Housing as Health Care – Webinar

Wrapping Tenancy Supports into Your Housing Strategy

National Governors Association
Friday, October 28th, 2016
12-1pm EST

Dial-in: 888-858-6021; Passcode 2026245354
What are tenancy supports?
  - Flora Arabo, National Governors Association

Which Medicaid authorities may be used?
  - Hemi Tewarson, National Governors Association

California – Health Homes & Tenancy Supports
  - Brian Hansen, California Department of Health Care Services

Washington – Medicaid Transformation & Tenancy Supports
  - Jon Brumbach, Washington State Health Care Authority

Questions
Logistics

• Access the webinar using the link in your calendar appointment – there is no audio; you must call in as well (Dial-in: 888-858-6021; Passcode 2026245354)

• Please mute your phones

• Three ways to ask questions:
  1) Use the chat button (💬) on the lower left hand corner of your screen to type in a question
  2) Email Flora Arabo farabo@nga.org
  3) Questions can be asked via phone after the presentations

• If you run into technical issues, please contact your IT department and refer to the materials attached to the appointment
About the National Governors Association

- Nation’s oldest organization serving the needs of governors and their staff
- NGA Office of Government Relations (OGR) serves as the collective voice of the nation’s governors in Washington, DC
- NGA Center for Best Practices is a think tank/consultancy that works directly with governors on specific policy projects and provides support to OFR
• Today’s discussion provided by the NGA Center:
  • Does **not** represent the official position of the governors or NGA
  • Is the result of our experience working with leadership within states
A guide for states to leverage supportive housing interventions that improve patient outcomes and lower health care costs, including:

- A primer that level-sets on what supportive housing is, how it’s financed, and the unique services component;
- A step-by-step road map for states that are interested in using Medicaid authority to advance this work; and
- Tools for getting started, such as key partners, common challenges, and tips for landlord engagement.

# Support Services

## Tenancy Supports vs. Health and Well-Being

### Supportive Services

**Tenancy Support**
- Intake;
- Income eligibility;
- Health insurance eligibility;
- Needs assessment;
- Development of housing plan;
- Housing search;
- Housing applications;
- Landlord engagement;
- Deposits;
- Eviction prevention;
- Obtaining furniture, household items;
- Case management/care coordination;
- On-site monitoring; and
- Housing respite.

**Health Care**
- Medical respite
- Referrals to or provision of:
  - Primary care;
  - BH;
  - Substance use services;
  - Medication management;
  - Vision; and
  - Dental.
- Documentation and application for:
  - Disability; and
  - Health insurance.
- Accompanying tenant to appointments:
  - Transportation to medical appointments;
  - Pain management; and
  - Palliative care.
- Case management/care coordination.

**Behavioral Health**
- Assertive Community Treatment for high mental health MH/SUD-needs populations;
- Intensive case management for mild to moderate MH/SUD needs populations;
- Mobile crisis services including peer-based crisis;
- Peer support services;
- Psychosocial rehabilitative services (e.g., supported employment, skill building interventions, community supports);
- Nonemergency medical transportation;
- Medication services including medication management and reconciliation;
- SUD services (e.g., medication-assisted treatment for opioid dependence);
- Individual and group therapies (e.g., integrated dual disorders treatment, illness management and recovery); and
- Case management/care coordination.

### Referrals to Social Support
- Employment supports;
- Apprenticeships;
- Education supports;
- Nutrition education, including grocery shopping;
- Legal services;
- Budgeting and finances;
- Documentation and application for food stamps;
- Family counseling, mediation;
- Crisis management;
- Transportation (job-related);
- Access to child care;
- Activities of daily living; and
- Case management/care coordination.

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**National Governors Association**
## Develop Waiver and State Plan Amendment Options

<table>
<thead>
<tr>
<th>Managed Care Contracts**</th>
<th>1115 Waiver</th>
<th>1915(c) Waivers</th>
<th>1915(i) Home and Community-Based Services (HCBS) State Plan Option</th>
<th>Health Homes State Plan Option</th>
<th>1905(a) Targeted Case Management</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Eligible/Covered Populations</strong></td>
<td>• Most individuals eligible under the Medicaid state plan</td>
<td>• State can define qualifying criteria</td>
<td>• Aged, disabled individuals or those with MH diagnoses who require institutional-level care</td>
<td>• Aged or disabled individuals who have income at or below 150 percent of the Federal Poverty Level</td>
<td>• Medicaid-eligible individuals who: • Have two or more chronic conditions; • Have one chronic condition and are at risk for a second; or • Have one serious and persistent MH condition</td>
</tr>
<tr>
<td><strong>Support Services: Health, Well-Being and Community: Health Care, Behavioral Health, Referrals to Social Support</strong></td>
<td>• Managed care plans must cover state plan or waiver services, if applicable • Managed care plans may also cover cost-effective alternative services not included in the state plan</td>
<td>• States can define the benefit package • The Centers for Medicare &amp; Medicaid Services (CMS) have not approved capital expenses — only short-term operating expenses</td>
<td>• Case management services, community transition services, home health aide services, habilitation services, respite care services, environmental modifications for accessibility</td>
<td>• Case management services, community transition services, home health aide services, habilitation services, respite care services, environmental modifications for accessibility</td>
<td>• Comprehensive care management, care coordination, health promotion, comprehensive transitional care/follow up, patient and family support, referral to community and social support services</td>
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<tr>
<td><strong>States may require managed care plans to cover tenancy services if services are covered under the state plan or waivers</strong></td>
<td>• States can require managed care plans to cover tenancy services if services are covered under the state plan or waivers, managed care organizations (MCOs) may still elect to cover the services as “in lieu of” services (included as part of the capitation rate) or may cover those services outside the capitation rate (as part of administrative costs)</td>
<td>• Most flexibility: States may cover a broad array of tenancy support services as a defined service in the waiver • Note that CMS does not currently allow states to cover capital costs</td>
<td>• Broad flexibility: States may cover a broad array of tenancy support services — for example: • Case management services may include completion of housing applications, tenant training and communication with landlords; and • Community transition services may include security deposits, setup fees for utilities and essential household furnishings</td>
<td>• Broad flexibility: States may cover a broad array of tenancy support services — for example: • Case management services may include completion of housing applications, tenant training and communication with landlords; and • Community transition services may include security deposits, setup fees for utilities and essential household furnishings</td>
<td>• Broad flexibility: States may cover a broad range of tenancy support services by incorporating those services into the payment methodology for the health home network</td>
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Note that traditional health care services integral to a supportive housing intervention would be covered under states' existing Medicaid authorities.
<table>
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<tr>
<th>Target Population</th>
<th>Medicaid Authority</th>
<th>Services Covered</th>
<th>Housing Supports</th>
<th>Pretenancy and Tenancy Supports</th>
<th>Health Services</th>
<th>Services Covered</th>
<th>Social Supports</th>
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<tr>
<td>Chronically homeless individuals (U.S. Department of Housing and Urban Development [HUD] definition) with a diagnosis of a MH or SUD</td>
<td>1115 waiver</td>
<td>Housing Supports</td>
<td>• Identify and triage potential participants &lt;br&gt;• Assist individuals with housing search &lt;br&gt;• Assist individuals in obtaining permanent housing &lt;br&gt;• Assist individuals in enhancing daily living skills: may include tenancy skills support (bill payment, housekeeping, lease observance, etc.) &lt;br&gt;• Provide crisis planning, prevention, intervention</td>
<td>• Provide pretenancy assistance in viewing and selecting units, obtaining necessary documents to complete housing and voucher applications, seeking reasonable accommodation when needed and entering into lease agreements &lt;br&gt;• Provide tenancy skills support (bill payment, housekeeping, lease observance, getting along with neighbors) &lt;br&gt;• Provide tenancy preservation and maintenance including assistance in obtaining entitlement benefits, building social connections, accessing primary and other health care, and support for voluntary compliance with treatments</td>
<td>• Coordinate service and linkage to BH and physical health &lt;br&gt;• Link/refer to recovery supports &lt;br&gt;• Schedule, transport, and accompany clients to medical appointments</td>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>People with substantial long-term disability (includes physical, BH, SUD, developmental disability or disability related to chronic health conditions); prioritizes chronically homeless and institutionalized individuals or households with disabilities</td>
<td>Multiple 1915(c) waivers, Mental Health Rehabilitation under 1915(i) replaced with Mental Health Rehabilitation under state plan effective Dec. 1, 2015</td>
<td>High-cost Medi-Cal members with chronic conditions and those experiencing homelessness</td>
<td>High utilizers, nursing facility discharges, those who are homeless or at risk of homelessness</td>
<td>Nursing facility discharges, recipients of long-term inpatient care and those who are homeless or at risk of homelessness</td>
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The Health Home Program’s Tenancy Supports

Brian Hansen
10-28-16
Health Homes Program (HHP) - Context

1. The HHP will begin a staged rollout in 2017 and will be available in most areas of California in 2018.

2. Like most Medi-Cal benefits, the HHP will be administered through managed care plans (MCPs).
   - Plans will contract with community providers, such as FQHCs, for most services.

3. State legislation requires program cost neutrality. There will be a focus on evaluating savings in inpatient, ED, etc.

4. Eligibility includes physical and behavioral health conditions.

5. State Health Homes legislation was cosponsored by the Corporation for Supportive Housing.

6. Eligibility is focused on the top 3% of the highest risk members who are living in the community.
   - Including frequent utilizers who are experiencing homelessness.
SPA Supportive Housing Services

• California’s **draft** Health Home SPA is under CMS review.
• The draft Health Home SPA services include **tenancy supports** referenced in CMS’s June 26, 2015, bulletin “Coverage of Housing Related Activities and Services for Individuals with Disabilities:”
  – Individual Housing Transition Services, and
  – Individual Housing and Tenancy Sustaining Services.
• These services fit the definition of Health Home **case management** and the needs of our target population.
• California did not include coverage of one-time set up services, such as housing modifications, first month rent and deposit, etc.
Transition and Tenancy Services

Housing Transition Service Examples:
- Conducting a tenant screening and housing assessment that identifies the participant’s preferences and barriers related to successful tenancy.
- Assisting with the housing search and application process.
- Identifying resources to cover expenses such as security deposit, etc.

Housing and Tenancy Sustaining Service Examples:
- Education and training on the rights and responsibilities of the tenant and landlord.
- Coaching on developing and maintaining key relationships with landlords/property managers with a goal of fostering successful tenancy.
- Assistance in resolving disputes with landlords and/or neighbors.
Service Requirements

• MCPs have the flexibility to organize the provision of service with their community providers to maximize effectiveness:
  – For example, services like engagement of homeless members can be subcontracted to providers with specific expertise in the community.

• The Health Home service team will include a Housing navigator for members experiencing chronic homelessness.

• MCPs will provide services to members in the community, including at home and on the streets as needed.

• MCPs will to use local community based providers and providers with experience serving homeless members.

• Reporting requirements will track members who have been homeless, their services, and housing status.
DHCS will develop a capitated, risk-based, add-on payment for each enrolled HHP member, which will be paid to the MCP.

- In the development of MCP rates, DHCS will consider additional resource needs that can impact program success for those experiencing homelessness:
  1. Resources needed for members with varying levels of acuity/complexity, including behavioral health conditions;
  2. Engagement efforts to get members into the program; and
  3. Higher levels of initial resource utilization for new members.
MCPs have the flexibility to contract for services and rates to meet the specific needs in their area, for their providers, and to fit their model.

- DHCS will verify that MCPs have a viable model for:
  - A complete network of providers to meet all service needs; and
  - Provider contract requirements, a payment model, and an oversight process to ensure higher-need members receive a higher level of service.

- Through our monitoring processes, DHCS will also compare actual MCP resource utilization to:
  - DHCS rate development assumptions, and
  - DHCS program service requirements.
DHCS Resources

• Visit the DHCS Health Home web page http://www.dhcs.ca.gov/services/Pages/HealthHomesProgram.aspx for:
  • Health Homes Program Concept Paper
  • Additional program information

• Please contact us via the DHCS Health Homes Program mailbox HHP@dhcs.ca.gov to:
  • Send comments/questions
  • Request to be included on future HHP stakeholder communications from DHCS
Washington State’s 1115 Medicaid Transformation demonstration – Supportive Housing

NGA Medicaid Tenancy Supports Webinar
October 28, 2016
Introduction

Jon Brumbach
Senior Health Policy Analyst,
Washington State Health Care Authority
jon.brumbach@hca.wa.gov
Where to find more information

http://www.hca.wa.gov/hw/Pages/medicaid_transformation.aspx

Sample resources available:

- Fact Sheets
- Waiver Application
- Previous webinar presentations (slides & recordings)

Send questions and comments to: Medicaidtransformation@hca.wa.gov
Washington’s Medicaid Transformation demonstration
Waiver Initiatives

Initiative 1
Transformation through Accountable Communities of Health

Delivery System Reform
- Each region, through its Accountable Community of Health, will be able to pursue projects that will transform the Medicaid delivery system to serve the whole person and use resources more wisely.

Initiative 2
Enable Older Adults to Stay at Home; Delay or Avoid the Need for More Intensive Care

Benefit: Medicaid Alternative Care (MAC)
- Community based option for Medicaid clients and their families
- Services to support unpaid family caregivers

Benefit: Tailored Supports for Older Adults (TSOA)
- For individuals “at risk” of future Medicaid LTSS not currently meeting Medicaid financial eligibility criteria
- Primarily services to support unpaid family caregivers

Initiative 3
Targeted Foundational Community Supports

Benefit: Supportive Housing
- Individualized, critical services and supports that will assist Medicaid clients to obtain and maintain housing. The housing-related services do not include Medicaid payment for room and board.

Benefit: Supported Employment
- Services such as individualized job coaching and training, employer relations, and assistance with job placement.

Transformation Projects

Medicaid Benefits/Services
Update on Special Terms and Conditions (STCs)

• Agreement in Principle reached – October 3rd
• CMS now drafting STCs
• We anticipate final approval of STCs this winter
Supportive housing and supported employment
Supportive Housing/Supported Employment – Why an 1115?

- Flexibility to target the benefit on greatest and most immediate needs
- Opportunity to demonstrate providing the benefits via existing delivery systems
- Demonstrates ROI for those within our own authorizing environment
Initiative 3: Supportive Housing—Eligible Services

• Housing transition services that provide direct support to help individuals obtain housing, including:
  – Housing assessment and development of a plan to address barriers.
  – Assistance with applications, community resources, and outreach to landlords.

• Housing tenancy sustaining services that help individuals maintain their housing, including:
  – Education, training, coaching, resolving disputes, and advocacy.

• Activities that help providers identify and secure housing resources.

Supportive housing services do not include funds for room and board or the development of housing.
Supportive Housing Target Population

- Chronically Homeless (HUD Definition)
- Frequent/Lengthy Institutional Contact
- Frequent/Lengthy Adult Residential Care Stays
- Frequent turnover of in-home caregivers (LTSS)
- PRISM Score 1.5+
Initiative 3: Supported Employment

*Individual Placement and Support (IPS) Model*

**Services**
- Open to anyone who wants to work
- Focus on competitive employment
- Rapid job search
- Systematic job development
- Client preferences guide decisions
- Individualized long-term supports
- Integrated with treatment
- Benefits counseling included

**Target populations:**
- Aged, Blind, Disabled (ABD)/Housing and Essential Needs (HEN)
- Individuals with severe and persistent mental illness, individuals with multiple episodes of inpatient substance use treatment and/or co-occurring
- Working age youth with behavioral health conditions
- Individuals eligible for long-term care services who have a traumatic brain injury
Supported Employment Target Population

• Aged, Blind, Disabled (ABD)/Housing and Essential Needs (HEN)
• Individuals with severe and persistent mental illness, individuals with multiple episodes of inpatient substance use treatment and/or co-occurring
• Working age youth with behavioral health conditions
• Individuals eligible for long-term care services who have a traumatic brain injury
Medicaid Funds Flow – Sup. Housing/Employment

Medicaid

- Primary Care
- Behavioral Health
- Long-Term Care
- Tribes

Managed Care Organizations
- Beh. Health Organizations
- Home & Community Services
- SH/SE - LTSS

SH/SE – Physical Health Conditions
- SH/SE – Behavioral Health Conditions
- SH/SE – Tribal Members

Purchaser

Provider

Payer

Data
Questions?
Join the Healthier Washington Feedback Network:
healthierwa@hca.wa.gov

Learn more:
www.hca.wa.gov/hw

Questions:
medicaidtransformation@hca.wa.gov
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• Access the Housing Roadmap online at

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