provider credentialed to serve as a PCP.</i></p> <p>Narrative submission (500 character limit)</p> <p>For MCPs operating in a designated rural county*, if a street medicine team is not present in the county, the MCP must describe in detail the alternative services and outreach they are providing to individuals who are homeless, such as outreach and transportation to appointments, telehealth in the field, and/or health services provided at crisis and interim housing sites.</p> <p><i>*Designated rural county as defined by OMB, as a county that is not part of a Metropolitan Statistical Area (MSA).</i></p>	<p>No update from the original submission</p>
3. Delivery of services and member engagement	<p>3.3 MCP members experiencing homelessness who were successfully engaged in ECM</p> <p>Update: Measure updated in full, MCPs must respond to be eligible for the full points.</p>	<p>10</p> <p>DHCS requests MCPs to submit new information for this measure. The previous submission for measure 3.3 will no longer be evaluated.</p>	<p>Quantitative submission (numerator)</p> <p>Enter the number of MCP members in the ECM Population of Focus #1: Individuals and Families Experiencing Homelessness engaged in ECM (as reported in the most recent Quarterly Implementation Monitoring Report) during the measurement period</p> <p>Members who were deceased or who were in a SNF for more than 90 days during the measurement period should be excluded.</p>	1077	<p>Quantitative submission (denominator)</p> <p>In the cell to the right, enter the number of MCP members experiencing homelessness during the measurement period.</p> <p>Provide a narrative description of the methodology the MCP used to determine this number. Members who were deceased or who were in a SNF for more than 90 days during the measurement period should be excluded.</p> <p>This measure will incentivize MCPs to connect to HMIS to determine the number of members experiencing homelessness in future submissions.</p>	<p>10155</p> <p>CalOptima uses the following sources in an algorithm to identify members who are potentially experiencing homelessness: an address database and address word fragments that suggest members are living in a place not meant for human habitation; ICD-10-CM codes that indicate a patient is experiencing homelessness within the last 12 months (Z59); and program-specific lists (e.g. former WPC clients) indicating the member was receiving homeless related services. CalOptima considers the results of the algorithm to be members potentially experiencing homelessness and as such requires verification to determine if the member is literally homeless for purposes of individual interventions and qualification for programs.</p>
	<p>3.4 MCP members experiencing homelessness receiving at least one housing-related Community Supports, including:</p> <ol style="list-style-type: none"> 1. Housing Transition Navigation 2. Housing Deposits 3. Housing Tenancy and Sustaining Services 4. Recuperative Care 5. Short-Term Post-Hospitalization Housing 6. Day Habilitation Programs <p>Priority Measure</p> <p>Update: Measure is now a priority measure. Denominator updated to include all members experiencing homelessness.</p>	<p>20</p> <p>DHCS requests MCPs to resubmit their numerator for measure 3.4</p>	<p>Quantitative submission (numerator)</p> <p>Enter the number of MCP members who were determined homeless or at risk of homelessness and received at least one the MCP's offered housing-related Community Supports during the measurement period of January 1, 2022 to April 30, 2022.</p>	<p>In each cell below, enter the requested figures. If an MCP did not offer the Community Support during the measurement period, list "N/A." Members who were deceased or who were in a SNF for more than 90 days during the measurement period should be excluded.</p>	<p>Quantitative submission (denominator)</p> <p>In the cell to the right, enter the number of MCP members experiencing homelessness during the measurement period.</p> <p>Provide a narrative description of the methodology the MCP used to determine this number. Members who were deceased or who were in a SNF for more than 90 days during the measurement period should be excluded.</p> <p>This measure will incentivize MCPs to connect to HMIS to determine the number of members experiencing homelessness in future submissions.</p>	<p>DHCS to use response provided in cell 9G</p>

			1. Housing Transition Navigation	416		
			2. Housing Deposits	144		
			3. Housing Tenancy and Sustaining Services	114		
			4. Recuperative Care	80		
			5. Short-Term Post-Hospitalization Housing	N/A - To be implemented 7/1/22		
			6. Day Habilitation Programs	N/A - To be implemented 7/1/22		
3.5 MCP Members who were successfully housed Priority Measure Successfully housed defined in guidance document "Measure 3.5 Defining Successfully Housed"	20 DHCS requests MCPs to resubmit measure 3.5	Quantitative submission (numerator) Number of MCP members experiencing homelessness who were successfully housed between January 1, 2022 and April 30, 2022. Successfully housed defined in guidance document "Measure 3.5 Defining Successfully Housed." Members who were deceased or who were in a SNF for more than 90 days during the measurement period should be excluded.	66	Quantitative submission (denominator) In the cell to the right, enter the number of MCP members experiencing homelessness during the measurement period. Provide a narrative description of the methodology the MCP used to determine this number. Members who were deceased or who were in a SNF for more than 90 days during the measurement period should be excluded. This measure will incentivize MCPs to connect to HMIS to determine the number of members experiencing homelessness in future submissions.	<i>DHCS to use response provided in cell 9G</i>	