



SUMMARY OF STATE ACTION: MEDICAID AND HOUSING SERVICES JANUARY 1, 2016

INTRODUCTION

States recognize that supportive housing directed at the right population can reduce Medicaid spending. They also recognize that supportive housing services need to be financed in a way that is more sustainable than short term government and philanthropic grants. Therefore, states, localities and health services payers such as managed care organizations are experimenting with ways to more comprehensively finance outreach and engagement, tenancy supports and general case management.

The table below highlights actions states and other entities have taken to improve service delivery and financing of the services delivered by supportive housing providers.

SUMMARY OF STATE ACTIVITY

State/City	Proposal	Medicaid Mechanism	Result	Next Steps
California	<ul style="list-style-type: none"> Waiver proposal submitted March 27, 2015: Create incentives for health plans (managed care organizations, county health systems) to fund tenancy supports for people with two chronic conditions or one serious mental illness who are either homeless or could exit institutions with 	1115 Medicaid Waiver	In negotiation with CMS, California combined housing proposals with “Whole Person Care” proposal. Waiver finalized on December 30, 2015: County Whole Person Care pilots, where counties can apply for total pot of \$300 million per year for building infrastructure to identify, track data on, and provide services interventions to high users of multiple systems. Specific homeless provisions allow funding for outreach,	<ul style="list-style-type: none"> CSH will be working with select counties to encourage using the pilot to address the needs of homeless beneficiaries.

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	<p>available supportive housing. Also proposed a Regional Housing Partnership and Savings Pool to fund rental subsidies through Medicaid savings projected or realized.</p> <ul style="list-style-type: none"> • Create health home benefit to fund a significant range of services in supportive housing. 	Section 2703 Health Homes	<p>engagement, tenancy supports, and tenancy sustaining services. Also allows for funding for creating housing pool to match services dollars with locally-controlled housing dollars (though no funding for rental subsidies). Allows for tracking Medicaid savings through moving people into housing.</p> <p>Medicaid Office has included multiple provisions regarding homeless beneficiaries in the concept papers issued. Awaiting submittal of State Plan Amendment.</p>	<ul style="list-style-type: none"> • Engaging Medicaid Office and stakeholders to influence the State Plan Amendment, set to be sent to CMS in the near future. • Expected roll out of benefit beginning in “Group 1 counties” (10 Northern California counties) in January 2017, with Group 2 and 3 counties rolling out through July 2018. • In preparation for roll-out, CSH is working with health plan staff in select counties.
Illinois	<ul style="list-style-type: none"> • State created Care Coordination Entities to experiment with ACO models • Together4Health was created in Chicago/Cook County to target care coordination for high need 	Accountable Care Organizations (ACO)	<ul style="list-style-type: none"> • Housing case managers and health care coordinators work together to integrate health and housing • To date, care coordination rates do not include supportive housing case management • As the state shifts to a Medicaid 	<ul style="list-style-type: none"> • Together4Health has begun to coordinate care for people and will continue to evaluate success and challenges

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	<p>patients</p> <ul style="list-style-type: none"> • Together4Health includes supportive housing partners in the provider network 		<p>managed care system, the Care Coordination Entities will be evaluating how this effects their operations</p>	
Illinois	<ul style="list-style-type: none"> • Allow Managed Care Organizations to re-invest incentive payments into housing services, rental assistance and capital investment 	1115 Waiver	<ul style="list-style-type: none"> • The 1115 was submitted in 2014 and is still in negotiation 	<ul style="list-style-type: none"> • Next steps are unclear as Governor Rauner's Administration takes office in IL and will need to evaluate the 1115 proposal as part of new priorities
Louisiana	<ul style="list-style-type: none"> • Improve services delivery and financing for those who are homeless or leaving institutional care • Coordinate housing and services to simplify providers ability to deliver both for vulnerable people • Operated through managed care arrangement 	1915i – Home and Community Based Services State Plan Amendment (and other 1915 waivers)	<ul style="list-style-type: none"> • Eligible populations as Medicaid beneficiaries who have a significant, long-term disability, who are receiving services from the Department of Health and Hospitals, and who are in need of housing and support services. • The managed care organization Magellan manages the supportive housing providers, tracks availability of units, and reimburses supportive housing services providers for case management other housing oriented services. 	<ul style="list-style-type: none"> • State working to find ways to sustain funding for housing supports • 1915 waivers will soon be up for renew and the MCO contract must be rebid • Find more info about the Magellan program at Louisiana PSH program
Massachusetts (Massachusetts Behavioral Health Partnership)	Achieve state determined outcomes and control costs for high cost behavioral health patients	Managed Care (and 1115 based services)	<ul style="list-style-type: none"> • MBHP targets members who are also chronically homeless for supportive housing • Pays supportive housing providers to deliver housing based case 	This initiative is being used as a part of the service delivery model for Massachusetts' Pay for Success program. This Social Impact Investment initiative is an attempt

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			<p>management (\$17 per day, per person)</p> <ul style="list-style-type: none"> • Provider must house the member within 60 days and use a supportive housing model • MBHP created a community support program benefit specific for chronically homeless populations 	<p>to use cost effective strategies and leverage the savings and reinvest them into the community. This will allow Massachusetts to create supportive housing at the scale needed to end chronic homelessness.</p>
<p>Minnesota (Medica health plan)</p>	<p>Test potential managed care return on investment that can be achieved through supportive housing</p>	<p>Managed Care</p>	<ul style="list-style-type: none"> • Medica, working through, Hearth Connection, Inc, is targeting a demonstration project targeting Medica's 88 highest cost users of Medicaid • These users are experiencing long-term homelessness and chronic conditions • Medica staff identifies potential enrollees for the demonstration, they then provide the names of these enrollees to Hearth Connection. Hearth Connection locates the enrollee and determines eligibility for their program, including whether the person is homeless. • Medica pays for services within supportive housing, delivers care coordination, and conducts the evaluation of the project. 	<p>Foundations and other funders, like CSH, have funded an evaluation study and assisted Hearth Connection in covering their administrative costs.</p>

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New York	<ul style="list-style-type: none"> Supportive Housing mandatory partner in health home networks Targets care coordination to those with mental illnesses, chronic conditions and HIV/AIDS 	Health Home State Plan Amendment	<ul style="list-style-type: none"> The state is working to improve integration of housing case management and health home care coordination CSH has conducted trainings statewide Several emerging practices are finding ways to not only integrate housing and health but pay for case management services essential to stabilizing health 	<ul style="list-style-type: none"> Continue evaluation of emerging practices and overcoming challenges
New York	<ul style="list-style-type: none"> Use supportive housing to achieve state cost savings goals outlined by the state's Medicaid Redesign efforts Reinvest savings into cost effective best practices including supportive housing 	1115 Waiver and State Resources	<p>Seven Supportive Housing pilot projects were created</p> <ul style="list-style-type: none"> Health Homes Pilot Project (DOH): supports 500 rent and service subsidies for supportive housing providers Step Down/Crisis Resident Pilot (OMH): supports capital and operating funding to allow for a specified number of existing community residential service providers to convert a certain number of beds into crisis or step-down service units. Nursing Home to Independent Living (DOH): supports rent and service subsidies to individuals 	<p>All supportive housing MRT funding will be tracked to assess program effectiveness and Medicaid savings attributed to each initiative. Agencies administering MRT supportive housing initiatives are responsible for working with providers to collect data and submit into the Medicaid Data Warehouse. The state's portion of savings generated from these initiatives will be reinvested into this supportive housing initiative.</p>

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			<p>moving into independent housing.</p> <ul style="list-style-type: none"> • OMH Supported Housing Supplement (OMH): supports rent and service subsidies to supportive housing providers for high-cost Medicaid recipients with serious mental illness enrolled in Health Homes and living in scattered-site apartments. • Homeless Senior Placement (Office for Temporary Disability Assistance - OTDA): Provides rent supplement to older individuals residing in homeless shelters for long periods of time who receive SSI/SSD but are not eligible for existing supportive housing programs. • Health Home HIV Rental Assistance Pilot (DOH): supports rental assistance for homeless and unstably housed Health Home participants diagnosed with HIV infection but medically ineligible for the existing HIV specific enhanced rental assistance program • Senior Supportive Housing Pilot: supports capital and supportive 	

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			services to enable low-income seniors to remain in the community, including seniors aging in place in supportive housing.	
Philadelphia (Community Behavioral Health Plan)	CBH partners with the city's housing agency and utilizes both Medicaid and city designated funding to finance services and housing for supportive housing residents	Managed Care – behavioral health	If the participant is deemed eligible, (specifically if they are chronically homeless), CBH pays for housing based case management and rental assistance coordinated through city resources	CBH cost savings become city revenue largely re-invested back into supportive housing in the form of rental assistance and other funds for supportive housing
Texas	<ul style="list-style-type: none"> Texas implemented a \$11.4 billion Delivery System Reform Incentive Pool/Payment (DSRIP) program 20 Regional Health Plan networks were created to spur innovation to serve Medicaid and indigent populations 2 regions (Houston and Austin) have worked to integrate housing into health projects 	1115 Waiver	<ul style="list-style-type: none"> Austin will utilize Medicaid 1115 payments to fund comprehensive services for at least 75 individuals experiencing homelessness and mental illness. Houston will provide services for at least 200 individuals who will receive services through partnerships between federally-qualified health clinics and local homeless providers. In both cases, these services will be coupled with housing subsidies provided via other local sources. 	TX's 1115 waiver will be discussed this year because it is coming to the end of the first 5 years and must be either renew or revise per federal rules
Washington	<ul style="list-style-type: none"> Medicaid to pay for tenancy support services in supportive housing targeting people in the long-term care, primary care, and behavioral health systems 	1115 Waiver application to CMS	<ul style="list-style-type: none"> Awaiting CMS's reply in Spring of 2016. 	<ul style="list-style-type: none"> State decision-making around operational implementation mechanisms. Negotiations with CMS Continue to evaluate successes and challenges of

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	<ul style="list-style-type: none"> Housing partners are optional members for state health home networks that target those with a chronic illness. 	Health Home State Plan Amendment	<ul style="list-style-type: none"> Health homes coordinate with the local housing system to the degree possible. 	health home implementation