

Connecticut Housing Engagement and Support Services (CHESS) Initiative

Briefing for the Medical Assistance Program Oversight Council

June 2021

- Governor Lamont’s policy recommendation to cover supportive housing benefit under Medicaid, was included in the biennial budget passed by the GA

- What is now known as the **Connecticut Housing Engagement and Support Services (CHESS)** initiative has two major features:
 - Funding in the DSS budget to cover the **state match for Medicaid supportive housing services** to up to 850 people
 - Funding in the DOH budget to cover **345 housing vouchers**, as well as **support for an additional 505 people through federal housing subsidies.**

- CHES implements June, 2015 guidance from the Centers for Medicare and Medicaid Services (CMS) [<https://www.medicaid.gov/federal-policy-guidance/downloads/CIB-06-26-2015.pdf>] on Medicaid coverage of “transition services” and “tenancy-sustaining services” that outlined a range of Medicaid authorities under which these services may be covered
- In using Medicaid funding, CHES is a means of achieving sustainable funding for supportive housing services in Connecticut

- **CHES** is premised on our collective observation that **transition and tenancy-sustaining supports provided through DMHAS-led Connecticut supportive housing, pilot programs and Money Follows the Person** have historically been instrumental in helping Medicaid members to achieve housing stability and also improved health, community integration and life satisfaction
- **CHES** also acknowledges the need to **build on DMHAS and DOH's extensive experience**, as well as to use a **public-private partnership**, to inform this work

- To this end, **state agencies** (the Departments of Social Services, Mental Health & Addiction Services, Housing, and Developmental Services, as well as the Connecticut Housing Finance Authority and the Office of Policy and Management) and **private partners** (the Connecticut Coalition to End Homelessness, the Corporation for Supportive Housing, and the Partnership for Strong Communities have collaborated on model design, with strong input from many other **stakeholders, including people with lived experience**

- Finally, CHES is fundamentally **premised in data**

- Targeting of the individuals who are being prioritized for CHES services and housing vouchers is being informed by the following:
 - Matching Medicaid claims and data from the Homeless Management Information System (HMIS) on a monthly basis
 - Use of Charlson co-morbidity Index to reflect acuity

- On behalf of the working group, DSS has been holding a series of advance, advisory discussions with CMS on CHES and is close to informal sign-off
- **We are targeting August 1, 2021 as the prospective CHES implementation date**, contingent on formal resubmission of the involved Medicaid authority documents to CMS and timely approval

Extensive related preparatory work has also occurred:

- Refinement of operational workflows and related tasks in partnership with Beacon and DSS Medical Operations
- Modifications to DSS' eligibility and case management systems
- Development of training curriculum for providers (support for enrollment as Medicaid providers as well as programmatic training)
- Initial enrollment of providers who have not historically been enrolled in the Medicaid system

- CHES is projected to serve up to 850 people

- CHES has **four eligibility requirements**. Individuals must:
 - be at risk of meeting definition of homelessness or homeless prior to nursing home without receipt of CHES services
 - have minimum Comorbidity Index Score based on diagnoses
 - have a Behavioral Health Diagnosis
 - **have two “critical needs”** (e.g. need for assistance in maintaining housing stability, need for assistance with medication administration)

- CHES will target outreach to individuals who are identified:
 - through ongoing matches of Medicaid and Homeless Management Information System (HMIS) data (homelessness); and
 - on the basis of:
 - Minimum Comorbidity Index Score based on diagnoses
 - Behavioral health diagnosis
 - Minimum number of days in shelter
- Individuals identified through the above method, who choose to apply for CHES, will be assessed to confirm that they have at least two critical needs

- Beacon Health Options is responsible for overseeing major program functions, including data match, outreach, assessment and referrals to providers
- CHES will only include providers selected by DMHAS under its supportive housing services procurement
- Paper and electronic applications will be accepted and CHES “essential partners” (211, Coordinated Access Networks, hospitals, community care teams, homeless outreach teams, and shelter providers) will support members with the application process

Key components of CHES include:

- **Person-Centered Recovery Plan Development** – develop the person’s care plan
- **Pre-Tenancy Supports** - assistance in locating and securing stable housing
- **Tenancy Sustaining Supports** - assistance in maintaining successful tenancy (healthcare coordination, skill development and community integration)
- **Non-Medical Transportation** - assistance with increased access to community supports (e.g. employment)
- **Housing Subsidies** - provided by DOH

Pre-Tenancy Supports assist the person in moving from homelessness, higher level of care, or risk of homelessness into housing in the community. Services are aligned with the participant's goals as documented in the participant's person-centered recovery plan (PCRP).

Tenancy-sustaining supports help the participant maintain tenancy once housing is secured. Ongoing housing-related services, in addition to other LTSS, promote housing success, foster community integration and inclusion, and develop natural support networks.

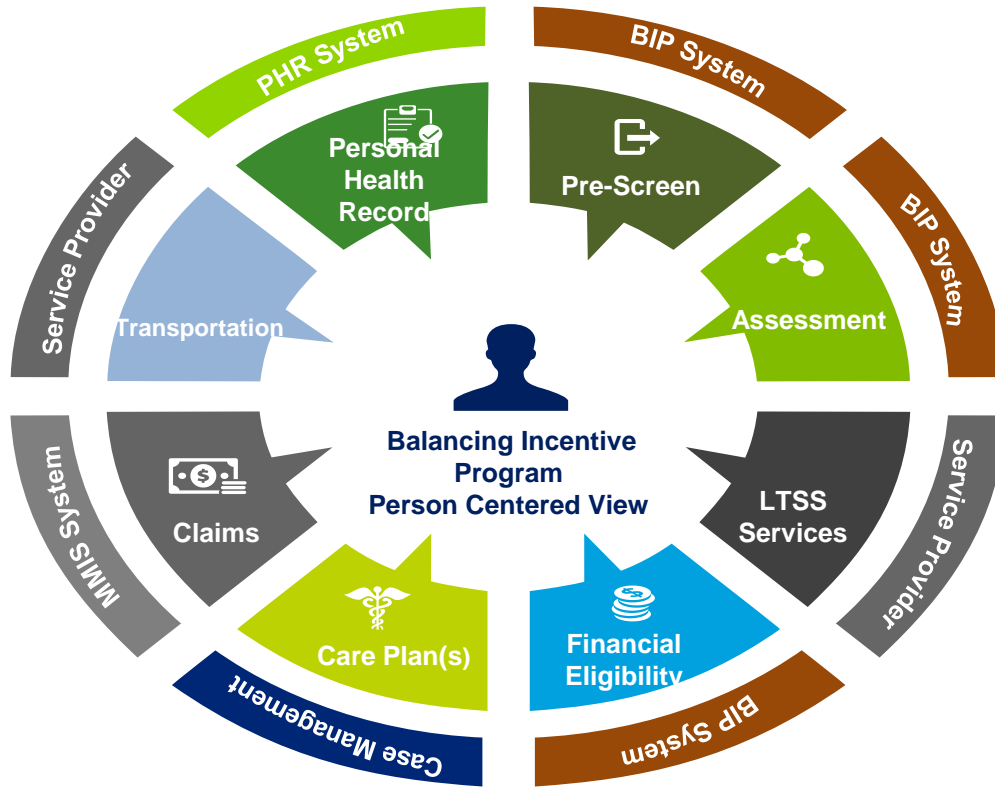
CHES includes a pay-for-performance component.

- Initial performance payments provide higher payouts for providers who find appropriate housing quickly
- Ongoing payments after housing is stabilized are based on:
 - **Medical Appointment**
 - Evidence that appointment is scheduled first three quarters
 - Fourth Quarter: Evidence of claim for visit in the fourth quarter

- **Activities Aligned with Plan**
 - Case notes document activities approved in plan at least monthly first three quarters
 - Fourth Quarter: Minimum score of 26 across 5 domains of the Housing Assessment (Housing and Lease; Arrears and Debts, Income and Benefits; Support Services and Resources, Health) and not decreased by more than one point from previous assessment
- **Evidence that the member is still housed**
- **Active status of the individual's Supplemental Nutrition Assistance Program (SNAP) benefit**

- In support of CHES, DSS submitted **four Medicaid authority documents** to CMS:
 - A **1915(i) State Plan Amendment (SPA)**, which:
 - establishes CHES as a new Medicaid State Plan home and community-based services benefit under the Connecticut Medicaid State Plan
 - Outlines all major programmatic features (assessment and evaluation, provider qualifications, needs-based criteria, targeting criteria, person-centered planning process, service components and definitions, quality improvement strategy, eligibility groups, and reimbursement methodology)

- **A separate SPA that creates a new optional eligibility group** for people receiving CHES services, who are eligible for, but not necessarily receiving 1915(c) waiver services
- **An Alternative Benefit Plan (ABP) SPA** that adds CHES to the package of services for which HUSKY D (Medicaid expansion group low-income adult) members are eligible
- **A 1915(b)(4) waiver** that enables Connecticut to limit participation to supportive housing providers that have already been selected by DMHAS through procurement



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

