

CMCS Innovation Accelerator Program on Medicaid-Housing Partnerships

Medical Assistance Program Oversight Council

Friday, June 10, 2016

In a nutshell, the Center for Medicaid and CHIP Services (CMCS) Innovation Accelerator Program (IAP) on Medicaid-Housing Partnerships is an intensive, six-month (through September, 2016) technical assistance opportunity designed to examine how aspects of the tenancy-sustaining work that is currently being done under the federal Money Follows the Person demonstration grant and the state-funded supportive housing agenda could be supported ongoing under Medicaid.

Federal Context

The Center for Medicaid and CHIP Services (CMCS) has become increasingly conscious of the need to meaningfully address social determinants of health (notably, housing stability) and to clarify what services can be covered under Medicaid.

CMCS was motivated both by progress under, but also need for sustainability planning in support of, the Money Follows the Person Program. It was also influenced by state-funded work in supportive housing.

- In June, 2015, CMCS issued new policy guidance on Medicaid coverage of “transition services” and “tenancy-sustaining services”

<https://www.medicaid.gov/federal-policy-guidance/downloads/CIB-06-26-2015.pdf>

- This outlines a range of Medicaid authorities (e.g. State Plan, waiver) under which these services may be covered

- **Transition services** are defined as:
 - Conducting a tenant screening and housing assessment that identifies the participant's preferences and barriers related to successful tenancy.
 - Developing an individualized housing support plan based upon the housing assessment that addresses identified barriers and participant goals
 - Assisting with the housing application process.
 - Assisting with the housing search process.

- Identifying resources to cover expenses such as security deposit, moving costs, furnishings, adaptive aids, environmental modifications, moving costs and other one-time expenses.
- Ensuring that the living environment is safe and ready for move-in.
- Assisting in arranging for and supporting the details of the move.
- Developing a housing support crisis plan that includes prevention and early intervention services when housing is jeopardized.

- **Tenancy sustaining services** are defined as:
 - Providing early identification and intervention for behaviors that may jeopardize housing, such as late rental payment and other lease violations.
 - Education and training on the role, 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 to reduce risk of eviction or other adverse action.
- Advocacy and linkage with community resources to prevent eviction when housing is, or may potentially become jeopardized.
- Assistance with the housing recertification process.

- Coordinating with the tenant to review, update and modify their housing support and crisis plan on a regular basis to reflect current needs and address existing or recurring housing retention barriers.
- Continuing training in being a good tenant and lease compliance, including ongoing support with activities related to household management.

- In 2015, CMCS solicited applications from states to participate in an intensive, six-month technical assistance opportunity called the Innovation Accelerator Program on Medicaid-Housing Partnerships
- Connecticut (represented by the Departments of Social Services, Housing, and Mental Health & Addiction Services, OPM, CHFA, the Partnership for Strong Communities and the Corporation for Supportive Housing) applied and was one of eight states selected from a highly competitive field

- The IAP seeks:
 - To help states align policies and funding between state Medicaid, disability services and housing agencies to maximize affordable and supportive housing opportunities.
 - To ensure that people experiencing chronic homelessness, people identified as high utilizers of health care services, and/or individuals with disabling conditions who are exiting institutional settings have access to a robust service package linked to housing to improve access to health care and outcomes and reduce costs.

- To help states take advantage of opportunities in Medicaid to cover and finance services in supportive housing while maximizing the use of other resources to pay for non-Medicaid supports.



State Context

Our general observation is that Connecticut is coming at this from a position of great strength in relation to other states. The IAP represents an opportunity to weave together all of the following strands:

- vision and leadership by Governor Malloy and the Connecticut legislature around:
 - the Zero: 2016 initiative
 - the Statewide Plan to Rebalance Long-Term Services and Supports
 - Second Chance Society justice reform

- a statutorily mandated Interagency Committee on Supportive Housing, comprised of departments with jurisdiction over human services, housing, housing financing, corrections, and veterans' affairs, as well as leading community stakeholders
- extensive experience in the development and implementation of permanent supportive housing models for individuals and families with special needs who are homeless or at risk of homelessness
- investment of state funding

- existing data match activities as between Medicaid and the Homeless Management Information System
- a unique, self-funded Medicaid model that has moved entirely away from capitated managed care arrangements and is now 1) employing a fully integrated set of claims data to predictively model and risk stratify Medicaid members; and 2) intervening to proactively address the needs of high cost, high need individuals, as well as those who have experienced barriers related to lack of stable housing, through Person-Centered Medical Homes and Administrative Services Organization-based Intensive Care Management

The most immediately relevant of these policy initiatives are the state-funded supportive housing agenda and the Governor's Plan to re-balance long-term services and supports.

- **Permanent Supportive Housing** is defined as affordable housing + individualized supports

- **Individualized supports** include:
 - Case management and peer support
 - Employment supports
 - Daily living skills
 - Social and family connections
 - Access to medical, behavioral health and substance use care, and recovery orientation

- Connecticut supportive housing work is led by an Interagency Council on Housing and Homelessness

- Supportive housing is funded as follows:
 - through development funding by the CT Housing Finance Authority and the Department of Economic and Community Development
 - through rental subsidies by the Departments of Housing and Mental Health & Addiction Services
 - through supportive services by the Departments of Children & Families, Mental Health & Addiction Services, and Social Services

- **Demonstration Program** – 281 units in 9 projects in 6 communities, development, combines Low-Income Housing Tax Credit and HUD funded Rental Assistance
- **Permanent Supportive Housing** – development and scattered site, approximately 2,500 vouchers statewide to house individuals and families experiencing homelessness who have behavioral health disorders, combines LIHTC, Section 8, Rental Assistance, State-Funded Rental Assistance Program

- 8 regional **Coordinated Access Networks** are responsible for coordinating entry into homeless and housing services
- Connecticut observes a **Housing First** approach that prioritizes rapid access to permanent rental housing under a standard lease agreement, as opposed to mandated therapy, treatment or service compliance

Two targeted projects have shown very promising results in linking supportive housing to improved health outcomes:

- **CT Collaborative on Re-Entry (formerly, FUSE)**
 - program targets individuals with mental illness or chronic substance abuse, who cycle through homeless service and corrections systems
 - Involves matching of DOC and Homeless Management Information System data
 - Has grown from 30 to 190 units in three counties

■ **Social Innovation Fund**

- program targets individuals who have experienced homelessness and who have greater than \$20,000 in annual Medicaid costs
- Involves matching of Medicaid and Homeless Management Information System data
- Involves 150 RAP vouchers as well as 10 vouchers from various other housing subsidies and serves four counties

What is “rebalancing”?

Rebalancing refers to reducing reliance on institutional care and expanding access to community-based Long-Term Services and Supports (LTSS).

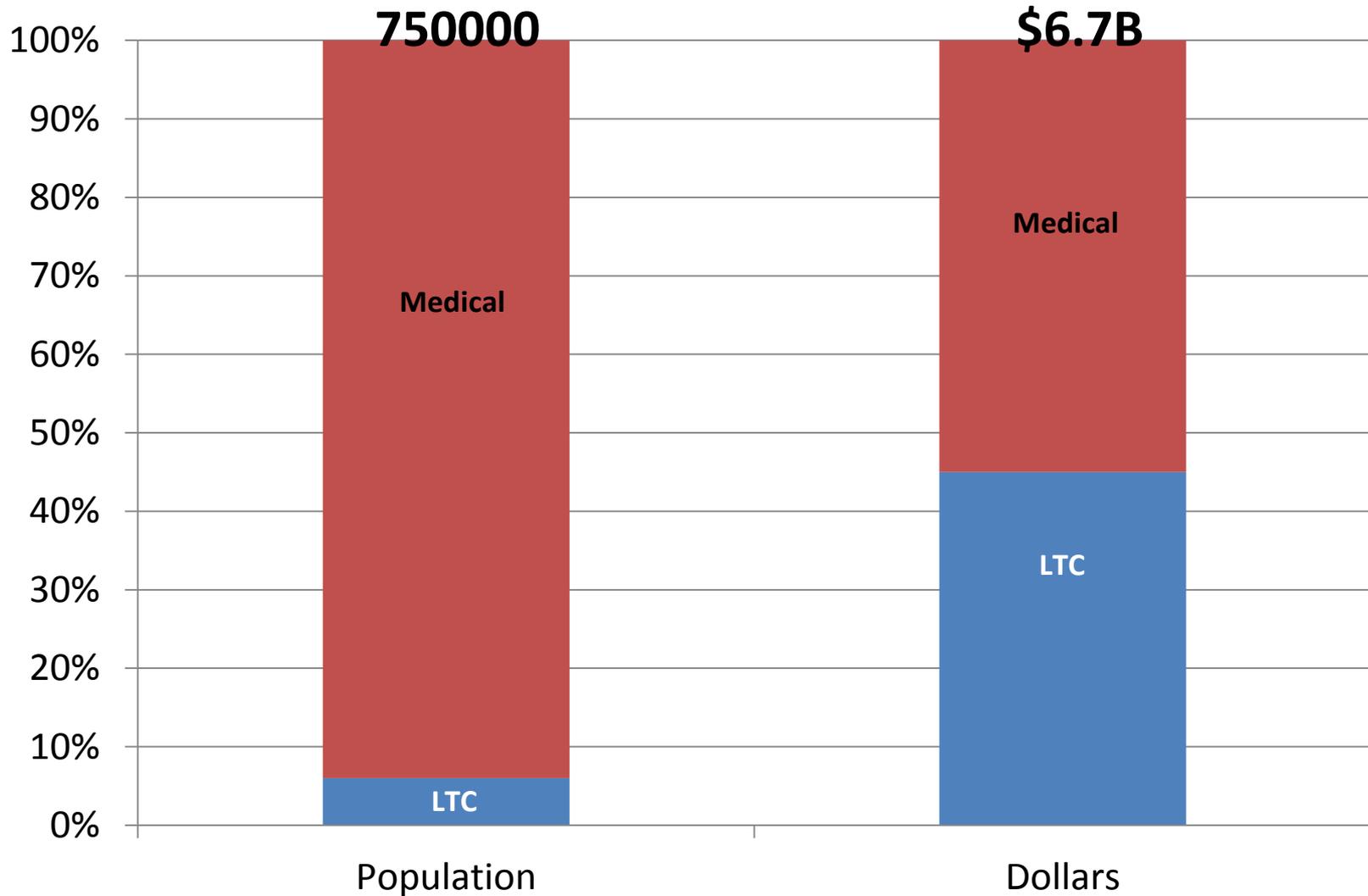
A rebalanced LTSS system gives Medicaid beneficiaries **greater choice in where they live and from whom they receive services.** It also delivers LTSS that are **integrated, effective, efficient, and person-centered.**

Why rebalance the system?

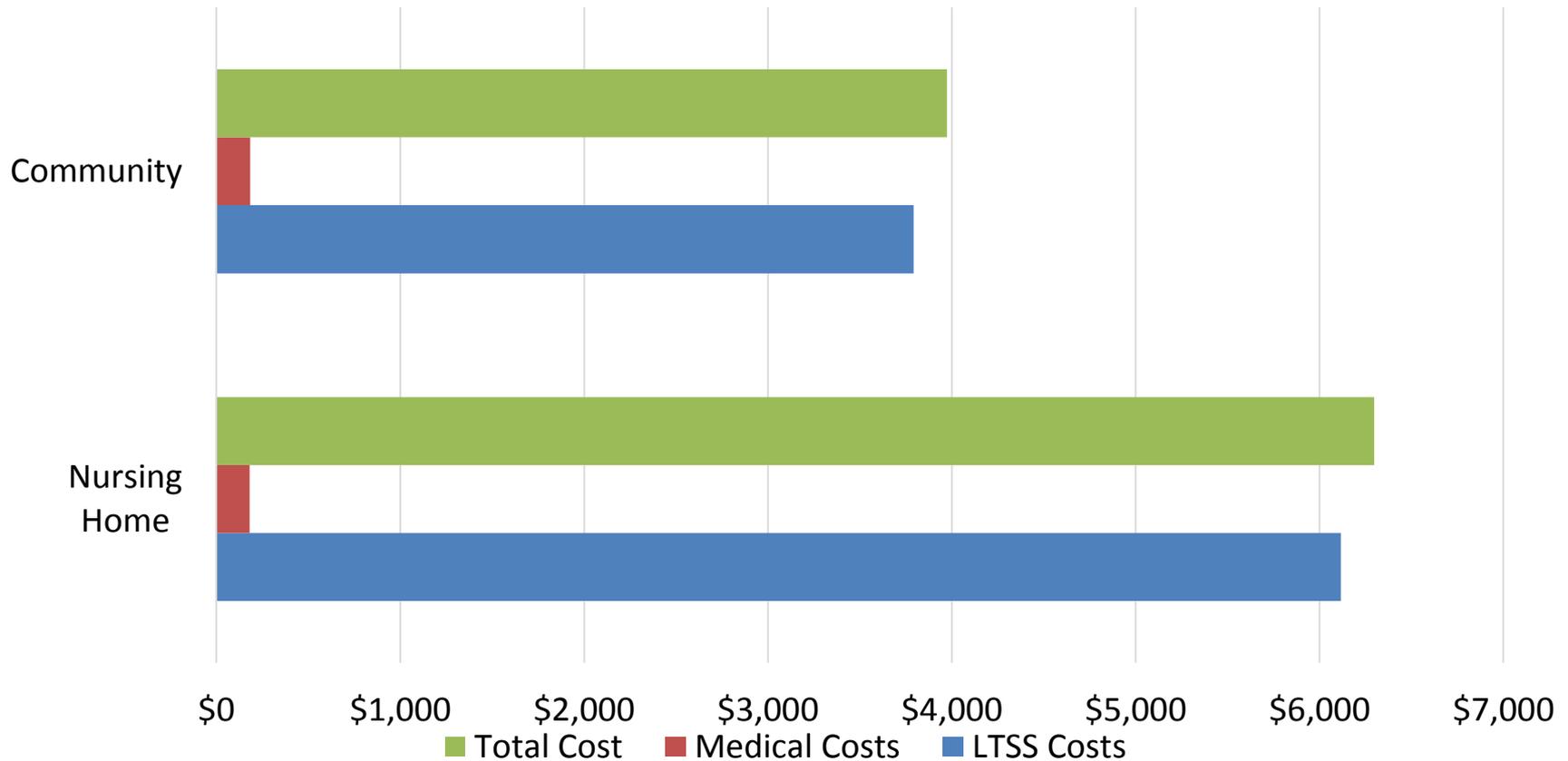
- **Consumers overwhelmingly wish to have meaningful choice** in how they receive needed LTSS.
- In Olmstead v. L.C. (1999), the Supreme Court held that Title II prohibits the unjustified segregation of individuals with disabilities. **Medicaid must administer services, programs, and activities in the most integrated setting appropriate to the needs of qualified individuals with disabilities.**

Why rebalance the system? (cont.)

- A relatively small number of individuals use LTSS, but their **costs are a significant proportion of the Medicaid budget.**
- Individuals who use LTSS typically have **high needs and high costs** and **benefit from coordination** of their services and supports
- Average per member per month **costs are less in the community.**



A comparison of average community and institutional costs for individuals at nursing home level of care (2012)



Why rebalance the system? (cont.)

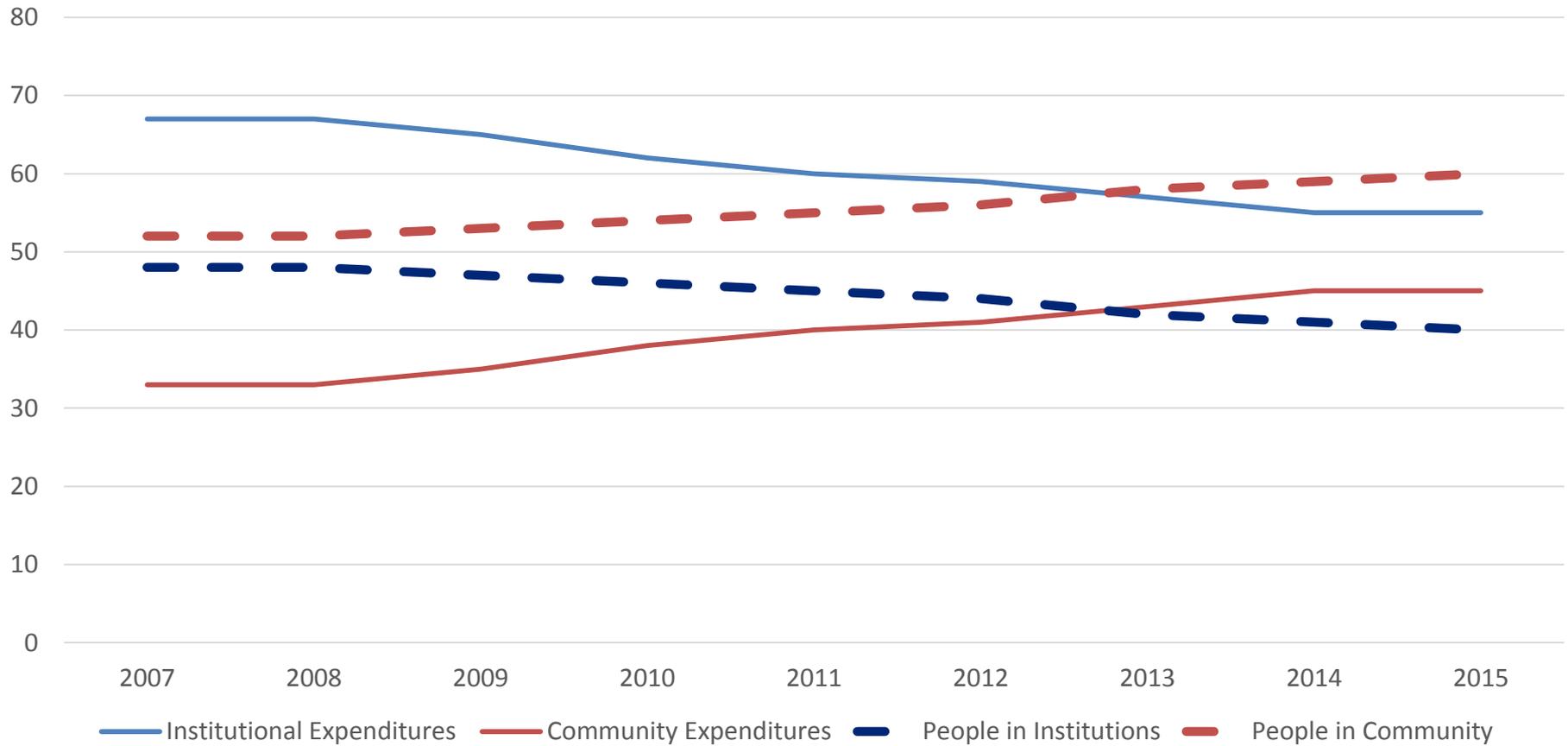
- **People have historically faced barriers in Medicaid to receiving community-based LTSS**
 - lack of sufficient services, supply, and information
 - inadequate support for self-direction and person-centered planning
 - lack of housing and transportation
 - lack of a streamlined process for hospital discharges to the community
 - lengthy process for accessing Medicaid as a payer
 - lack of a sufficient workforce

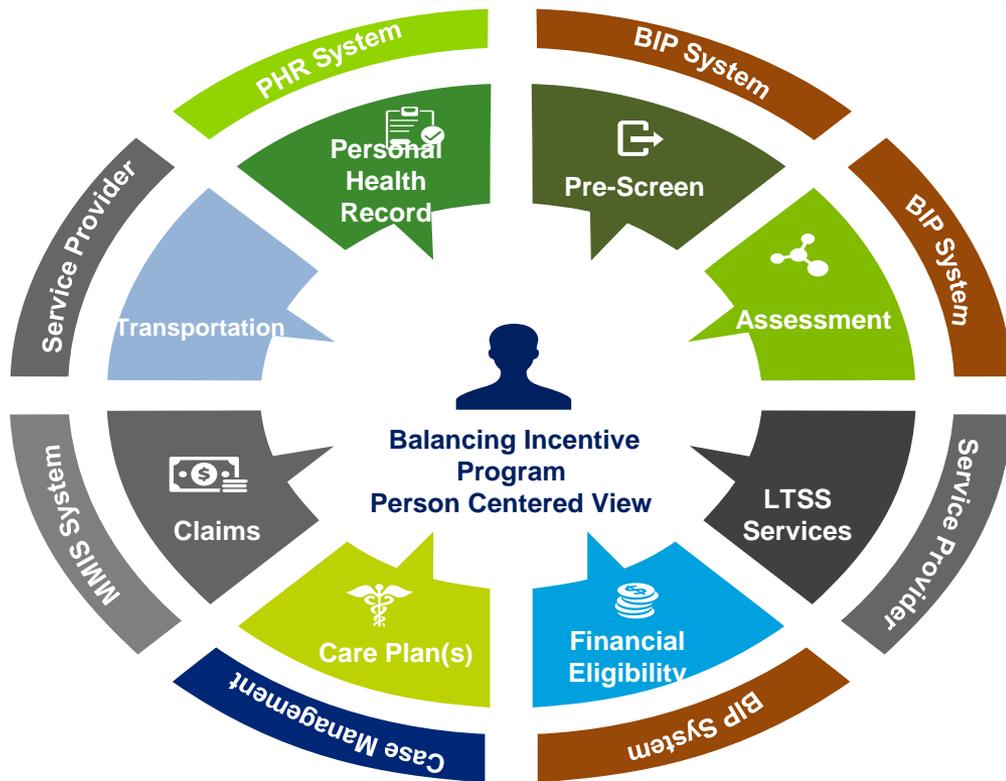
- The rebalancing agenda is **enabling access to affordable, accessible housing**.
 - The Connecticut’s Money Follows the Person (MFP) model is a unique **“housing plus supports” model** under which people receive both services and housing vouchers.
 - Both MFP and Medicaid waivers also support **accessibility modifications** to housing.

- We have transitioned over 3,500 individuals from nursing facilities to the community under MFP.
- This figure has continued to increase year over year.
- In SFY'14, we served 61% of individuals who receive Medicaid LTSS in community settings, and spent 29% of Medicaid LTSS dollars on HCBS.
- **We have proven results concerning integration and life satisfaction, for individuals who have transitioned.**



Benchmarks Percentage of LTSS Expenditures and People Community vs. Institution





Achievement of a person-centered, integrative, rebalanced system of long-term services and supports





Next Steps

- We are proposing that we expand the core team to include DOC and CSSD.
- We are further proposing that the project team be expanded to include a representative from each of the following: Reaching Home Steering Committee, MAPOC, BHPOC, and the MFP Steering Committee.

- We feel strongly that our starting point should be to refresh existing data matches (e.g. Medicaid and HMIS, HMIS and Corrections) and to amplify the scope of data match to include other data sets (e.g. TANF). Our initial idea is to examine the MOA under which agencies participate in the Interagency Council on Supportive Housing and Homelessness and consider how to incorporate agreements around data match within that document.

- We also feel strongly that analysis of the expanded data matches should inform whom we target, and correspondingly, the service array that we select to cover under Medicaid (likely, through a 1915i State Plan Amendment).

- Finally, we feel that there is a lot of preparatory and ongoing work needed to equip providers to transition to Medicaid funding of supportive housing services (e.g. training and supports on culture change, training on development of care plans, skills building around the Medicaid claiming process) as well as continued engagement by DMHAS in its longstanding and positive relationships with providers).



Questions?