# 1915(i) Services Expansion

**Budget Concept Paper Draft Up-date 030816**

**Goal:** To expand Medicaid services under the Home and Community-Based Services (HCBS) 1915(i) authority to a targeted population in order to support individuals to remain housed in the community as well as decrease hospitalizations and crisis incidents. In order to do this, Nevada Medicaid will expand services to a targeted population of homeless individuals with mental illness.

**Description:** Currently, four services are provided by Nevada Medicaid under 1915(i) authority. They are: Adult Day Health Care, Home-Based Habilitation, Rehabilitative Partial Hospitalization and Rehabilitative Intensive Outpatient Services. This proposal aims to enhance service options to this targeted population in order to add capacity to the existing community continuum of care and to provide needed services to stabilize housing and medical needs, thereby reducing the use of alternate community resources.

The proposal seeks to add the following services under 1915(i) authority either through the provision of services through individual private providers or as part of a package of services through a single provider organization: (Service Delivery Model is still TBD)

1. **Care Coordinator**
2. **Housing Navigator**
3. **Non-medical transportation**
4. **Residential Habilitation Services: (Not discussed at meetings, but expanding habilitation services is a goal of the ICH and this service was included in the last budget paper) Should this be included?**

**(or)**

5. **Supportive Living Services** (proposal to add services offered as a package by a single provider organization in a group-oriented or multi-unit housed building for post-acute-care-hospital clients for medical stabilization and to connect clients with needed housing and other supports. This package of services would include a Care Coordinator, Housing Navigator, Non-medical transportation and **Residential Habilitation** as provided by a single provider.)



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**Background:** Current research indicates that a relationship exists between an individual's inability to maintain stabile housing and their ability to manage health-related needs. (A study of housing insecurity found that people who were housing insecure were more likely than those who are not to delay doctor visits, experience poor or fair health and had 14-days or more of poor health and mental health limiting daily activity in the past 30-days.[1]) Alternatively, health care needs that are primarily met through in-patient stays, has a negative effect on an individual's ability to find and maintain stable housing. Nationally, efforts are underway to integrate housing and health care services to mitigate these negative effects. By expanding Medicaid services under 1915(i), communities can hope to see a reduction in the usage of acute care facilities (both psychiatric and non-psychiatric) and housing dollars that are currently being spent on non-housing needs can be redirected for the appropriate use.

Finding the resources to support specific service elements such as primary care, mental health treatment, or dental services is difficult enough. The hardest element of care to fund, though, is the glue that holds them all together in the service of providing permanent supportive housing (PSH) tenants with holistic care. The glue includes:

- Early activities to induce prospective tenants to accept housing and stabilize new tenants in housing and to engage them in services and supports that will address their health, mental health and addictions problems.
- Care coordination, including planning, involving staff able to offer all the different services needed, assuring regular consideration by team members of the tenants well-being and challenges to it, and most of all, establishing a relationship of trust, openness and support with each tenant.
- Team-building with support staff from multiple disciplines, training, and agency affiliation, independent of handling individual cases, including cross-training. Making this happen often requires external influence to bring the relevant parties together and keep them together. [2]

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[1] CDC: Housing Insecurity and the Association with Health Outcomes and Unhealthy Behaviors, WA State 2011.

[2] U.S. Dept. of Health and Human Services, Medicaid and Permanent Supportive Housing for Chronically Homeless Individuals: Literature Synthesis and Environmental Scan. Martha R. Burt, Carol Wilkins and Danna Mauch. January 6, 2011, pge. 4.

To this end, DHCFP, along with other state agencies and community partners are participating in the U.S. Housing and Urban Development's (H.U.D.) Housing and Healthcare (H2) Initiative and is also participating to meet the goals of the Governor's Inter-Agency Council on Homelessness.

**<u>Targeted Outcomes/Benefits:</u>**

**For participants:**

Participants receiving services would benefit by receiving necessary supports and care coordination in to meet the goals of housing-related- care plan, including locating and maintaining housing. Participants would also benefit by receiving the necessary supports to meet health care, socialization and other related needs.

**For communities:**

As individuals receive benefits and are able to stabilize medical needs, receive temporary housing and become connected with longer-term housing resources, communities would benefit by seeing a reduction in the use of acute care hospitals, psychiatric hospitals, jails and alternate service providers.

**Targeted Population Definition:**

A. Adults 18 years and older who meet either criteria (2) or (3) noted below.

B. Individuals who meet the H.U.D. definition of "chronically homeless" which means:

   (1) An individual who:

      (i) Is homeless and lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and

(ii) Has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least one year or on at least four separate occasions in the last three years; and

(iii) Can be diagnosed with one or more of the following conditions; substance use disorder, serious mental illness, developmental disability (as defined in section 102 of Developmental Disabilities Assistance Bill of Rights Act of 2000 (42 U.S.C. 15002)), post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability.

2. An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital or other similar facility, for fewer than 90 days and met all the criteria in paragraph (1) of this definition before entering the facility. [3]

**(or)**

C. Population as defined using the Vulnerability Index (VI-SPDAT) for individuals with a score of 10 or higher. VI-SPDAT measures both health and behavioral health concerns.

**Service Definitions:**

1. **Care Coordinator** - Comprehensive case assistance to drive a goal-oriented, person-centered care plan. The care coordinator would be responsible for completing a comprehensive care plan, linking the client to needed resources and providing direct services.

[3] Federal Register/Vol. 80, N. 233/December 4, 2015/Rules and Regulations

2. **Housing Navigator:** Individual Housing Transition Services include conducting a tenant screening and housing assessment and developing an individualized support plan based on the assessment. Assisting with housing applications and securing required documentation, identifying housing resources and available housing, communicating with landlords, providing training on "good tenancy" and mediating disputes.

3. **Non-medical Transportation** – Service offered in order to enable participants to gain access to housing and supportive services in accordance with a written plan of care. In order to be approved, service would have to be directly related to the goals of the POC, i.e. approve transportation to an appointment with a potential landlord and not for general transportation needs, i.e. grocery shopping. Transportation must be provided by the most cost-effective method and only after all other transportation services by non-funded sources have been exhausted.

4. **Residential Habilitation – (?)**

(or)

5. **Supportive Living Services –** A package of services to include a Care Coordinator, Housing Navigator, Non-medical Transportation and **Residential Habilitation Services** as offered by a single provider agency/organization. Services to be provided in a group residence or multi-unit housed building and are meant to be provided along with a temporary placement after an acute care hospitalization. The goal for this service is to provide the client with a temporary, safe placement in order for them to stabilize the medical condition and to connect with needed housing supports.

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**Justification:** (by service)

1. Care Coordinator (comprehensive support and overall care-planning)

2. Housing Navigator (pre-tenancy and post-tenancy needs)

3. Non-medical transportation (pre- and post-tenancy needs)

4. **Residential Habilitation Services (behavioral stabilization and teaching)**

5. Supportive Living Services (all of the above)

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**Fiscal Impact:**

**Current case load estimates still to be finally determined. Current targeted population information noted below:**

1. **Based on DWSS state-wide estimate of Medicaid recipients receiving SNAP = 14,832.**
2. **Based on HUD/NV Healthcare & Housing (H2) Initiative proposed eligibility criteria:**

**Statewide chronically homeless (meets HUD definition/includes sheltered and unsheltered) = 594**

**Statewide non-chronically homeless (meets HUD definition/includes sheltered and unsheltered)= 8,187**

| **Service** | **Rate** | **Service limitations** | **Provider Qualifications** | **Projected # of People Served** | **Projected Costs** |
|---|---|---|---|---|---|
| Care Coordinator | **TBD** | **TBD** | **TBD** | **TBD** | **TBD** |
| Housing Navigator | **TBD** | **TBD**<br><br>Limit # of meetings per month | **TBD** | **TBD** | **TBD** |
| Non-medical<br><br>Transportation | **TBD**<br><br>Rates established for non-emergency medical transportation. Other states: #1 Charging same as medical transport plus 17% admin fee or charge by | **TBD**<br><br>Service monitored monthly by CC<br><br>Limit by: total trips/month, total miles/month, lump sum maximum per month. | **TBD** | **TBD** | **TBD** |

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|---|---|---|---|---|---|
| | mileage and mode. #2. Charge per-mile rate. | | | | |
| Residential<br><br>Habilitation Services | **TBD** | **TBD** | **TBD** | **TBD** | **TBD** |
| **Supportive Living Services** | TBD | TBD | TBD | TBD | TBD |
| **SAMS**<br><br>**Licenses** | $1,000 per license | **TBD** | **TBD** | **TBD** | **TBD** |