HEALTHCARE AND HOUSING (H^2) SYSTEMS INTEGRATION INITIATIVE NEVADA

Action Plan Overview

NEVADA'S H^2 ACTION PLAN: BUILDING HOUSING AND HEALTHCARE SYSTEMS THAT WORK TOGETHER[1]

Goals and Strategies: Nevada has identified five goals, each of which focuses on a key area of activity essential to achieving the plan's overall objective.

Identify the priority target group of homeless persons and unstably housed people living with HIV/AIDS where a significant gap in housing and treatment exists

- Using existing management information systems and datasets from a wide range of available sources, generate a matrix of identified subpopulations and their shared health conditions and housing needs.
- Prioritize and set *target* sub-populations for proposed healthcare treatments, services, and housing interventions to maximize the impact on individuals and systems.

Identify the appropriate Medicaid payment mechanism linked to the care, treatment and housing proposed for the prioritized target sub-population

- Using the target sub-population matrix, outline the related healthcare and treatment, services, supports and housing needed.
- Analyze Nevada Medicaid State Plan and HUD Consolidated Plan and QAP (state tax credit) and New Market Tax Credit to determine existing resource opportunities to meet gaps in need. Specify changes needed if any.

[1] Draft pending Nevada H^2 Leadership Team review meeting; will replace once that is done.

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- Identify Nevada Medicaid HCBS Waivers, and other Medicaid provisions now underway that could support meeting the resource gap. Specify needed changes if any.
- Specify the cost implications of any proposed changes to existing Nevada Medicaid provisions.
- Determine the existing and needed provider network (health and housing) capacity to deliver the additional care—treatment—services and housing.

Build strong local relationships between MCOs, homeless housing providers and HIV/AIDS housing providers for a seamless service delivery system; integrated housing and treatment

- Convene participants to design case conferencing process, supported by HMIS participation and HIPAA agreements.
- Explore Home Health Model, FQHC expansion of service and venues, and role of Housing Navigators in supporting the emerging system.
- Meet the gap as grant-funded providers shift to Medicaid credentialing and payment models.
- Develop client-level training, orientation, and supports to successfully access care in the ACA-enabled new system.

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Meet the existing gap in housing, discharge planning and recuperative placement

- Convene existing providers to assess impact of recent cuts, identify how to fill gaps, and what immediate recuperative care can be operationalized for target populations.
- Acknowledge that housing gap at hospital/acute care discharge is a critical immediate need in funding decision arenas (local government, state government, private). Support bridge housing flexible subsidy pool to create a client venue where Medicaid-supported treatment services can be delivered.

Meet the resource gap to support innovative treatment and housing partnerships

- Work at state level to develop indicators or assessment factors for health and housing needs; factors to align with Medicaid and other payment mechanisms, including behavioral health, primary care and housing status.
- Develop county implementation parameters for new health indicators that support acuity and in-depth assessment. May blend with or build upon coordinated assessments, common intake, vulnerability indices or other tools in use.
- Develop innovative funding opportunities and long-term sustainability options.
- Develop cross-jurisdictional public-private partnerships to better pool and collaborate on resource development.