

Supportive Housing and State Medicaid Policy Innovation

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The Source for
Housing Solutions



3 Areas to Address

- **Eligibility**
 - Easier in expansion states
 - Non-expansion states experimentation often MCO driven
 - Assisting beyond those with mental health needs
- **Benefits**
 - Traditional Medicaid – Rehab Option and TCM
 - 1115 waivers
 - Health Home
 - Home and Community Based Services
- **Provider Capacity**
 - Lowering burden (Washington State)
 - Revenue concerns
 - Creating better payment models than fee for service
 - Promoting partnerships

Frequent Gaps in Services Benefits

Tenancy
Supports

Case
Management
(FQHCs)

Transportation

Integrated/Team
Orient Care

Traditional Medicaid

- **Usually Mental Health Population**
- **Medicaid Rehab Option**
 - Assertive Community Treatment Teams
 - General behavioral health services
 - Peer Support
 - Case management
 - Crisis Intervention
 - Outreach and Engagement
- **Targeted Case Management**
 - Not used often due to narrow population and restrictions on billing
 - Washington state – for substance use treatment population
- **1115 Waivers**

1115 Waivers

Rhode Island

Chronically Homeless

Comprehensive services

Yet to be Approved

New York

Asked to Re-invest federal and state savings

The 1115 was approved but w/o federal re-investment proposal

Texas

Established regional networks statewide

Networks have great flexibility

Austin and Houston working with SH providers

Illinois

MCO investment of incentive payments

Next Test for CMS

Home and Community Based Services

- **Louisiana**
 - Several 1915 waivers and 1915i State Plan Amendment
 - Used Katrina funds to assist with housing component and admin
 - MCO led – Magellan
 - Assisted by Technical Assistance Collaborative (TAC)
 - Targets – Homeless, institutionalized, and multiple chronic conditions
 - Integrates housing and support services as a package

Health Homes, ACOs and Housing

New York

- Challenges in implementation
- However, supportive housing mandatory
- Service delivery Issues - integrating care coordination and case management

States In Progress

- Washington
- California

Illinois and Oregon

- ACOs Models
- Including supportive housing
- Challenge resources for case mgmt and rental assistance

Managed Care Specific Initiatives

Massachusetts Behavioral Health Partnership

- Targets Chronically Homeless
- Uses CSP benefit
- Pays \$17 per day, per member
- SH providers must place person in housing w/in 60 days

Medica - MN

- Demonstration Project – 85 high cost users
- Includes services and operational costs of supportive housing (i.e. rental assistance)
- Coordinated by Hearth Connection, Inc

Other

- UnitedHealth Care and OptumHealth
- WellPoint and Amerigroup

State Investment

Recognized Need for Rental Assistance and Capital Investment

- **New York**
 - FY 2012 – 2013 - \$75 million in capital, rental subsidies and services
 - FY 2013 – 2014 - \$86 million
 - *FY 2014 – 2015 - \$100 million (in Governor's proposed budget)*
 - *FY 2015 – 2016 - \$160 million (in Governor's proposed budget)*

- **Philadelphia**
 - Longest running example
 - City operated not for profit MCO
 - Reinvests Medicaid savings into supportive housing (state only portion)

Moving the Ball Forward

- **Issues for Payers (States, Managed Care, ACOs, Health Homes)**
 - Intersection of Case Management and Care Coordination
 - Paying for both with limited resources (before savings are captured)
 - Developing payment model
 - Defining roles
 - Identifying appropriate housing partners
 - Shortage of affordable housing

- **Issues for CMS**
 - Learned from Money Follows the Person Demonstrations
 - Important Services Include:
 - Pre-Tenancy Supports
 - Tenancy Supports
 - Case management
 - Avoiding Long Term Subsidy
 - HUD still has a responsibility
 - Ensure subsidy stays if/when service need decreases

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