

Report to the President and Congress
Section 1018 Action Plan for
Technical Assistance and Support for Innovative State Strategies to Provide
Housing-related Supports to Individuals with Substance Use Disorder under Medicaid

As Required by the
Substance Use-Disorder Prevention that Promotes Opioid Recovery
and Treatment (SUPPORT) for Patients and Communities Act

(Pub. L. 115-271)

from the
Department of Health and Human Services
Office of the Secretary

Alex M. Azar II
Secretary of the Department of Health and Human Services

July 2019

**Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment
(SUPPORT) for Patients and Communities Act: Section 1018 Action Plan
for Technical Assistance and Support for Innovative State Strategies to Provide
Housing-related Supports to Individuals with Substance Use Disorder under Medicaid**

Introduction

The Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act (Pub. L. 115-271) was enacted on October 24, 2018. The Centers for Medicare & Medicaid Services (CMS) is implementing a number of provisions of this law that, among other things, aim to increase options for treating beneficiaries with opioid use disorder (OUD), ensure prescriber accountability and improved safety for patients across CMS programs, and identify areas for additional interventions using Medicaid prescribing data.¹

Section 1018(a) of the SUPPORT for Patients and Communities Act requires the Secretary of Health and Human Services (HHS) to “provide technical assistance and support to States regarding the development and expansion of innovative state strategies (including through state Medicaid demonstration projects) to provide housing-related supports and services and care coordination services under Medicaid to individuals with substance use disorders (SUD).”

Section 1018(b) of the SUPPORT for Patients and Communities Act requires the Secretary to issue a report to Congress detailing a plan of action to carry out the requirements of section 1018(a) not later than 180 days after the date of enactment of the SUPPORT for Patients and Communities Act. CMS intends for this Action Plan to comply with the requirements of section 1018(b) of the SUPPORT for Patients and Communities Act.

¹ To the extent permissible under law and as otherwise appropriate, CMS is aligning its implementation of provisions of the SUPPORT for Patients and Communities Act with its broader strategy to help address the opioid crisis. Additional information on CMS’s strategy to help address the opioid crisis is available at: CMS Roadmap FIGHTING THE OPIOID CRISIS, Retrieved April 10, 2019 from <https://www.cms.gov/About-CMS/Agency-Information/Emergency/Downloads/Opioid-epidemic-roadmap.pdf>

Background

A recent report by the Medicaid and CHIP Payment and Access Commission (MACPAC) indicates that “Medicaid beneficiaries have been disproportionately affected by the opioid epidemic, accounting for roughly half of all opioid-related overdose deaths in some states...The introduction of cheaper, more potent opioid alternatives, such as fentanyl, to the illicit drug supply has also resulted in a higher risk of overdose for Medicaid beneficiaries.”²

In many states and communities, housing supports and mental health and substance use services are delivered through multiple agencies that do not coordinate with each other or with physical health providers. Accessing services to address both mental health conditions and SUD can be challenging for Medicaid beneficiaries with SUD, especially for individuals who lack stable housing.³

The relationship between housing status and clinical treatment outcomes is complex.⁴ However, transitional or supportive housing can help stabilize people with mental health issues and substance use disorders who are experiencing homelessness.⁵

Federal Financial Participation (FFP) is not available to state Medicaid programs for room and board (except in certain institutional settings).⁶ However, FFP is available under certain federal authorities for housing-related supports and services that promote health and community integration. These activities may include linking individuals to assistance in finding and securing housing, offering services that support Medicaid eligible individuals in maintaining tenancy, and providing one-time moving expenses when individuals transition from certain medical institutions to the community. Housing-related supports and services are authorized based on an

² MACPAC. (2018), Access to Substance Abuse Treatment in Medicaid, Retrieved April 10, 2019 from <https://www.macpac.gov/wp-content/uploads/2018/06/Access-to-Substance-Use-Disorder-Treatment-in-Medicaid.pdf>

³ ASPE. (2015), Issue Brief: State Strategies for Coordinating Medicaid Services and Housing for Adults with Behavioral Health Conditions, Retrieved April 10, 2019 from <https://aspe.hhs.gov/basic-report/state-strategies-coordinating-medicaid-services-and-housing-adults-behavioral-health-conditions>

⁴ SAMHSA. (2014), Grants for the Benefit of Homeless Individuals-Services in Supportive Housing, FOA TI-14-007, Retrieved April 10, 2019 from <https://www.samhsa.gov/grants/grant-announcements/ti-14-007>

⁵ SAMHSA. (2019), Housing and Shelter, Retrieved May 20, 2019 from <https://www.samhsa.gov/homelessness-programs-resources/hpr-resources/housing-shelter>

⁶ CMS. (2019), Medicaid.gov, Institutional Long Term Care, Retrieved April 10, 2019 from <https://www.medicaid.gov/medicaid/ltss/institutional/index.html>

assessment of need and are identified in a person-centered service plan. The person-centered planning process reflects any needed services including non-Medicaid community resources.

States can use several different federal authorities to cover housing-related activities and services, particularly for individuals transitioning to the community from institutional settings. These include waiver programs authorized under section 1915(b) of the Social Security Act (the Act), home and community-based services (HCBS) authorities found at sections 1915(c), (k), and (i) of the Act, state plan services under section 1905(a) of the Act, and Medicaid Health Homes authorized in section 1945 of the Act.

States may use home and community-based services waiver programs authorized under section 1915(c) of the Act to cover tenancy-sustaining supports for Medicaid eligible individuals who would otherwise be served in an institutional setting such as a nursing facility. Section 1915(i) of the Act allows states to offer housing-related supports and services that are similar in nature to those offered under section 1915(c); however, Medicaid eligible individuals do not have to meet an institutional level of care to qualify for services, and the state cannot place a limit on the number of individuals served under section 1915(i). Section 1905(a) of the Act gives states authority to provide services under their Medicaid state plans for individuals who are transitioning from institutions or trying to obtain or maintain housing in the community. An example of such a service includes targeted case management, which can assist individuals in gaining access to needed medical, social, educational, and other services. Community First Choice (CFC), authorized under section 1915(k) of the Act, allows state Medicaid programs to pay for services and supports identified as part of person-centered care plans, which may include one-time moving expenses when transitioning from an institution to the community.⁷ Further, section 1915(b)(3) authority permits states to use the savings from services covered through its section 1915(b) waiver programs to provide additional services to individuals.

Recent CMS Activities

Through section 1115 demonstrations, CMS offers states the opportunity to test innovative approaches for improving treatment for individuals with SUD in ways that take into account

⁷ MACPAC. (October, 2018), Medicaid's Role in Housing, MACPAC Issue Brief, October 2018 , Retrieved April 10, 2019 from <https://www.macpac.gov/publication/medicaids-role-in-housing/>

local challenges and response capabilities. For instance, in November 2017, CMS announced in State Medicaid Director Letter (SMDL) 17-003 a new initiative to give states the opportunity to receive FFP through section 1115 demonstrations for the continuum of services to treat SUD, including services provided to Medicaid enrollees who are short-term residents in residential treatment facilities.⁸ CMS also announced that it developed a more streamlined approach for the approval of those demonstrations. In a separate and forthcoming Report to Congress, pursuant to section 1017 of the SUPPORT for Patients and Communities Act, CMS will share these and other innovative state strategies to provide housing-related services and supports under Medicaid to individuals with SUD. This report is currently in development.

The CMS Innovation Accelerator Program (IAP) State Medicaid-Housing Agency Partnerships Track aims to help state Medicaid agencies better support Medicaid beneficiaries to live stably in the community. Historically, state Medicaid agencies and state housing finance agencies have been largely siloed. In 2016, in response to this dynamic, CMS, SAMHSA, the Department of Housing and Urban Development, the United States Interagency Council on Homelessness, and the Department of Health and Human Services' Office of the Assistant Secretary for Planning and Evaluation (ASPE) pursued a joint technical assistance effort, under the CMS Medicaid IAP, focused on promoting "Community Integration through Long-Term Services and Supports" (CI-LTSS).⁹

The IAP CI-LTSS State Medicaid-Housing Agency Partnerships Track has provided intensive technical support to 16 states to develop and leverage partnerships that facilitate state or local-level collaboration related to more coordinated use of Medicaid services, housing, and tenancy supports. In January 2019, the IAP CI-LTSS State Medicaid-Housing Agency Partnerships Track launched intensive technical support to a third cohort of four states focused on helping states to implement housing or service changes that will expand community living options for Medicaid beneficiaries who need LTSS. IAP CI-LTSS will continue to provide technical support to these states through September 2019.

⁸ CMS. (November, 2017), SMDL#17-003, Strategies to Address the Opioid Epidemic, Retrieved April 10, 2019 from <https://www.medicaid.gov/federal-policy-guidance/downloads/smd17003.pdf>

⁹ CMS. (2019), Medicaid.gov, Promoting Community Integration Through Long-Term Services and Supports Retrieved April 10, 2019 from <https://www.medicaid.gov/state-resource-center/innovation-accelerator-program/program-areas/community-integration-ltss/index.html>

Planned Technical Assistance and Support

To support states with the development and expansion of innovative state strategies to provide housing-related supports and services and care coordination services under Medicaid to individuals with SUD, and to comply with section 1018(a) of the SUPPORT for Patients and Communities Act, CMS, in partnership with other federal agencies, plans to:

- Assess states' technical assistance and support needs;
- Identify and disseminate best practices and lessons learned;
- Promote performance measurement and reporting and quality improvement activities; and
- Promote awareness and understanding of existing options to offer housing-related supports and services under Medicaid to individuals with SUD, including through waiver programs authorized under section 1915(b) of the Act, home and community-based services (HCBS) authorities found at sections 1915(c), (k), and (i) of the Act, state plan services under section 1905(a) of the Act, and Medicaid Health Homes authorized in section 1945 of the Act.

More specifically, CMS intends to carry out the following activities beginning in federal fiscal years 2020-2021:

1. Offer states the opportunity for individualized, state-specific technical assistance needs assessments related to the development and implementation of Medicaid program housing-related initiatives for individuals with SUD and the strengthening of state Medicaid and housing agency partnerships. The information obtained from the needs assessments will support states with identifying and addressing their specific technical assistance needs. It will also inform the development and implementation of the activities identified below and the identification of additional technical assistance and support activities that CMS can implement to address state needs.
2. Identify and disseminate lessons learned and best practices under existing state

Medicaid SUD delivery systems and care coordination models through the delivery of webinars, issue briefs, and conference presentations. The content of these lessons learned and best practices will be derived from the IAP CI-LTSS State Medicaid-Housing Agency Partnerships Track Toolkit, and other new initiatives under the SUPPORT for Patients and Communities Act, including the forthcoming section 1017 Report to Congress on innovative state initiatives and strategies for providing housing-related services and supports under Medicaid to individuals with SUD who are experiencing or at risk of experiencing homelessness.

3. Develop a Medicaid state learning collaborative, for approximately 10 states (the proposed number of states is tentative and based on the number of states that have applied for and been able to dedicate staff to participate in other recent technical assistance opportunities). The learning collaborative will be focused on topics identified through states' technical assistance needs assessments. Potential topics could include, but are not limited to, data matching across agencies (e.g., between the Medicaid agency and local housing agencies), understanding privacy laws and regulations in order to reduce barriers to data and information sharing, options under Medicaid for supporting housing-related services and supports for individuals with SUDs, and building local and state-level support and partnerships for initiatives and strategies. This learning collaborative will incorporate the learnings identified through the National Dissemination and Learning resources and webinars developed by the Medicaid IAP CI-LTSS, among other activities. All states will be invited to submit an expression of interest to participate in the learning collaborative. CMS will employ a competitive process informed by the processes used in other CMS technical support opportunities to identify the selected states.
4. Issue an informational brief on performance measurement, reporting, and quality improvement activities related to the provision of housing-related supports and services to individuals with SUD under Medicaid.
5. Disseminate informational materials (e.g., webinars, issue briefs) for states on: existing options to offer housing-related supports and services under Medicaid to

individuals with SUD, including through waiver programs authorized under section 1915(b) of the Act, home and community-based services (HCBS) authorities found at sections 1915(c), (k), and (i) of the Act, state plan services under section 1905(a) of the Act, and Medicaid Health Homes authorized in section 1945 of the Act; and examples of state strategies to provide housing-related services and supports under Medicaid to individuals with SUD.

These technical assistance and support activities are intended to address gaps in available technical assistance and support, effectively leverage current or prior technical assistance and support activities, and avoid duplicative activities. Where feasible, CMS intends to leverage these activities to provide clarification to states on how they can provide housing-related supports and services and care coordination services under Medicaid to individuals with SUD. These technical assistance and support activities are dependent on the availability of funding.