Housing as Health Care

A Roadmap to Supportive Housing for Complex Care Individuals
Elements of a Supportive Housing Strategy

- Supportive Housing
- Operating
- Capital Financing
- Services
State Roadmap – Housing as Health: Complex Care Solutions

Phase I: Develop Housing and Services Strategy

Phase II: Planning & Capacity Building

Phase III: Implement and Evaluate
In this phase, state teams will work with key stakeholders to develop their housing strategy including:

- Using data to determine the target population, measure and track progress, and evaluate outcomes
- Create a capital and operating strategy
- Create a service strategy (including Medicaid)
- Get early buy-in from governor/state leaders to pursue housing solutions

In this phase, States teams and stakeholder partners will iteratively plan and build capacity for capital, operations, and services and obtain buy-in for an overarching health and housing strategy including:

- Strategic planning in the following domains:
  - Capital
  - Operating
  - Services/Providers
  - Payment
  - Policy
- Obtaining buy-in from state leadership and key stakeholders

In this phase, state teams will implement housing solutions, evaluate and communicate outcomes and reinvest savings. This includes:

- Implementing supportive housing and bridge housing solutions
- Evaluating short-term and long-term programmatic outcomes, including health outcomes and cost savings
- Deciding on reinvestment strategy to support additional housing solutions
Phase I: Scan the Environment

Build the Team and Base Support

Build a core team:
Create a team to conduct environmental scan and shape inter-agency efforts on housing solutions for high needs, high cost population.

Identify staff from state health and human services agencies including: mental health, substance use, aging and disabilities, social security, department of labor, housing, corrections, IT, quality, and others that play a role in housing special populations to advise the team, develop action plan based on environmental scan, and champion/lead implementation.

Engage budget office to help communicate buy-in

Develop robust stakeholder process:
Engage key stakeholders to help tell the story and later champion the efforts. Stakeholders can provide critical data and information to complete the scan, identify opportunities, and geographic mismatch.

Develop Data Strategy

Link Medicaid beneficiaries to housing status:
Consider all data sources including HMIS, Medicaid claims data, and/or encounter data

Define the target population:
Use data to decide on “complex care” target population, then match with homelessness status. Consider a broad definition of “homelessness” to also include institutionalized, under-housed, and imminent risk for homelessness

Develop evaluation strategy:
Decide on core metrics (include health outcomes, cost, utilization) and establish a means to collect reliable data and track for program improvement and rapid cycle evaluation. Identify who will conduct the evaluation and measurement frequency.

Assess the Services Infrastructure

Engage provider and payer partners to assess the full continuum of health care services, bridge housing, tenancy supports, housing support services available and required for the target population. Also assess provider capacity/opportunities to build capacity.

Evaluate financing strategy – including Medicaid to inform services and provider strategy to meet population need while creating value (consider role of MCOs and BHOs)

Assess the Physical Housing Infrastructure

Estimate Units Available:
Assess supportive housing capacity: take inventory of available capital and operating resources. Also inventory the number of supportive housing units currently available in the state. Assess state shortage or surplus of affordable rental housing. Assess bridge housing capacity and untapped resources

Map resources:
Assess the implication of the connect/disconnect between location of services and units

Estimate total number of units needed to serve population

Obtain Early Buy-In From Key State Leadership:
Tell the story: Include discussion of dollars poorly spent on unnecessary inpatient and ED use (or other institutional settings), and value created by shifting dollars to housing solutions. Include system inefficiencies, implications for other state health system transformation efforts.
Phase I: Develop Housing and Health Care Strategy for Complex Care Population

Stakeholder Engagement

How can we create more supportive housing?

- Identify existing state, federal, local, and other funds currently financing capital development in the state.
- Inventory number of existing PSH units in the state, populations served, and services attached to those units.
- Assess surplus/shortage of non-PSH affordable housing units statewide, and whether any existing, vacant units may be used to fill the gap.
- Assess gaps between where the homeless complex care individuals are, where the PSH and affordable units are, and where the units need to be.
- Engage developers to assess key challenges to building new units.

How can we subsidize those units?

- Inventory number of existing PSH units in the state, populations served, and services attached to those units.

How do we increase access to services?

- Determine service needs of the target population by mapping pop characteristics to EBPs/best practices.
- Determine whether those services are currently provided, by which providers and where they are located geographically.
- Define gaps, limitations, and underused resources that can be leveraged.
- Work with team and key stakeholders to plan for filling gaps/leveraging underused resources (including local PHAs, local HUD Field Office).
- Finalize which services Medicaid will cover vs. other financing strategies and who may bill Medicaid for those services.

How will we pay providers for these services?

- Review and optimize service financing strategy to understand what Medicaid is covering and what is covered by other sources.
- Select Medicaid authorities needed to reimburse full range of support services.
- Establish payment strategy (e.g. MCOs, BHOs, value-based purchasing, direct billing).

What policies can support this work?

- Inventory inclusionary zoning laws, rent control laws or other affordable housing development laws.
- Assess implications of Olmstead on program design and whether governor or mayors have created initiatives to end homelessness. Create alignment and leverage existing resources and policies.
- Ensure policy alignment with complex care needs program/policies led by state teams (and which governor and/or legislature support).
- Consider applicable CMS guidance (e.g., supportive housing, super utilizer, behavioral health, HCBS) to support services approach.
Phase I: Develop Housing and Health Care Strategy for Complex Care Population

Key Considerations:
- Explore solutions to streamline the housing and services application/eligibility process
- Does my plan fully comply with Fair Housing laws?
- Do I already have a robust stakeholder engagement process in my state for other initiatives such as SIM?
- What is the level of political support in my state? E.g. How much support is there to increase Medicaid expenses; Is there initiative fatigue; etc.?
- Does my state have a cabinet-level agency on housing? Do I know the Executive Director of my state’s Housing Finance Agency?

Key Decision/Outcomes:
- Establishment of capital, operating, services, provider and policy strategies.
- Thorough identification of financial resources and physical infrastructure
- Understanding of the geographic connect or disconnect between the homeless, housing units, and services
Phase I: Assess Bridge Solutions for Individuals with Complex Care Needs

Health System

**Homelessness**
Individual may be ready for discharge from inpatient or ED, living on the street, awaiting release from incarceration, or other

**Respite Care**
As needed, for patients that are discharged from inpatient care but still require management of conditions to stabilize

**Bridge Housing**
As needed, temporary housing solution to immediately shelter homeless individuals that have agreed to be housed until their permanent unit or subsidy becomes available

**Permanently Housed**
Individual is stably housed in permanent supportive housing with necessary wrap-around services

**Key Considerations:**
- Does a subset of the population require respite services?
- Are there providers in my state with respite or bridge programs and how are they financed?
- What is the gap between need and existing respite care?
- Are best practices in transitional care management and care coordination strategies employed and incentivized?
### Phase II: Define the Services in Supportive Housing

<table>
<thead>
<tr>
<th><strong>Housing Services</strong></th>
<th><strong>Health Services</strong></th>
<th><strong>Social Supports</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Intake</td>
<td>Medical Respite</td>
<td>Job training</td>
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<tr>
<td>Income eligibility</td>
<td>Referrals to or provision of:</td>
<td>Apprenticeships</td>
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<tr>
<td>Health insurance eligibility</td>
<td>• Primary care</td>
<td>Access to courses, education</td>
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<tr>
<td>Assessment of need</td>
<td>• Behavioral health</td>
<td>Nutrition education, including grocery</td>
</tr>
<tr>
<td>Development of housing plan</td>
<td>• Substance use services</td>
<td>shopping</td>
</tr>
<tr>
<td>Locating housing</td>
<td>• Medication management</td>
<td>Activities (arts, crafts, hobbies)</td>
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<tr>
<td>Housing applications</td>
<td>• Vision</td>
<td>Legal services</td>
</tr>
<tr>
<td>Deposits</td>
<td>• Dental</td>
<td>Budgeting and finances</td>
</tr>
<tr>
<td>Eviction prevention</td>
<td>• Individual counseling</td>
<td>Documentation and application for food</td>
</tr>
<tr>
<td>Obtaining furniture</td>
<td>• Group therapy</td>
<td>stamps</td>
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<tr>
<td>Case management/care coordination</td>
<td>Documentation and application for:</td>
<td>Family counseling, mediation</td>
</tr>
<tr>
<td>On-site monitoring</td>
<td>• Disability</td>
<td>Crisis management</td>
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<tr>
<td>Housing Respite</td>
<td>• Health insurance</td>
<td>Transportation – job-related</td>
</tr>
<tr>
<td></td>
<td>Accompanying tenant to appointments</td>
<td>Access to child care</td>
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<tr>
<td></td>
<td>Transportation – medical appointments</td>
<td>Activities of daily living</td>
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<tr>
<td></td>
<td>Pain management</td>
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<td></td>
<td>Palliative care</td>
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Note: this list is not exhaustive but is intended to serve as an example of the most commonly offered services.
Phase II: Define the Services in Supportive Housing

Key Considerations:

- Would any of these services not be reimbursable under the proposed waiver or amendment?
- If requiring MCOs to provide these services, which would be considered admin versus direct medical?
- Instead of considering pre-tenancy and tenancy services a part of overall case management, can it be listed as its own service within the waiver or amendment?
### Phase II: Waiver and Amendment Options*

<table>
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<tr>
<th>Eligible/Covered Populations</th>
<th>Managed Care Contracts**</th>
<th>1115 Waiver</th>
<th>1915c Waivers</th>
<th>1915i HCBS State Plan Option</th>
<th>Health Homes State Plan Option</th>
<th>Targeted Case Management</th>
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<td><strong>Very Broad.</strong> Most individuals eligible under the Medicaid state plan</td>
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<td><strong>Narrower.</strong> Aged, disabled individuals or mentally ill who require institutional level of care</td>
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<td><strong>Very Broad.</strong> Managed care plans can cover State Plan services and cost effective alternative services</td>
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<td>States can require managed care plans to cover housing-related services if covered under State Plan</td>
<td>States may negotiate with plans for cost effective alternative services</td>
<td>Provides the most flexibility to define covered populations, benefits and geographic areas</td>
<td>Requires budget neutrality</td>
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*Not exhaustive; these are the most relevant Medicaid authorities for “housing as health” interventions. For example, states can also use 1915(k) or other Medicaid authorities as approved by CMS.

** States can implement managed care programs through three authorities — Section 1115 demonstrations, 1915(b) waivers and Section 1932 State Plan Amendments.
Phase II: Waiver and Amendment Options, cont.

Key Considerations:
- Does the target population for this initiative line up with the eligible population under each option?
- How do the covered services in each option align with the services the state wants to cover?
- Can the state accomplish this under managed care?
  - If so, is the target population eligible?
  - If not, can they be covered?
  - How would the state build the services into the contract?
Phase II: Communicate Plan and Engage Leadership

Communicate your 5-part housing strategy to the Governor and Key Leadership:

1. Capital Strategy
2. Operating Strategy
3. Services/Provider Strategy
4. Payment Strategy
5. Policy Strategy

Estimate Costs
- Determine the state’s share of funding strategy for capital, operating, and services
- Create plan for covering the non-federal share of Medicaid, including new or existing resources

Expected ROI
- Include outcomes, quality, and cost
- Short-term versus long-term ROI expectations

Policy Implications
- New laws, regulations, or policies that may be needed
- Alignment with other policy priorities in the state

Include Timeline
- Evaluation Period
- Identify authorities, capital & operating strategies
- Define when services begin
- Define ROI

March 1, 2016
## Phase II: Revisit Capital/Operating Strategy to Build Capacity

### Build Up Capital Fund Sources:

<table>
<thead>
<tr>
<th><strong>Low-Income Housing Tax Credit:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Determine if current QAP incentivizes this work. If so, engage developers, provide education and technical assistance</td>
</tr>
<tr>
<td>• If not, revamp QAP. Allocate points to designated population</td>
</tr>
<tr>
<td>• Can also consider a consolidated RFP for supportive housing specifically (NY, CT, LA)</td>
</tr>
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**Explore Availability of Additional Capital Resources**
- Determine feasibility of leveraging federal Housing Trust Fund, Social Innovation Funds, Social Impact Bonds, multifamily bonds, HUD (Section 202, 811, HOPWA, HOME, CDBG, SHP)*, New Market Tax Credits, Tax-Increment Financing, and public-private partnerships

**Encourage Scattered Site and Single-Site**
- Accelerate the availability of new units by enabling scattered-site housing, which may require little or no capital (depending on the model)

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### Build Up Operating Fund Sources:

<table>
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<th><strong>Maximize PHA Participation</strong></th>
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<tbody>
<tr>
<td>• Engage local HUD Field Office</td>
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<tr>
<td>• Implement PSH limited preference</td>
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<tr>
<td>• Tap into unused special purpose vouchers</td>
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<tr>
<td>• Project-base existing tenant-based vouchers</td>
</tr>
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<td>• Revamp the PHA’s system of preferences</td>
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**Pursue State Funds to Support Efforts**
- Determine if the state has any existing rental subsidy dollars
- Projected savings can be used to fund rental subsidies
- States may also be willing to match such investments
- Consider repurposing mental health and substance use treatment dollars

**Additional Resources**
- HUD Section 811, Section 202
- Money Follows the Person
- Social Impact Bonds/Pay for Success

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*Housing Opportunities for Persons with AIDS, HOME Investment Partnerships Program, Community Development Block Grants, Supportive Housing Program
Phase III: Implement and Evaluate

Evaluate

1. Use measures identified in Phase I to implement rapid cycle performance monitoring, reporting, and quality improvement strategies
2. Make programmatic adjustments based on evaluation
3. Focus short-term ROI on reduction in ED use, inpatient admissions, and overall utilizations. Long-term ROI will also include health outcomes
4. Evaluate impact and cost savings to other public services such as unemployment, corrections, law enforcement, and foster care
5. Evaluate outcomes, such as housing stability, employment, reduced incarceration or recidivism, to highlight budget-neutral achievements

Savings Strategy

1. Develop a savings strategy – determine funds to be reinvested and funds that will generate a savings to the state
2. Consider scalability and creation of new units as core component of review process
3. Protect prior funding sources such as grants, state mental health funds that can be used to further this work
4. Make the Business Case – this includes the creation of jobs through investments in housing construction, the revitalization of blighted communities, and savings to other state agencies
NGA Center for Best Practices Health Division would like to thank The Commonwealth Fund and the Association of State and Territorial Health Officials for their generous support of this roadmap and our larger housing work.

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