



Connecticut Medicaid Supportive Housing Benefit

Behavioral Health Partnership Oversight Council

Wednesday, July 10, 2019



Governor Lamont's proposed coverage of a supportive housing benefit in Connecticut Medicaid was included in the biennial budget enacted by the legislature. This reflects our collective observation that transition and tenancy-sustaining supports provided through pilots and Money Follows the Person have been instrumental in helping Medicaid members to achieve housing stability and also improved health, community integration and life satisfaction.

A multi-disciplinary team composed of state agencies (the Departments of Social Services, Mental Health & Addiction Services, Housing, and Developmental Services, as well as the Connecticut Housing Finance Authority) and private partners (the Connecticut Coalition to End Homelessness, the Corporation for Supportive Housing, and the Partnership for Strong Families) is working on model design and will be seeking feedback from a broad array of stakeholders.



Federal Context



The Center for Medicaid and CHIP Services (CMCS) has become increasingly conscious of the need to meaningfully address social determinants of health (notably, housing stability) and to clarify what services can be covered under Medicaid.

CMCS was motivated both by progress under, but also need for sustainability planning in support of, the Money Follows the Person program. It was also influenced by state-funded work in supportive housing.



- In June, 2015, CMCS issued new policy guidance on Medicaid coverage of “transition services” and “tenancy-sustaining services”

<https://www.medicaid.gov/federal-policy-guidance/downloads/CIB-06-26-2015.pdf>

- This outlined a range of Medicaid authorities (e.g. State Plan, waiver) under which these services may be covered



- **Transition services** are defined as:
 - 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 and participant goals.
 - Assisting with the housing application process.
 - Assisting with the housing search process.



- Identifying resources to cover expenses such as security deposit, moving costs, furnishings, adaptive aids, environmental modifications, moving costs and other one-time 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.



- **Tenancy-sustaining services** are defined as:
 - Providing early identification and intervention for behaviors that may jeopardize housing, such as late rental payment and other lease violations.
 - 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.
- 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.
- Continuing training in being a good tenant and lease compliance, including ongoing support with activities related to household management.



- In 2015, CMCS solicited applications from states to participate in an intensive, six-month technical assistance opportunity called the Innovation Accelerator Program (IAP) on Medicaid-Housing Partnerships
- Connecticut (represented by the Departments of Social Services, Housing, and Mental Health & Addiction Services, OPM, CHFA, the Partnership for Strong Communities and the Corporation for Supportive Housing) applied and was one of eight states selected from a highly competitive field



- The IAP sought:
 - To help states align policies and funding between state Medicaid, disability services and housing agencies to maximize affordable and supportive housing opportunities.
 - To ensure that people experiencing chronic homelessness, people identified as high utilizers of health care services, and/or individuals with disabling conditions who are exiting institutional settings have access to a robust service package linked to housing to improve access to health care and outcomes and reduce costs.

- To help states take advantage of opportunities in Medicaid to cover and finance services in supportive housing while maximizing the use of other resources to pay for non-Medicaid supports.



State Context



Our general observation is that Connecticut is coming at this from a position of great strength in relation to other states. The IAP represented an opportunity to weave together all of the following strands:

- vision and leadership around:
 - the Zero: 2016 initiative
 - the Statewide Plan to Rebalance Long-Term Services and Supports
 - Second Chance Society justice reform



- a statutorily mandated Interagency Committee on Supportive Housing, comprised of departments with jurisdiction over human services, housing, housing financing, corrections, and veterans' affairs, as well as leading community stakeholders
- extensive experience in the development and implementation of permanent supportive housing models for individuals and families with special needs who are homeless or at risk of homelessness
- investment of state funding



- existing data match activities as between Medicaid and the Homeless Management Information System
- a unique, self-funded Medicaid model that moved entirely away from capitated managed care arrangements and is now 1) employing a fully integrated set of claims data to predictively model and risk stratify Medicaid members; and 2) intervening to proactively address the needs of high cost, high need individuals, as well as those who have experienced barriers related to lack of stable housing, through a range of strategies designed to coordinate and integrate Medicaid and social services



The most immediately relevant of these policy initiatives are the state-funded supportive housing agenda and the Governor's Plan to re-balance long-term services and supports.



- **Permanent Supportive Housing** is defined as affordable housing + individualized supports

- **Individualized supports** include:
 - Case management and peer support
 - Employment supports
 - Daily living skills
 - Social and family connections
 - Access to medical, behavioral health and substance use care, and recovery orientation



- Connecticut supportive housing work is led by an Interagency Council on Housing and Homelessness
- Supportive housing is funded as follows:
 - through development funding by the CT Housing Finance Authority and the Department of Economic and Community Development
 - through rental subsidies by the Departments of Housing and Mental Health & Addiction Services
 - through supportive services by the Departments of Children & Families, Mental Health & Addiction Services, and Social Services



- **Demonstration Program** – 281 units in 9 projects in 6 communities, development, combines Low-Income Housing Tax Credit (LIHTC) and HUD-funded Rental Assistance
- **Permanent Supportive Housing** – development and scattered site, approximately 2,500 vouchers statewide to house individuals and families experiencing homelessness who have behavioral health disorders, combines LIHTC, Section 8, Rental Assistance, Rental Assistance Program (RAP)



- 8 regional **Coordinated Access Networks** (CANs) are responsible for coordinating entry into homeless and housing services
- Connecticut observes a **Housing First** approach that prioritizes rapid access to permanent rental housing under a standard lease agreement, as opposed to mandated therapy, treatment or service compliance



Two targeted projects have shown very promising results in linking supportive housing to improved health outcomes:

- **CT Collaborative on Re-Entry (formerly, FUSE)**
 - program targeted individuals with mental illness or chronic substance abuse, who cycled through homeless service and justice systems
 - involved matching of Department of Correction and Homeless Management Information System data
 - grew from 30 to 190 units in three counties



■ Social Innovation Fund

- program targeted individuals who experienced homelessness and who had greater than \$20,000 in annual Medicaid costs
- involved matching of Medicaid and Homeless Management Information System data
- involved 150 RAP vouchers as well as 10 vouchers from various other housing subsidies and served four counties



What is “rebalancing”?

Rebalancing refers to reducing reliance on institutional care and **expanding access to community-based Long-Term Services and Supports (LTSS).**

A rebalanced LTSS system gives Medicaid beneficiaries **greater choice in where they live and from whom they receive services.** It also delivers LTSS that are **integrated, effective, efficient, and person-centered.**

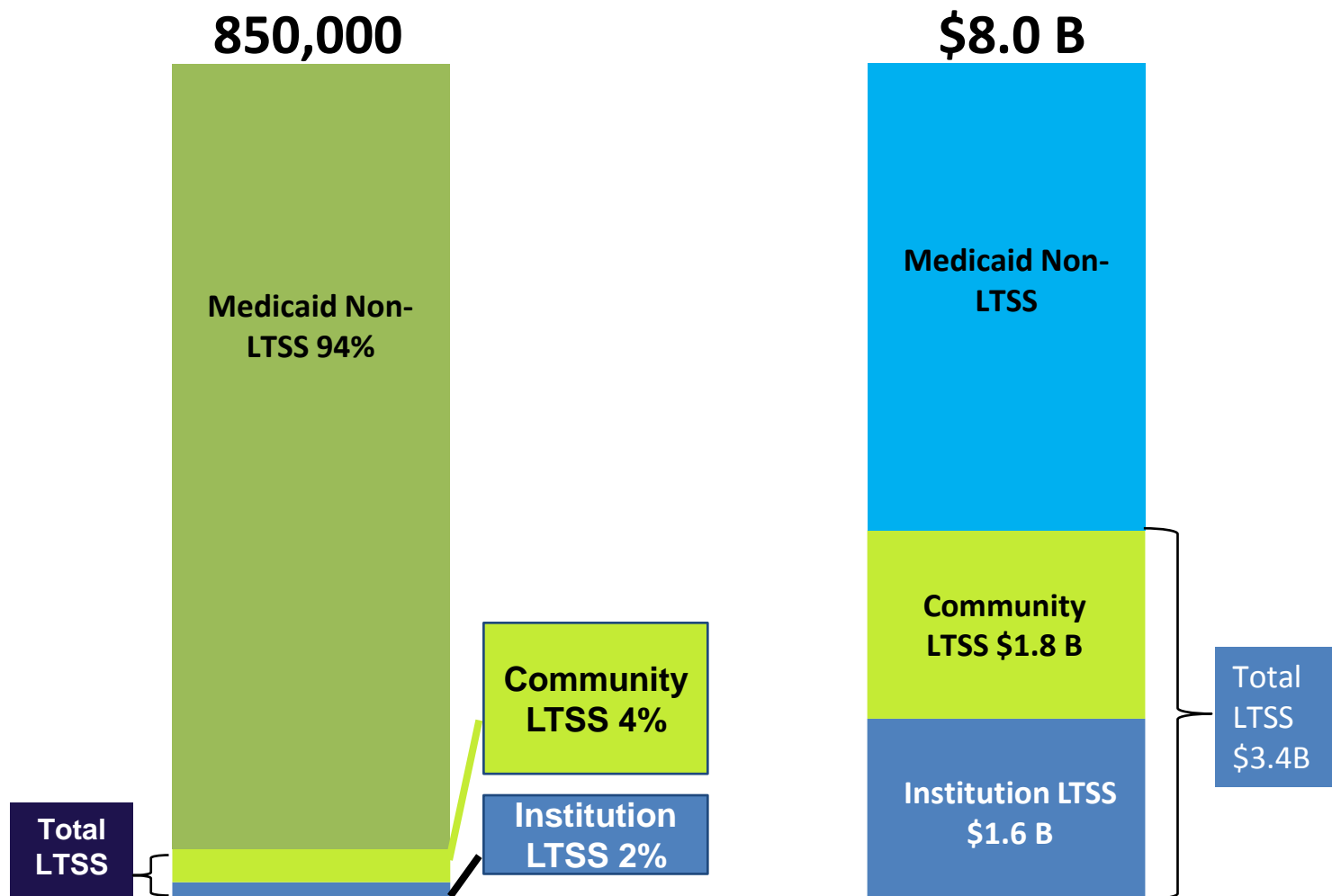


Why rebalance the system?

- **Consumers overwhelmingly wish to have meaningful choice** in how they receive needed LTSS.
- In Olmstead v. L.C. (1999), the Supreme Court held that Title II prohibits the unjustified segregation of individuals with disabilities. **Medicaid must administer services, programs, and activities in the most integrated setting appropriate to the needs of qualified individuals with disabilities.**



- A relatively small number of individuals use LTSS, but their **costs are a significant proportion of the Medicaid budget.**
- Individuals who use LTSS typically have **high needs and high costs** and **benefit from coordination** of their services and supports.
- Average per member per month **costs are less in the community.**





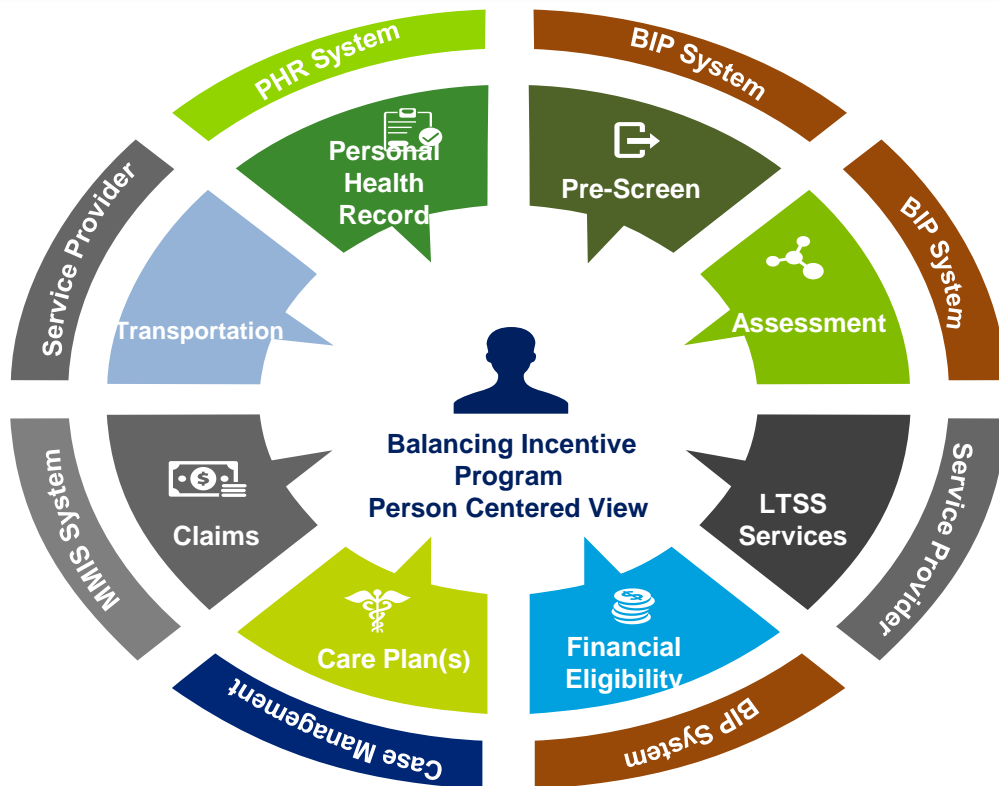
- **People have historically faced barriers** in Medicaid to receiving community-based LTSS
 - lack of sufficient services, supply, and information
 - inadequate support for self-direction and person-centered planning
 - lack of housing and transportation
 - lack of a streamlined process for hospital discharges to the community
 - lengthy process for accessing Medicaid as a payer
 - lack of a sufficient workforce



- The rebalancing agenda is **enabling access to affordable, accessible housing**.
- Connecticut's Money Follows the Person (MFP) model is a unique **“housing plus supports” model** under which people receive both services and housing vouchers.
- Both MFP and Medicaid waivers also support **accessibility modifications** to housing.



- We have transitioned over 5,000 individuals from nursing facilities to the community under MFP.
- This figure has continued to increase year over year.
- In FY 18, we served 61% of individuals who receive Medicaid LTSS in community settings, and spent 49% of Medicaid LTSS dollars on home and community-based services.
- **We have proven results concerning integration and life satisfaction for individuals who have transitioned.**



Achievement of a person-centered, integrative, rebalanced system of long-term services and supports





Overview of Proposed Benefit and Implementation Plan



- The budget authorizes implementation of a 1915(i) state plan home and community-based services benefit that will serve up to 850 individuals who experience homelessness and whose average Medicaid costs exceed \$40,000 per year.
- DSS savings of \$580,000 in FY 20 and \$3.1 million in FY 21. After factoring in the federal share, total Medicaid expenditures are expected to be reduced by \$2.7 million in FY 20 and \$13.9 million in FY 21. Funding is also included in the Department of Housing to support this effort.



- A multi-disciplinary team composed of state agencies (the Departments of Social Services, Mental Health & Addiction Services, Housing, and Developmental Services, as well as the Connecticut Housing Finance Authority) and private partners (the Connecticut Coalition to End Homelessness, the Corporation for Supportive Housing, and the Partnership for Strong Families) is working on model design and will be seeking feedback from a broad array of stakeholders including members, MAPOC, BHPOC, Reaching Home, the CANs and many others



- In support of implementation of the benefit, DSS partnered with the Connecticut Coalition to End Homelessness, the Corporation for Supportive Housing and New York University to refresh a match between Medicaid claims data and the Homeless Management Information System data maintained by CCEH.
- To our knowledge, this is the only fully statewide match of this kind conducted in the country.



- The match used two match criteria: Medicaid eligibility and any occurrence in shelter in the 12-month period from October 1, 2017 through September 30, 2018.
- This yielded a large cohort of Medicaid members (6,733).
- The state agencies and OPM decided to focus efforts for a Medicaid supportive housing option on 850 of these members who have Medicaid expenditures in excess of \$40,000 per year. That is the match group for the Medicaid supportive housing benefit.



- The implementation team will also be considering further targeting, which could be premised on: 1) particular services; 2) the intensity of the care plan; and/or 3) the dollar value of a care plan. This could include criteria related to Serious and Persistent Mental Illness, chronic conditions and/or incidence of use of the emergency department.



- DSS has elected to use a 1915(i) SPA because:
 - it permits the State to leverage durationally-limited federal grants (SAMHSA and MFP) and state expenditures by including the services that they cover under the Medicaid State Plan and gaining federal Medicaid match
 - it permits coverage under Medicaid, but also enables the State to use targeting criteria



- it enables the State to enroll supportive housing providers and to pay them through the Medicaid Management Information System
- the State has already successfully used a 1915(i) for a small number of older adults under the Connecticut Home Care Program for Elders
- it is an efficient SPA vehicle that uses a template and does not typically require extensive negotiation with CMS



- There is a lot of preparatory and ongoing work needed to equip providers to transition to Medicaid funding of supportive housing services (e.g. training and supports on culture change, training on development of care plans, skills building around the Medicaid claiming process) as well as continued engagement by DMHAS in its longstanding and positive relationships with providers.



- The implementation team is in process of developing a framework for the benefit and a stakeholder engagement plan that will seek input on features of the benefit including, but not limited to:
 - targeting criteria
 - the array of covered services
 - workflow for implementation of the benefit
 - provider rates



Questions?