



Community Integration through Long-Term Services and Supports State Medicaid-Housing Agency Partnerships

In July 2014, the Centers for Medicare & Medicaid Services (CMS) launched a collaborative between the Center for Medicaid and Children’s Health Insurance Program (CHIP) Services and the Center for Medicare & Medicaid Innovation called the Medicaid Innovation Accelerator Program (IAP). The goals of IAP are to improve health and health care for Medicaid beneficiaries and to reduce associated costs by supporting states in their ongoing payment and delivery system reforms. IAP provides targeted technical assistance to states across four priority program areas. The third program area, Community Integration through Long-Term Services and Supports (CI-LTSS), offers targeted program support to Medicaid agencies seeking to promote community integration for Medicaid beneficiaries requiring LTSS. In 2019–2020, IAP provided technical assistance to four Medicaid agencies to develop and increase the capacity of public and private partnerships between Medicaid and housing systems to promote community integration. IAP offers additional technical assistance activities to states addressing other health care delivery system reform efforts, including reducing substance use disorders, improving care for Medicaid beneficiaries with complex care needs and high costs, increasing value-based payments for home and community-based services, and supporting physical and mental health care integration.

Medicaid-Housing Agency Partnerships Technical Assistance

IAP provided technical assistance to four Medicaid agencies in 2019 and 2020 to: (1) develop public-private partnerships between Medicaid and housing systems and (2) create detailed action plans to foster additional community living opportunities for Medicaid beneficiaries. The track was designed to offer hands-on technical support to move Medicaid agencies toward building sustained collaborations with housing and other service agency partners. States participating in IAP established and enhanced Medicaid and housing partnerships, developed measurable goals and state action plans, and initiated implementation activities to achieve their goals. Selected teams had access to a range of resources, including one-on-one technical assistance from Medicaid services, housing, and other subject matter experts; in-person meetings; webinars; and peer-to-peer calls.

MAINE

Maine aimed to develop Permanent Supportive Housing (PSH) services for Medicaid beneficiaries and implement strategies for data-driven service targeting. To accomplish its work, the Maine team engaged key stakeholders from the state Medicaid, housing, child welfare, corrections, and behavioral health agencies as well as community housing and service providers. IAP coaches provided examples from other states and facilitated peer-to-peer conversations with states that have implemented housing-related services.

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MONTANA

Montana aimed to create a three-year implementation strategy with the primary goals to: (1) improve the capacity for data-driven decision-making, (2) increase alignment and coordination of housing and supportive services, and (3) increase access to housing and supportive services (pre-tenancy and tenancy support services). Montana's IAP team explored these areas while focusing on implementing housing policy changes to expand opportunities for Medicaid beneficiaries and prioritizing access to housing resources for target populations. The state team made recommendations to agency leadership and continues to work on implementation activities, as approved.

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NORTH DAKOTA

North Dakota aimed to build on its strong Medicaid-housing partnerships to create community-based services, including housing support services, for individuals with mental health conditions, substance use disorders, and/or brain injuries. Using technical assistance from IAP, the state accomplished the following: (1) developed a driver diagram and detailed action plan, (2) created common goals for the health and housing sectors, (3) improved cross-sector data integration to promote efficiencies between systems and measure outcomes, and (4) held a statewide conference on vital services that included information on the linkages between health and housing. North Dakota continues to work on developing a framework for quality supportive housing in the state and has submitted a §1915(i) state plan amendment to CMS, which includes housing support services.

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VIRGINIA

Virginia aimed to further its efforts to ensure that more Virginians have access to housing and support services needed for ongoing residential stability. In anticipation of approval of a Medicaid §1115 demonstration proposal, the state team used IAP technical assistance to: (1) expand PSH by applying for Project Rental Assistance funding and conducting outreach to public housing authorities interested in collaborating to address housing needs of the target populations, (2) begin developing a process in collaboration with other state partners for referring eligible members to available PSH units, and (3) develop action plan goals and metrics for the state budget process. The state continues to work on providing resources and training to care coordinators to help them identify members with housing needs and make appropriate referrals. Virginia is also focusing on improving data sharing to improve beneficiary outcomes.

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Additional information on the CI-LTSS program area and the Medicaid Housing-Related Services and Partnerships track is available on the [Medicaid IAP CI-LTSS web page](#).