



CalAIM, Housing & Homelessness-Related Funding Opportunities

	CalAIM Provider Incentive Program	PATH (Providing Access and Transforming Health)	Housing & Homeless Incentive Program
Total Funding	<p>\$1.5 Billion.</p> <p>DHCS will notify MCPs of approved funding. MCPs may reach out to ECM and Community Supports providers, including Recuperative Care/Medical Respite to request for more specific information about funding requests. MCPs may begin distributing funding to providers in March 2022 or shortly thereafter.</p> <p>https://www.dhcs.ca.gov/Documents/MCQMD/CalAIM-Incentive-Payment-FAQ.pdf</p>	<p>\$1.44 billion one-time transitional funding,</p> <p>https://www.chcf.org/publication/calaim-explained-overview-new-programs-key-changes/#new-programs</p>	<p>\$1.288 Billion one-time funds (\$644 million in state funds [ARPA] + \$644 million in matching Federal funds) to be distributed to MCPs beginning in Q3 and Q4 2022 through March 31, 2024.</p> <p>https://www.dhcs.ca.gov/services/Pages/Housing-and-Homelessness-Incentive-Program.aspx</p>
Funding Timeline	<p>\$300 million State Fiscal Year (SFY) 2021-22; \$600 million for SFY 2022-23; \$600 million for SFY 2023-24.</p> <p>In 2022, MCPs are eligible to earn "Gate" payment for offering Community Supports (ILOS) in January or July 2022.</p>	<p>First distribution of funding will begin 3rd Qtr. 2022 through December 31, 2026.</p> <p>DHCS will release eligibility requirements, etc. Information will be shared with the Learning Network as it is available.</p>	<p>Funding available through March 31, 2024. The NHCHC is participating in a DHCS & CDSS Workgroup. Managed Care Plans (MCPs) have been asked to submit non-binding Letters of Interest to DHCS to determine level of interest in participating. Information will be shared with the Learning Network as it is available.</p>

Funding Source	2021-2022 CA State Budget	Authorized under DHCS' Section 1115 and 1915(b) waivers as one-time transitional funding that will support efforts to maintain, build, and scale the capacity necessary to transition the Whole Person Care Pilot (WPC) and Health Home Pilots approved in the 2020 CalAIM Initiative demonstration. DHCS will engage a Third Party Administrator to administer the funds for DHCS.	Section 9817 of the American Rescue Plan Act (ARPA) of 2021. DHCS Medi-Cal Home & Community Based Services (HCBS) Spending Plan approved by CMS on 1.4.22. Funds allocated by Point in Time counts of homeless individuals and other housing-related metrics.
Funding Recipient	Incentive payments to Medi-Cal Managed Care Plans who voluntarily choose to participate. MCPs submit a Gap-Filing Plan for any county where they are administering CalAIM ECM and Community Supports (ILOS) by 1.12.22.	Counties, former WPC Lead Entities, providers (including contracted ECM and Community Supports providers), Community-Based Organizations, Tribes, others. MCPs are expected to participate in PATH but are <u>not</u> permitted to receive PATH funding for infrastructure, capacity or services. Funding available for the provision of technical assistance (TA) for qualified applicants that intend to provide ECM and/or Community Supports	Medi-Cal Managed Care Plans , who voluntary participate will share 85% funding with social service agencies, counties, housing agencies, public health agencies and/or CBOs to address homelessness. Funding to be made available to both public and private contractors under the same terms of performance.

<p>Eligible Uses</p>	<p>MCPs are encouraged to make significant investments in their ECM and Community Supports (ILOS) networks and support provider network infrastructure development.</p> <p>(1) Delivery System Infrastructure: Purchase or upgrade of ECM & CS IT systems and Provider capabilities, including certified EHR technology, care management documentation system, closed-loop referral, billing systems. Services and onboarding/enhancements to HIE.</p> <p>(2) ECM Provider Capacity: Building ECM Provider networks & compliance; hiring & training ECM Lead Care Managers, care coordinators, community health workers, and supervisors to ensure core competencies;</p> <p>(3) Community Supports/ILOS Capacity: Offering CS/ILOS and expanding reach of services; Building CS/ILOS Provider networks and compliance; Hiring & training CS/ILOS support staff, workflow redesign and training;</p> <p>(4) Quality: Reporting of baseline data in year one to inform quality outcome measures in future program years.</p>	<p>PATH has three areas of support (1) Technical Assistance Initiative, (2) Collaborative Planning and Implementation, and (3) Capacity and Infrastructure Transition, Expansion and Development (CITED) Initiative. Specifically, with regards to the CITED Initiative, sample uses of funding include:</p> <ul style="list-style-type: none"> • Increasing Provider Workforce: initial hiring, recruiting, onboarding and training staff that will have a direct role in the execution of ECM/ILOS responsibilities increasing to deliver new services/programs above and beyond current capabilities (e.g., offering a new Community Supports not previously offered under the Whole Person Care Pilot; • Developing Necessary Infrastructure and Systems : implementing a closed-loop referral system, purchasing enhanced billing systems, enhancing existing systems to support core monitoring and reporting needs; • Supporting Delivery of ECM/ILOS modifying existing physical infrastructure that are essential to deliver ECM/ILOS • Evaluating and Monitoring ECM/ILOS: staff time devoted to data collection 	<p>Coordination and non-duplication of existing resources and programs, e.g., Interim sheltering and housing and Short-Term Post Hospitalization Housing. DHCS is open to recommended areas for funding from MCP-lead local collaborations and needs outlines in the Local Homelessness Plans (LHP)</p>
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Program Design		MCPs are not permitted to receive PATH funding for infrastructure, capacity or services	DHCS is designing HHIP with input from stakeholders, including MCPs, cities, counties, local Continuums of Care (CoC), providers, nonprofits, county behavioral health and social services, local housing departments and community-based organizations (CBOs). DHCS expects MCPs will align their Local Homelessness Plans (LHP) with local HHAP grant applications and collaborate with local homeless Continuum of Care (CoC) on this alignment. (Counties with multiple MCPs will need to work together to submit one LHP per county.)
Proposed Definition of Homelessness			Individuals who are at risk of, have recently been, or are currently experiencing homelessness. <ul style="list-style-type: none"> • An individual or family who lacks adequate nighttime residence; • 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; • An individual exiting an institution into homelessness; • An individual or family who will imminently lose housing in next 30 days; • Unaccompanied youth and homeless families and children and youth defined as homeless under other federal statutes; or • Individuals fleeing domestic violence.

<p>Program Priority Areas</p>	<p>70% of the cap must be allocated as follows: (1) Min. of 20% tied to Delivery System infrastructure measures; (2) Min. of 20% tied to ECM Provider capacity building measures; (3) 30% tied to Community Supports (ILOS) Provider capacity building and take-up; and (4) remaining 30% is allocated at the MCP's discretion.</p>	<p>Funding will flow directly from DHCS or a contracted Third-Party Administrator to eligible entities.</p>	<p>HHIP can support the coordination of health and housing services for Medi-Cal members statewide. Proposed Strategic Support:</p> <ul style="list-style-type: none"> • Develop partnerships between MCPs and social services agencies, counties, public health agencies, and public and community-based housing agencies to address homelessness; • Provide rapid rehousing for Medi-Cal families and youth, and interim housing for aging and disabled populations; • Expand access to housing services and street medicine programs; • Improve access to coordinated housing, health and other social supports; • Reduce avoidable use of costly health care services; • Improve whole person health for Medi-Cal enrollees, including BH treatment and resources; • Implement solutions that manage information to better identify populations of focus and Member needs.
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<p>Application Process</p>	<p>DHCS will notify MCPs of approved funding in February 2022. MCPs may reach out to ECM and Community Supports providers, including Recuperative Care/Medical Respite to request for more specific information about funding requests and request the completion of a funding application. MCPs may begin distributing funding to providers in March 2022 or shortly thereafter. https://www.dhcs.ca.gov/Documents/MCQMD/CalAIM-Incentive-Payment-FAQ.pdf</p>	<p>Qualified applicants who wish to receive CITED funding must submit an application with a specific funding request indicating how they intend to use PATH CITED funds.</p> <ul style="list-style-type: none"> • Applications will collect information regarding the qualified applicant's experience to date providing ECM / Community Supports (or equivalent services prior to the start of CalAIM) as well as the qualified applicant's intended uses of CITED funds; • Qualified applicants must clearly state their need, what they intends to do to meet that need, and the funding request that would allow them to do that; • Applications will also describe how requested funding will align with local MCP IPP Needs Assessments and Gap Filling Plans; and • Funding requests should be coordinated with local MCPs and include strategies to avoid duplication and displacement of other funding sources (e.g., IPP). 	<p>To be determined</p>
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