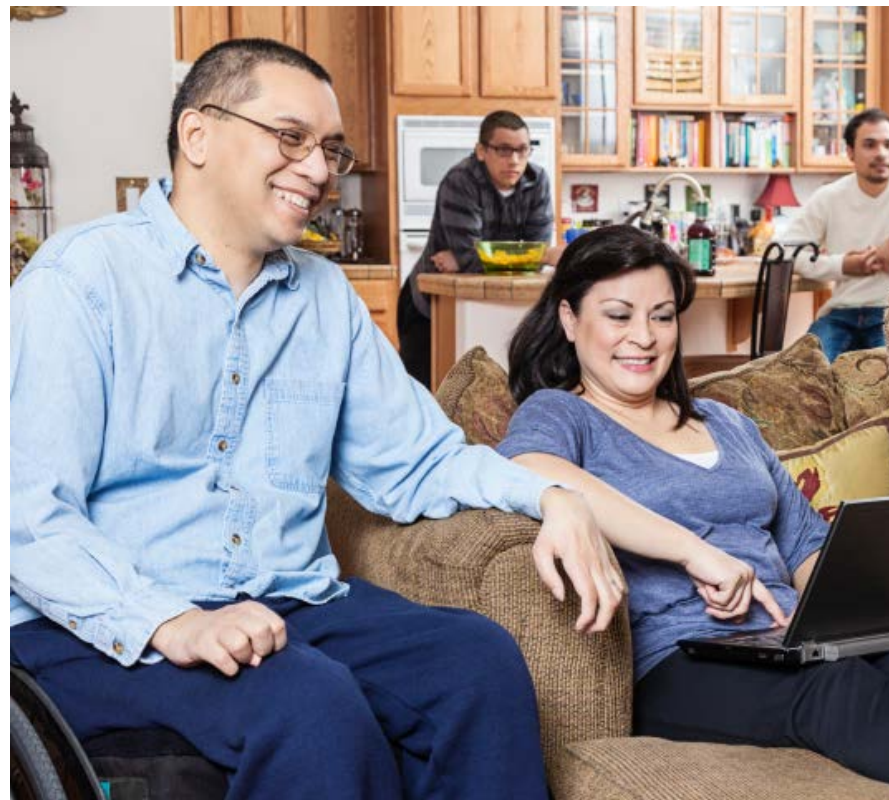


Medicaid Innovation Accelerator Program (IAP)

Supporting Housing Tenancy Series: Webinar 1

February 24, 2016



Logistics for the Webinar

- All lines will be muted
- Please do not put your line on hold
- To participate in a polling question, exit out of “full screen” mode
- Use the chat box on your screen to ask a question or leave comment
 - Note: chat box will not be seen if you are in “full screen” mode
- During Moderated Q&A, can also ask questions verbally
 - To ask a question, press *7 to un-mute your line
 - When complete press *6 to mute your line

Welcome

- Karen Llanos, Director Medicaid IAP
- Mike Smith, Director, DEHPG – Division of Community Systems Transformation
- Melanie Brown, Technical Director, DEHPG – Division of Community Systems Transformation

Speakers (1/4)

Steve Eiken

Truven Health Analytics



Speakers (2/4)

Melanie Starns
Consultant for Truven Health
Analytics



Speakers (3/4)

Lynn Kovich
Technical Assistance
Collaborative (TAC)



Speakers (4/4)

Kevin Martone
Technical Assistance
Collaborative (TAC)



Agenda for Today's Call

- Supporting Housing Tenancy Webinar Series Overview and Goals
- Participating States and Goals
- Introduction to Housing-Related Services
- Q & A
- Medicaid Authorities to Cover Housing-Related Services
- Conducting a Crosswalk of Housing-Related Services and Funding Sources
- Q & A
- Next Steps

Supporting Housing Tenancy Webinar Series:

Overview and Goals

CMS Goals for the Supporting Housing Tenancy Track

Goal #1

To assist states in understanding housing-related activities and services that help individuals get and keep affordable and community-integrated housing

Goal #2

To increase state adoption of housing-related services within Medicaid benefits for people who need community-based long-term services and supports

Federal Policy Across Multiple Agencies to Promote Community Integration

- Legislative Changes to HUD Section 811 Program (January 2011)
- DOJ Statement on Community Integration (June 2011)
- HUD Olmstead Guidance, including “Olmstead Preference” (June 2013)
- CMS Home and Community Based Services Final Rule (January 2014)
- CMS Informational Bulletin on Housing-related Activities and Services (June 2015)
- SAMHSA Olmstead and Homeless Policy Academies

Polling Question #1

❖ I understand what housing-related services are allowable under Medicaid.

1 = Strongly Agree

2 = Agree

3 = Neither agree nor disagree

4 = Disagree

5 = Strongly Disagree

Polling Question #2

❖ My state has the information necessary to create a strategy to implement HRS in its Medicaid program

1 = Strongly Agree

2 = Agree

3 = Neither agree nor disagree

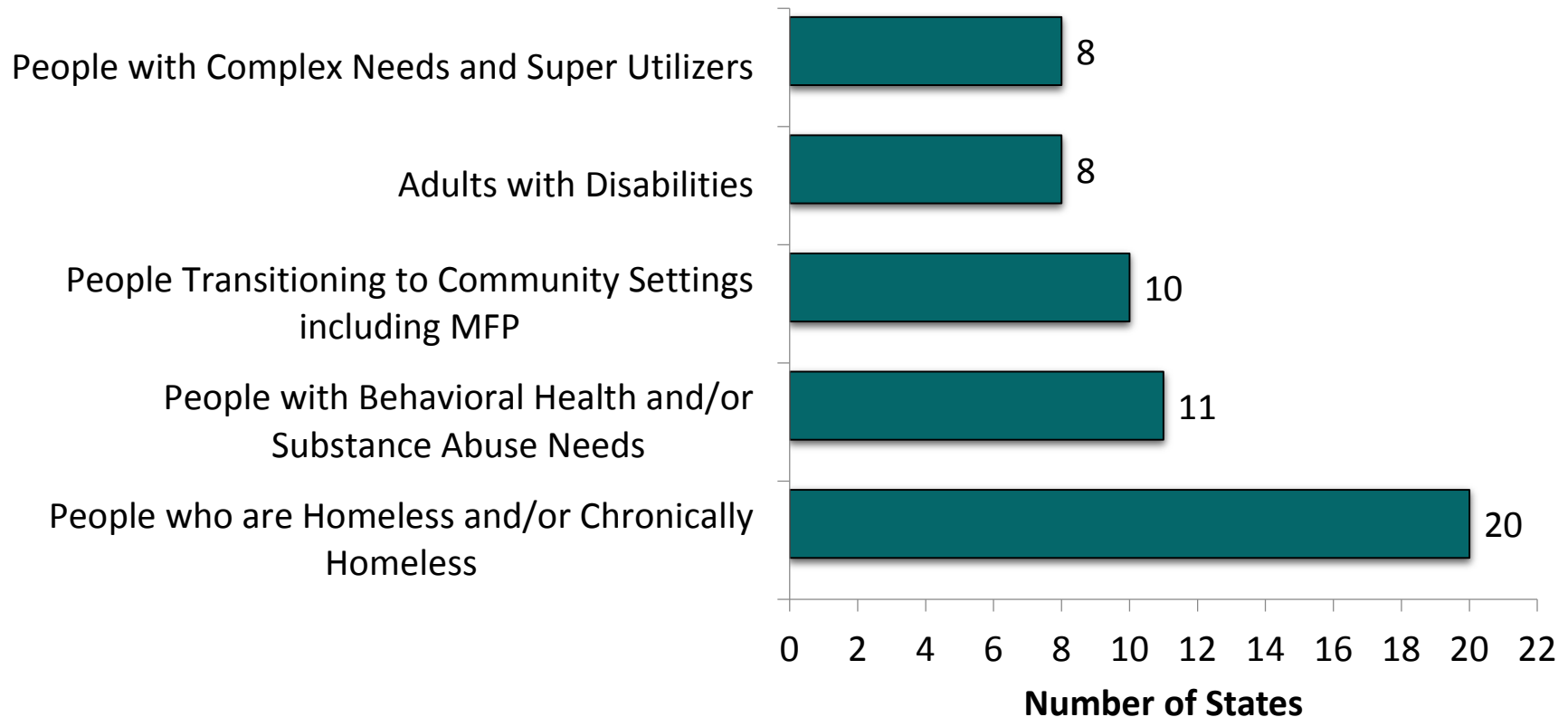
4 = Disagree

5 = Strongly Disagree

Participating States and Goals

Target Populations Identified in State Expressions of Interest

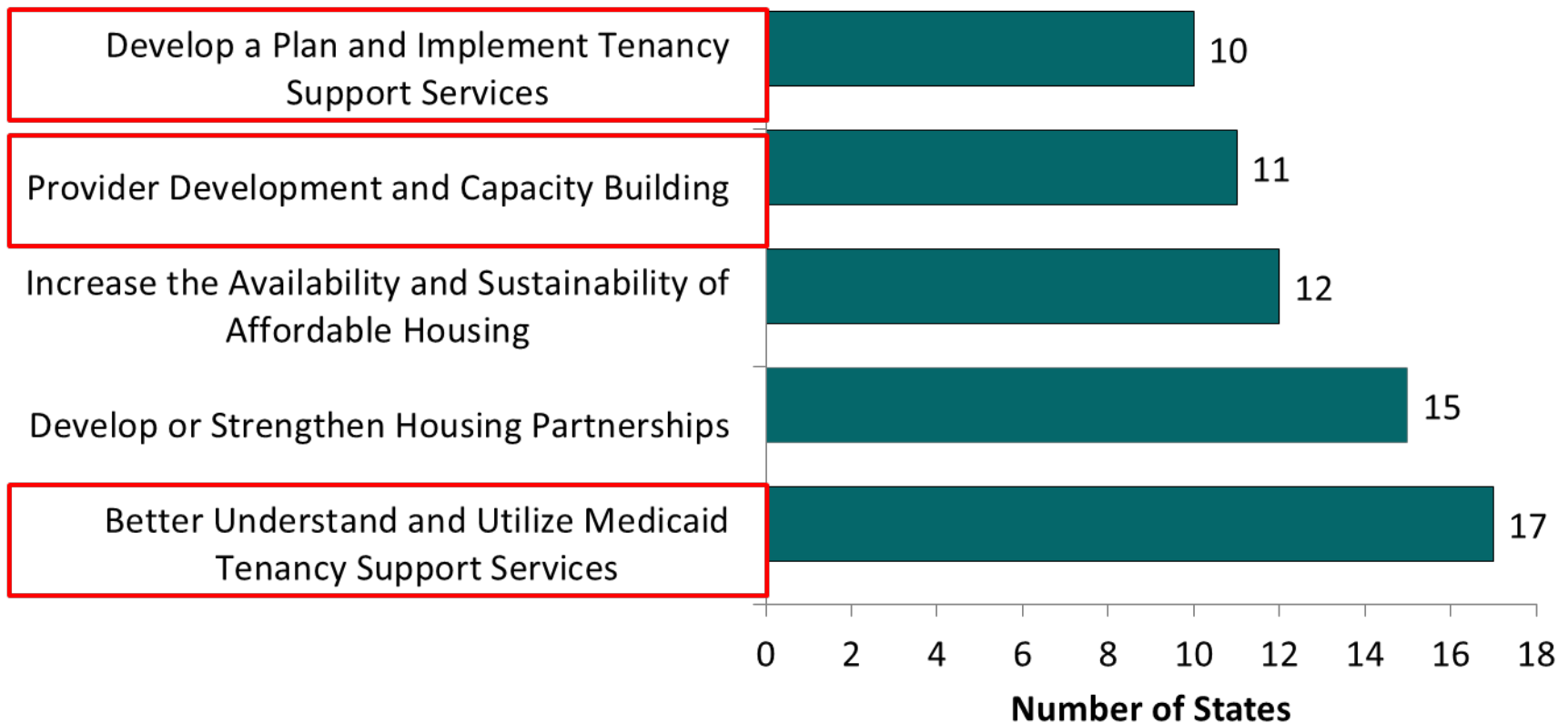
Common Target Populations



*Other target populations such as older adults, veterans, ex-offenders, and Medicaid LTSS participants in general also were described.
Data compiled from Expression of Interest forms for the HSRP IAP Initiative, 2015.

Desired Outcomes Articulated in State Expressions of Interest

Most Commonly Desired Outcomes



Data compiled from Expression of Interest forms for IAP CI-LTSS HRSP, 2015.

IAP Team Recommendations for State Engagement in the Webinar Series



Establish and convene housing-related services state team



Attend the three web-based workshops



Before the second webinar, complete a state crosswalk of housing-related services, current funding sources, and available Medicaid options



At the end of the series, develop a tenancy services strategy and/or implementation plan for internal state use

The Importance of Cross-Agency Partnerships

Effective implementation of Medicaid housing-related services requires partnerships with other entities including:

Housing Agencies

- Housing finance agencies
- State agencies overseeing Department of Housing and Urban Development programs
- Local public housing authorities
- Continuum of Care entities
- HUD field offices
- USDA field offices
- Supportive housing providers
- Housing developers

Other service agencies that offer supports Medicaid cannot provide

- State Developmental Disability Services Agency
- State Unit on Aging
- State Mental Health Authority
- Area Agencies on Aging
- Aging and Disability Resource Centers
- Centers for Independent Living

The Governor's Office and state budget office, to assist interagency coordination and securing resources

Complexity of Affordable Housing Systems

- Mainstream (for low-income people in general) vs. targeted (e.g., HUD homeless, non-elderly disabled vouchers, Section 811 PRA) housing resources
- Public, non-profit and for-profit developers
 - PHAs, community development corporations, private developers, etc.
- Funding through state and federal agencies
 - e.g., USDA, HUD, state Community Development or Housing Finance

Complexity of Affordable Housing Systems, Continued

- Capital and rental assistance programs
 - Low Income Housing Tax Credit – capital only
 - Housing Choice Voucher – rental assistance only
 - HOME – capital and rental assistance
- Complexity of the various eligibility requirements, providers & access procedures makes assistance with housing navigation a necessity

Polling Question #3

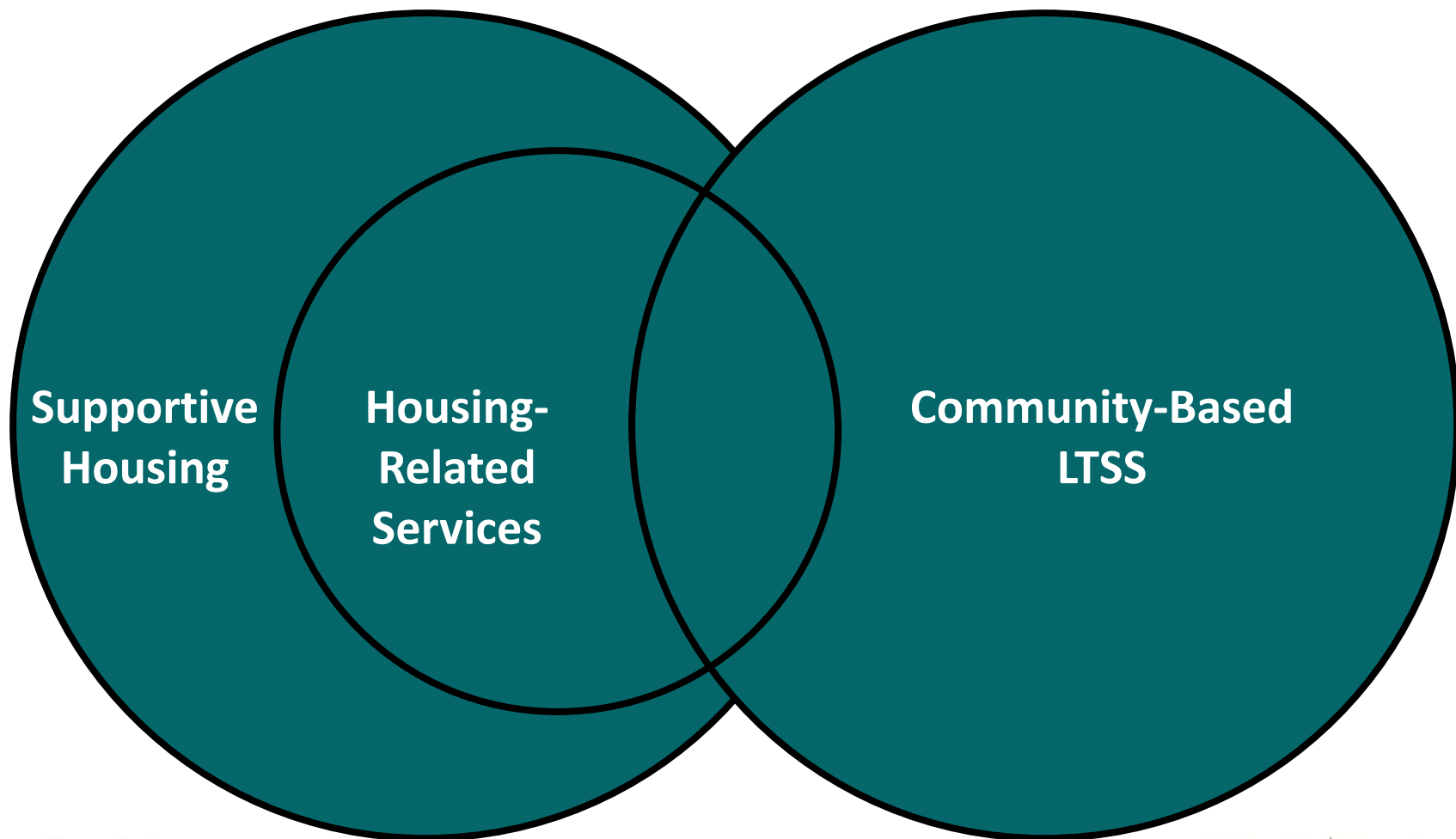
- ❖ What best describes your organization's role in cross-agency partnerships including services and housing?
 - State Medicaid Agency
 - Other state services agency
 - State agency overseeing housing
 - State housing finance agency
 - Local public housing authority
 - Other

Introduction to Housing-Related Services

Definitions of Key Terms

- **Supportive housing:** Affordable, community-based, lease-based housing that provides tenants with the rights and responsibilities of tenancy and links them to voluntary and flexible supports and services
- **Housing-related services:** Broadly defined, they are a range of flexible services that support individuals as they get and keep housing. These services include community-based LTSS that address Instrumental Activities of Daily Living (IADLs), such as teaching a person to maintain a clean home or to manage money.

Relationship of Housing-Related Services to Community-Based LTSS



Potential Beneficiaries of Medicaid Housing-Related Services

- Individuals may transition from a variety of circumstances including:
 - Institutional settings (hospitals, nursing homes, or ICF/IID);
 - Residential treatment centers;
 - Assisted living facilities;
 - Homelessness or chronic homelessness;
 - Correctional facilities;
 - Foster care; and
 - Other settings that do not meet home and community-based settings requirements.

Types of Housing-Related Services Specific to Getting and Keeping Housing

1. **Individual Housing Transition Services:** services that support an individual's ability to prepare for and transition to housing



2. **Individual Housing & Tenancy Sustaining Services:** services that support the individual in being a successful tenant in his/her housing arrangement and thus able to sustain tenancy

Providers of Housing-Related Services Specific to Getting and Keeping Housing

Staff who provide HRS may be known as:

- Case managers
- Transition coordinators
- Housing specialists or housing coordinators

Funding sources include:

- Medicaid
- State funding
- HUD Continuum of Care programs

Providers may be:

- Distinct housing specialists providing a stand-alone service
- Housing specialists within a team approach such as Assertive Community Treatment
- Providing housing-related support as part of a broader case management service

Examples of Individual Housing Transition Services

- 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;
 - Includes short and long-term measurable goals;
 - Establishes the participant's approach to meeting the goal; and
 - Identifies when other providers or services, both reimbursed and not reimbursed by Medicaid, may be required.
- Assisting with the housing application and search process.

Examples of Individual Housing Transition Services Cont'd

- Identifying resources to cover moving and start-up 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.

Additional Information Regarding Individual Housing Transition Services

- Often involves outreach/in-reach, including to non-Medicaid covered individuals.
- For individuals in institutional or facility-based settings, they may be provided by the facility staff, at times in combination with transition coordinators.
 - For example, facility staff may help complete a housing application while another partner may assist with the housing search, development of a housing plan, and move-in assistance.
 - Significant coordination must occur if more than one provider is involved.
- For individuals who are homeless, pre-tenancy services may be provided by case managers or outreach workers.

Examples of Individual Housing & Tenancy Sustaining Services

- Providing early identification and intervention for behaviors that may jeopardize housing.
- 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.

More Examples of Individual Housing & Tenancy Sustaining Services

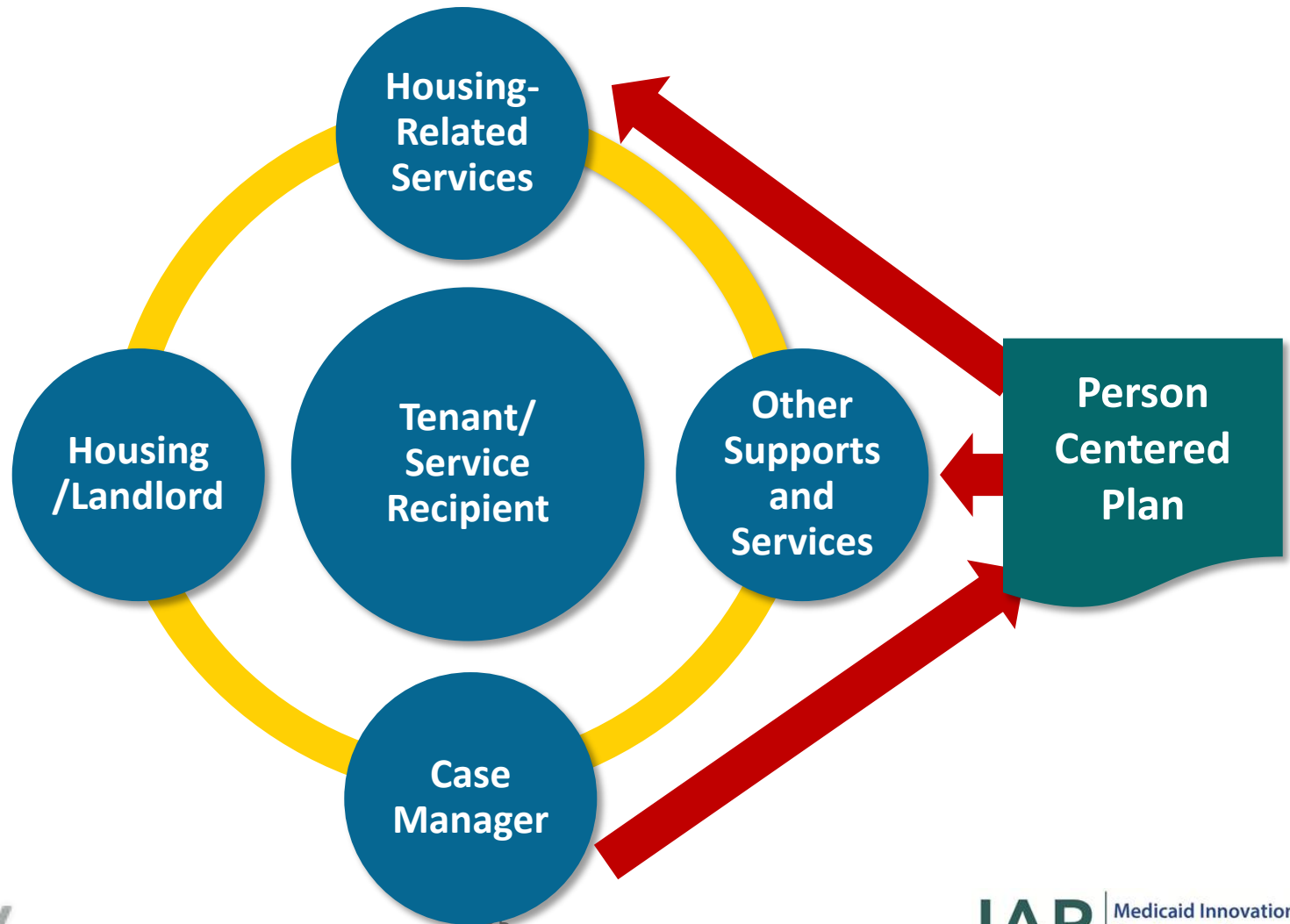
- Advocacy and linkage with community resources to prevent eviction when housing is, or may potentially become jeopardized.
- Assistance with the housing recertification process.
- Coordinating with the tenant to review, update and modify their housing support and crisis plan on a regular basis to reflect current needs and address existing or recurring housing retention barriers.



Additional Information on Individual Housing and Tenancy Sustaining Services

- Often provided by someone specifically tasked with performing a tenancy support role.
- This provider's role is sometimes distinct from other service providers to minimize conflict between housing and services, but it is not always possible.

Role Responsibility



Martone, 2015

Questions or Comments? (1/2)



Medicaid Authorities to Cover Housing-Related Services

Medicaid Authorities to Pay for Eligible Housing-Related Services

- Consistent with statute, CMS does not provide Federal Financial Participation for room and board in home and community-based services, but can assist states with coverage of certain housing-related activities and services.
- The next slides provide an overview of authorities identified in the June 2015 CMCS Information Bulletin and their potential use.

Medicaid State Plan Targeted Case Management (TCM)

- Authorized in Section 1905(a)(19) and 1915(g)
- Services assist individuals in gaining access to needed medical, social, educational, and other services
- States determine target population(s)
- As part of identifying a person's overall needs, targeted case management can include:
 - Linking individuals to needed housing resources
 - Activities to help a person find housing
 - Assisting with identifying resources to support the participant to maintain housing during a crisis

Medicaid Section 1915(c) Waivers

Description

- Allow home and community-based services (HCBS) not otherwise in the Medicaid State Plan.
- People must need the level of care of a nursing facility, hospital, or intermediate care facility for individuals with intellectual disabilities (ICF/IID).
- States determine target population(s).
- States may limit the number of participants and/or serve part of the state.

Medicaid Section 1915(c) Waivers: Options for Housing-Related Services

- Housing transition services and/or tenancy sustaining services within a case management service.
- Separate services specific to transition coordination and/or tenancy sustaining services.
- Environmental modifications necessary for accessibility.
- Community transition services for expenses to set up a household such as:
 - Security deposits and utility deposits;
 - Essential household furnishings;
 - Moving expenses; and
 - Services necessary for safety such as pest eradication.

Medicaid State Plan HCBS Authorized under 1915(i)

- Allows the same services allowed in 1915(c) waivers.
- States define medical necessity criteria, which must be less stringent than institutional level of care.
- States determine target population(s).
- States can create discrete housing-related services as described for Section 1915(c) waivers.
- Unlike 1915(c) waivers, services must be statewide and the state may not limit the number of people served.

Medicaid State Plan

Community First Choice (1915(k))

- People must need the level of care of a nursing facility, hospital, ICF/IID, or institution for mental diseases (IMD) for individuals under age 21 or 65 and older.
- Includes attendant services and supports, back-up systems, and training to direct attendants.
- Services must be statewide and the state may not limit the number of people served.
- States receive 6 percentage point increase in FMAP.

Medicaid State Plan

Community First Choice (1915(k))

- At the state's option, they may offer permissible services and supports.
- Under permissible services and supports, the state may allow for transition costs such as security deposits for an apartment or utilities, first month's rent and utilities, purchasing bedding, basic kitchen supplies, and other necessities required for transition from an institution.
- Unlike 1915(c) and 1915(i), Community First Choice can cover a person's first month of rent and utilities.

Medicaid Section 1915(b) Waivers

- Allows states to require people to use managed care for Medicaid services.
- States choose the Medicaid services for which managed care is required.
- Section 1915(b)(3) allows states to use savings from managed care to provide additional services to waiver enrollees.
- Additional services could include housing transition services and/or tenancy sustaining services.

Medicaid Section 1115 Demonstrations

- Section 1115 allows the Secretary of Health and Human Services to approve research and demonstration projects and test innovative service delivery systems.
- Demonstrations must be budget neutral for the federal government.
- Some Section 1115 demonstrations include housing transition services and/or tenancy sustaining services.

Conducting a Crosswalk of Housing-Related Services and Funding Sources

Conducting a Crosswalk

- A Crosswalk is a tool that guides the development of a strategy to include Housing-Related Services (HRS).
- A Crosswalk can help states understand:
 - What HRS are currently being provided
 - What populations are receiving HRS
 - What existing state Medicaid authorities cover HRS
 - What non-Medicaid sources may be funding HRS
 - How HRS is reimbursed (e.g. fee-for-service, case rate)

Coordinating With Other Agencies

Coordinating the Crosswalk and planning will ensure that:

- The entire package of housing-related services are defined in the Crosswalk
- Who is currently providing and paying for HRS is assessed
- What Medicaid can and cannot pay for is clearly articulated
- The role of Medicaid and other resources are defined and coordinated

Steps to Developing a Crosswalk

1. Clearly define the proposed population.
2. Identify the range of Housing-Related Services.
3. What is being covered now and under what authorities?
4. What is being covered by non-Medicaid sources (e.g. state general funds, local levy, Continuum of Care)?
5. How are these services being reimbursed (i.e. fee for service, managed care, case rate, contract through other agency)?
6. Coordination between Medicaid and other agencies.

Using a Crosswalk to Inform State Strategy for Housing-Related Services (HRS)

Using a Crosswalk will inform how a state:

- Addresses gaps in HRS services across populations
- Determines the population who is eligible to receive HRS
- Defines the types of HRS that will be covered
- Defines the types of HRS that will not be covered by Medicaid and should be paid for by another source
- Determines if a type of HRS is a new service, needs to be available to new groups, or if definitions in existing Medicaid authorities need modifications

Crosswalk Example

What Housing-Related Services (HRS) does your state currently provide?	Is this service currently covered under: <ul style="list-style-type: none"> • An existing Medicaid authority (indicate M) • Other source (indicate O, and specify source) • Not covered (indicate NC) 	If covered under Medicaid, under which authority is it covered?
Individual Housing Transition Services		
Conducting a screening and assessment of housing preferences/barriers related to successful tenancy		
Development of individualized housing support plan		
Assisting with rent subsidy application/certification and housing application processes		

Summary

- Housing-Related Services are integral to supporting individuals in community-based housing.
- HRS can benefit a broad range of individuals.
- HRS can be included in several Medicaid authorities.
- State Medicaid agencies should coordinate HRS strategies across sister agencies to minimize redundancy and ensure appropriate resource allocation.
- HRS may currently be provided in your systems, but in a fragmented manner and paid for by other sources.
- A Crosswalk is a tool that states can use to guide the development of a strategy to pay for HRS.

Questions or Comments? (2/2)



Additional Questions

States with questions about completing the crosswalk or the information presented in this webinar, can contact Steve Eiken at steve.eiken@truvenhealth.com. Include subject line “Tenancy”

Thank you for joining today's webinar!

Please take a moment to complete a short feedback survey.