Summary of State Action: Medicaid and Housing Services Updated September, 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
Arizona	• Partnership between State and local Housing Resources and Managed Care Organizations for Services	1915 (b) (3)	• Increased capacity in supportive housing, as housing systems (COCs, SHFAs) only need to fund housing related costs, not services related costs.	• Target and Prioritize new capacity on Chronically Homeless to meet state plans on Ending Chronic Homelessness goals.

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California	• Create incentives for health plans (managed care organizations, county mental health and Medicaid drug organized delivery 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 available supportive housing. Also included a Regional Housing Partnership and Savings Pool to fund rental subsidies through Medicaid savings realized. • Requires MCOs to have a "Housing Navigator" position at the MCO that assist members experiencing homelessness with accessing Supportive Housing	1115 Medicaid Waiver	• CA's Health Care system is county based. Counties are required to fund the non-federal share of Medicaid financing. • Waiver finalized on December 30, 2015. In negotiation with CMS, California combined housing proposals with "Whole Person Care" proposal. County-based funding for services for outreach and engagement and services in supportive housing, for Move in Costs (e.g. security deposits), respite care costs, partnership development, etc. Also funding to form a "regional housing pool" that allows counties to obtain contributions from health plans (from cost savings generated from services), private entities, county general funds, and to use these "cost savings" for long-term housing costs.	• CSH continues to participate in a stakeholder group informing Medicaid Office on Whole-Person Care Pilots. • CSH working with select counties to use the pilot to address the needs of homeless beneficiaries.
CA	• Create health homes targeting homeless beneficiaries and beneficiaries who are frequent hospital users, allowing funding for housing navigators.	Section 2703 Health Homes	State Plan Amendment or SPA draft submitted in March 2016, with timeline for implementation in July 2017.	• State engaging in stakeholder process in preparation for Health Home SPA submission. One stakeholder workgroup met to

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				discuss how to fund services for homeless beneficiaries. CSH worked with State to set agenda and invite attendees. CSH is on State's Technical Assistance Committee. • Expected roll out of Health Homes benefit beginning in "Group 1 counties" (10 Northern California counties) in July, 2017, with Group 2 and 3 counties rolling out through July 2018.
Illinois-	• 1115 in state public comment period as of 8/29/16. • Waiver focused on Behavioral Health Transformation. • Waiver includes requests for Tenancy Support Services, Supported Employment Services, expedited enrollment in Medicaid for returning citizens and Supportive Services for persons with SUDs. • IL planning to submit a request for Health Homes as well.	1115 Waiver	The 1115 was submitted in 2014 and was rejected.	• Crosswalk may need to be updated. • All state contracts for Care Coordination Entities and Accountable Care Entities were cancelled in the transition between Governors. • CSH preparing comments to the waiver, encourage state to request that CMS allow savings to be reinvested into housing.

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Louisiana	• 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)	• 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.	• 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
Mass. (Community Support Program for People Experiencing Chronic Homelessness or (CSPECH) services)	• Achieve state determined outcomes and control costs for high cost behavioral health patients by providing tenancy support services for people exiting chronic homelessness and high utilizers of homeless and health services. • Medicaid funds used for tenancy support services, bulked monthly rate, billed either directly to managed care or through intermediary biller	Phase I- Funding provided through Community Support Program in behavioral health carve-out. State incentive payments to managed care supported	• MHSA identifies tenants through a provider network for two programs (Home and Healthy for Good – targeting Chronic Homeless through MBHP, and Massachusetts Alliance for Supportive Housing (MASH) Pay for success Project) targets members who are chronically homeless or high utilizers of homeless and health services • Pays supportive housing providers to deliver housing based case	• Continue Implementation of PFS Model, including evaluation of triage tool and impact on health • Assist MHSA in advocating for service expansion in Medicaid • Engage stakeholders around using shared savings for housing

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	• Housing access and program eligibility controlled by (Massachusetts Housing and Shelter Alliance) MHSA to ensure adequate housing and fidelity to low threshold housing	model development Phase II- Pay for Success and expansion of model to all managed care organizations in MA through contract amendments Proposed Phase III- 1115 Waiver through ACOs raising concerns with providers, also potential to target 'dual eligible' enrollees	management ($17 per day, per person) • Provider must house the member within 60 days.	
Minnesota	• Plan submitted to CMS states that health care costs should include SDOH such as Housing • Accountable Health Communities (ACHs) which are the conveners for health care and Social Services including Housing. • Waiver request asks for FFP for Tenancy Support Services, Supportive Employment,	2012 1115 Waiver request with Implementation through Managed Care arrangements	• Medica partnering with Hearth Connection Inc. is targeting a demonstration project targeting Medica's 88 highest cost users of Medicaid	• Foundations and other funders, like CSH, have funded an evaluation study and assisted Hearth Connection in covering their administrative costs.

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New Jersey	• Use Medicaid for Tenancy Support Services • Requesting CMS fund presumptive eligibility for returning citizens so that persons can leave incarceration enrolled in Medicaid • Waiver includes significant expansion of SUD services	1115 Demonstration Waiver	• IN Process	• In the public comment period as of 8/1/16. • Await implementation. • NJ is an IAP state. Possible next steps with the IAP team?
New York	State and City Plans on Supportive Housing - Reinvest savings into cost effective best practices including supportive housing	All NYS funding	Seven Supportive Housing pilots- • Health Homes Pilot Project (DOH)with capacity to service 500 • Step Down/Crisis Resident Pilot (OMH): supports capital and operating funding to convert group homes to TH. . • Nursing Home to Independent Living (DOH) • Homeless Senior Placement (Office for Temporary Disability Assistance - OTDA): Rent supplement to homeless seniors, receive SSI/SSD but not SH eligible	• Evaluation will determine Medicaid Redesign Team (MRT) impact on program effectiveness and Medicaid savings attributed to each initiative. • Supportive Housing and their administrators are required to submit data into the Medicaid Data Warehouse. • The State's portion of savings generated from these initiatives will be reinvested into this supportive housing initiative.

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			• Health Home HIV Rental Assistance Pilot (DOH): housing subsidy for homeless and unstably housed Health Home participants with HIV but medically ineligible for rental assistance programs • Senior Supportive Housing Pilot (DOH): supports capital and supportive services to enable low-income seniors to remain in the community, including seniors aging in place in supportive housing.	
New York	DSRIP Initiatives • 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	• CMS did not approve using savings before they were achieved but did approve NY using state funds for SH before savings were achieved. • NY's proposal includes a "Global Cap" on costs that will achieve the savings.	• Monitor and engage with Performing Provider Systems (PPS) • CSH creating a Policy Brief that will consider how Medicaid can fund services in SH • Recommend to the state what assistance SH providers will need to make this transition.
New York	Health Homes - Supportive Housing mandatory partner in health home networks - Targets care coordination to those with mental illnesses,	Section 2703 of ACA and NY's State Plan Amendment (SPA) for Health Homes	• The state is working to improve integration of housing case management and health home care coordination • CSH conducted trainings statewide for Medicaid Health	• Supports 500 rent and service subsidies for supportive housing providers to house and serve unstably housed high-cost Medicaid recipients in scattered-

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	chronic conditions and HIV/AIDS		Homes and supportive housing providers to improve integrated service delivery for homeless and unstably housed individuals enrolled in health homes	site market rate rental apartments. Funding serves persons referred from Health Homes. • Continue evaluation of emerging practices and overcoming challenges
Oregon	• Waiver highlights need to better align, coordinate and integrate health care and housing. Time period from 2017-2022, • Year 1: Planning initiatives, regionally and statewide. Select proposals and create Coordinated Health Partnerships or CHPs. • Years 1-5: Statewide investment in infrastructure development and creation of CHPs • Years 2-5: Pilot and test new models of housing supportive programs among CHPs • Years 2-5: Transition from paying for process to paying for outcomes based on evidence-based practices • Years 3-5: Dissemination and spread of best practices	1115 Waiver	Each CHP pilot will be expected to provide services in all three domains • Homelessness Prevention/Transitions of Care: • Housing Transition Services: invest in pre-tenancy services to decrease health care costs and reduce use of high-cost health care services. • Tenancy Sustaining Services: invest in services that support the individual in being a successful tenant in his/her housing arrangement.	• State establishing a statewide CHP (Coordinated Health Partnership) Advisory committee. • State participating in Portland area subcommittee on PSH.
PA	• State contracts with counties for the Behavioral Health carve out for BHMCO. Profits from the BHMCO can be	1915 (b) (3)	• COC able to cost shift services to BHMCO, and fund additional PSH units, in 2015	• Write up?

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	'reinvested' in housing, including capital and rental subsidies. • Local Lead Agency model in which a Permanent Supportive Housing Clearinghouse organizes all SH resources in the community and targets county priority populations.		competition for the opiate addicted population.	
Texas	• 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	• 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.	DRSRIP funding ends January 2018. Exploring how Medicaid can fund the Coordinated Care teams that have made the Houston program so successful.
Washington	• Housing partners are optional members for state health home networks - proposals receive extra points for including housing	Health Home State Plan Amendment	Health Homes have been implemented throughout the state except in King and Snohomish Counties (they are involved in another demonstration project for those enrolled in both Medicare and	• Continue to evaluate successes and challenges of health home implementation

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	• Health homes target those with a chronic illness		Medicaid – dual Eligibles). Some have been successful connecting patients to housing	• Latest status report from 12/2014 - WA Health Homes Progress
Washington	• Have Medicaid fund Tenancy Support Services, Supportive Employment • Accountable Communities for Health Organizations that will convene community partners such as health care and Supportive Housing.	1115 Waiver	WA Low Income Housing Coalition funded CSH for a Webinar Series and a Medicaid Academy.	• Plan to submit to CMS, Fall 2016 • What support is needed for the state post the Medicaid Academy?