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Brief Description:

The Division of Health Care Financing and Policy (DHCFP) is working with stakeholders to develop a proposal to identify funding sources and design a tiered level service package of Medicaid habilitation services for permanent supported housing under 1915(i) authorities. The aim of this proposal is to add service options to Nevadans who are experiencing chronic homelessness and who may also have a diagnosed mental health issue. These services will add capacity to the existing community continuum of care and provide needed services to individuals that need stabilized housing and medical needs, thereby reducing the frequency of emergency room visits, preventing hospitalization, and the conservation of community resources.

The savings from these improvements will be experienced across the community as individuals have fewer hospitalization and incarcerations. Those savings must be reinvested into the program to increase the housing available to this population. A significant amount of the saving generated from hospitalizations will be experienced by the managed care organizations that participate in the Nevada Medicaid program. For this reason, it will be necessary to ensure there is a mechanism in policy by which those savings are reinvested into the program.

To maximize the effectiveness of the program, we will target the population that has high need and is most receptive to these interventions, illustrated below in Tier 1 of the table. These individuals can be identified by the needs assessments that are conducted by the Continuum of Care organizations throughout the state. Those individuals in Tier 1 will be the initial target group to receive supported housing. Tier II clients are most appropriate for rapid rehousing, rather than this more intensive service. The experience with the CABHI grant demonstrated that the individuals with the highest level of need are (Tier III) need more significant services than supported housing can afford. It is our intention that those populations will be addressed in other proposals.

Tier I VI-SPDAT Score 10-13 CHAT Score __	Tier III VI-SPDAT Score 14-15 CHAT Score __
Tier II VISPDAT Score 5-9 CHAT Score __	Tier IV VISPDAT Score 1-5 CHAT Score __

Covered Medicaid services include services commonly provided under 1915(i) include:

- Case management
- Psychosocial rehabilitation
- Personal care
- Day treatment or partial hospitalization
- Homemaker and home health aide services.
- Peer support
- Supported employment

- Environmental modifications (e.g. ADA compliant ramps and showers)
- Relocation housing start-up costs
- Supported living
- Chore services
- Pre-employment preparation services

A blended rate can be developed for the estimated needs for services. The table below illustrates a high services level, likely for Tier I and the associated cost.

Comparable rates: SAMPLE

SERVICE	ESTIMATED HOURS PER MONTH	RATE-BASED ON COMPARISION OF EXISTING SERVICES	TOTAL
COMMUNITY TRANSITION/DIRECT SERVICES/DEVELOPMENT OF CARE PLAN/FISCAL MANAGEMENT	10	$25.64	$256.40
INDIVIDUAL SERVICE PLANNING/PLAN OF CARE COORDINATION WITHOUT CLIENT CONTACTS	4	$15.84	$63.36
TRANSPORTATION	3	$15.00	$45.00
CHILD CARE	3	$10.75	$32.25
TENANCY MAINTAINANCE	2	$19.33	$38.66
TOTAL	22		$435.67

Some services are currently provided through DPBH, of those individuals receiving support hours through this mechanism in the South the average number of support hours is 23/month. Our priority is to ensure that this effort is in keeping with DHCFP policy and maximizing the funding for those services being provided. Second, we must ensure that the service providers are meeting standards. This can be done by establishing a certification as proposed by DPBH to standardize the qualifications of service providers.

By layering on the supported housing services for those individuals in Tier 1, we can fill an additional gap.

Finally, by layering on habilitative services for those most severely impacted, then we can address and additional gap. However, each of these layers increases the cost of the program substantially. In order to demonstrate the savings that are needed to support the later layers, we must first accomplish the initial phase.