

## US Interagency Council on Homelessness -Quarterly Council Meeting April 12, 2016 - Nevada Presentation

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- Post Medicaid expansion, with the addition of the childless adult population to Nevada's Medicaid population, the Medicaid beneficiaries experiencing homelessness increased. Medicaid identified this increase as these enrollees, due to their homelessness, had situational issues that impacted service provision and health outcomes. Impacts include:
  - difficulty discharging individuals from acute hospitals, even to nursing facilities;
  - in many instances it is hard for nursing facilities to discharge someone identified as a resident who does not have a home to go to and therefore who may not want to leave. This leaves nursing facilities reluctant to admit homeless individuals;
  - follow up home health or support services are difficult to provide to an individual who is homeless;
  - difficulty with traditional outreach processes utilized to promote prevention and early intervention services as individuals without addresses or phones are hard to find.
  
- Concurrently Governor Sandoval created the Nevada Interagency Council on Homelessness to coordinate and focus the State's efforts to effectively address the challenge of homelessness in the Nevada. In June 2015, the Council completed the Interagency Council on Homelessness Strategic Plan.
  - The plan includes strategies for Nevada Medicaid to provide wrap services to assist the homeless in gaining and sustaining housing.
    - other entities will be able to transition the use of their limited dollars from service provision to funding actual housing units or to increase the number of individuals who are served.
    - individuals who are supported and housed will be better able to manage their health and receive preventative care versus high cost crisis based inpatient care.
    - a stable discharge location will result in shorter lengths of stay and facilitate deinstitutionalization from nursing facilities.
    - stable housing will result in health outcomes that are better able to be sustained and will help prevent repeated emergency room use and inpatient hospital stays.
  
- With the Medicaid program's lack of knowledge of the what and how to develop cost effective evidence based services for the homeless that are consistent with Medicaid Regulations and with housing and homeless service providers not familiar with Medicaid programs, Nevada felt technical assistance in designing its services would be beneficial.
- Nevada submitted the IAP technical assistance request to gain help in the development of "best practice", evidence based, cost effective Medicaid services for the homeless,.
  - to learn how to build upon current services, policies and regional programs to maximize outcomes and services and prevent the development or perpetuation of service silos or duplicative services.
  - Understanding how multiple federal agencies' rules impact a collaborative approach to providing Medicaid wrap services in a community based location

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Nevada's Ideas on how the Federal Government could further assist the Nevada in ending homelessness.

- Development of systems that help identify which Medicaid beneficiaries are experiencing or at-risk of experiencing homelessness. Currently, there is not a process to identify who is homeless or at-risk and how to locate this population for early intervention.
- Systems to promote comprehensive, across agency program evaluation. This will help gain data to answer the question, "Does this program support improvement in health, educational outcomes, employment outcomes, and/or incarceration rates?" Enable the necessary data sharing alignment to occur (HIPAA/FERPA) for across agency evaluation.
- Align and add flexibility to the eligibility requirements of various federal agencies that provide funding and targeted initiatives to support affordable housing and the housing needs of special subpopulations. Currently funding sources incorporate technical requirements in relation to the eligibility and restrictions on the use of funds. Layering federal funding sources becomes complicated and the restrictions are often not flexible enough to support broad reaching goals such as the combining of housing and health care programs.
- Technical assistance from the USICH and HUD on financing models to develop and support permanent supportive housing. Nevada would benefit from USICH providing the lessons learned from the Dedicating Opportunities to End Homelessness (DOEH) Initiative and linking Nevada to one or more of the DOEH communities to share and/or mentor how the DOEH communities are increasing their supply of permanent supportive housing.
- There is no Medicaid funded/federally funded step down level between institutional and community based care. Ability for Medicaid to pay for room and board in some situations.
- Greater ability to continue federally funded/Medicaid funded services as employment/income is gained to help sustain success.
- For the homeless, especially those who have not received medical care in many years, direct entrance into the delivery model provider and continuity of care is of high importance and must be balanced with choice.
- Not all case management entities are able to provide full integrated case management services (medical, behavioral, social), allow Medicaid to fund a collaborative approach to case management allowing payment for two entities that collaborate.
- Additional resources and technical assistance in implementing coordinated entry systems at the Continuum of Care level in order for CoCs to efficiently assess and connect people to housing and service interventions. Guidance would be helpful for understanding how to implement coordinated entry systems, and strategies for encouraging the participation of non-Federal partners.