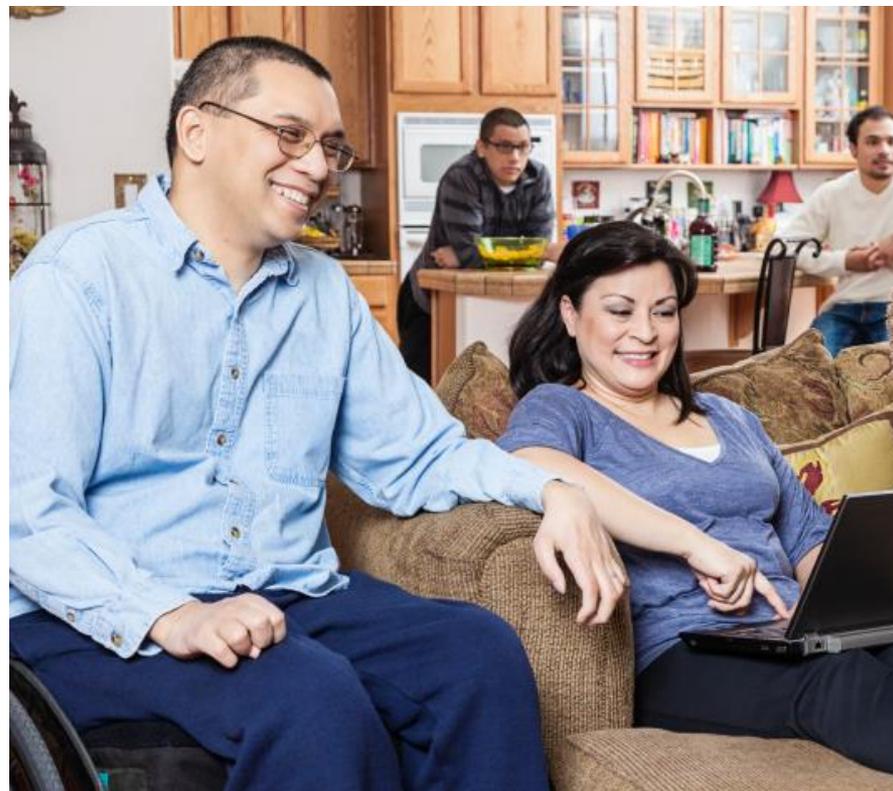


Medicaid Innovation Accelerator Program (IAP)

Supporting Housing Tenancy Series: Webinar 2

March 30, 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
- Slides and a recording will be available after the webinar

Welcome

- Karen Llanos, Director Medicaid IAP
- Mike Smith, Director, Disabled and Elderly Health Program Group (DEHPG) – Division of Community Systems Transformation
- Melanie Brown, Technical Director, DEHPG – Division of Community Systems Transformation

Speakers (1 of 4)

Marti Knisley

Technical Assistance
Collaborative (TAC)



Speakers (2 of 4)

Robin Wagner

Deputy Assistant Secretary,
Office of Aging and Adult
Services

Louisiana Department of
Health and Hospitals



Speakers (3 of 4)

Erin Donohue

Assistant Vice President,
Communications & Special
Projects

Massachusetts Behavioral
Health Partnership



Speakers (4 of 4)

Larry Gottlieb

Director, Homeless Services

Eliot Community Human
Services

Lexington, MA

Agenda for Today's Call

- Supporting Housing Tenancy Webinar Series Overview and Goals
- Using the Crosswalk for State Strategy Development
- Q & A
- State Example: Louisiana
- Q & A
- State Example: Massachusetts
- 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

Using the Crosswalk for State Strategy Development

Marti Knisely

Technical Assistance Collaborative

Polling Question #1

❖ What funding sources pay for Individual Housing Transition Services in your state?

(select all that apply)

1 = Medicaid

2 = State general funds

3 = HUD sources such as CoC

4 = Other

5 = Not covered

6 = Unsure

Polling Question #2

❖ What funding sources pay for Individual Housing & Tenancy Sustaining Services in your state?

(select all that apply)

1 = Medicaid

2 = State general funds

3 = HUD sources such as CoC

4 = Other

5 = Not covered

6 = Unsure

Crosswalk Walk Through (1 of 3)

Before you start:

- Define your goals and desired outcomes
- Define your audience
- Review glossaries, terminology and descriptions of services
- Compare and contrast common categories that may have different meanings across programs and funding sources
- Include a process mapping/decision analysis exercise

Crosswalk Walk Through (2 of 3)

Before you start:

- Ask participants to be prepared to discuss services rules and flexibility
- Ask participants to be prepared to discuss financing—how does it work
- Set some ground rules on how to be clear but not stuck!!
- Get consensus on approach.

Crosswalk Walk Through (3 of 3)

- An example of state's initial work on a cross walk is displayed on this spreadsheet, it's not real or a final work product
- For context, in this hypothetical state staff have:
 - Taken opportunities to use federal grants, state services and to a limited extent Medicaid in conjunction with affordable housing to piece together “supportive housing”
 - Begun to consider more systemic approaches but have not begun the analysis and planning to do this.
- This walk through is about “how” to approach this task referencing common issues states face with this task.

After Finishing the Crosswalk

- Questions to ask yourselves:
 - Starting with purpose, can you achieve your purpose with what you have done?
 - What else needs to be done? How will non-coverable services be financed and delivered?
 - Are you prepared to go the next step to make shifts in funding sources, provider requirements, changes in services and regulations?
 - Remember: who is your audience?
 - What do they need and in what format?
 - What is your timing?
 - And finally who is your champion?

Questions or Comments



State Experience: Louisiana Permanent Supportive Housing



Robin Wagner

Deputy Assistant Secretary, Office of Aging and Adult Services, Louisiana Department of Health and Hospitals

What is Permanent Supportive Housing in Louisiana?

- **Deeply Affordable Rental Housing + Voluntary Flexible “Tenancy Supports” = Permanent Supportive Housing**
- Louisiana’s program is strictly Housing First.
- Housing First means housing is not contingent on certain conditions (e.g. clean & sober for x months) and supportive services are available, yet not required for obtaining or maintaining housing.
- Rights (and responsibilities) of tenancy.

History: Louisiana PSH

- Planning began late 2005, in immediate aftermath of Hurricanes Katrina and Rita
- Goal to create 3,000 units
- Relied on Disaster Recovery resources initially:
 - Low Income Housing Tax Credits (LIHTC)
 - Community Development Block Grant \$\$ (CDBG)
- First units occupied in 2008
- Special Congressional allocation of rental subsidy vouchers in 2008
- Accelerated lease up starting around 2010

Current Scope

- Statewide
- Cross-disability in focus
 - 70% of tenants have more than one disability
 - 40% have 3 or more disabling conditions
- Currently housing 2,655 households
- Additional 398 households receiving pre-tenancy services
- On target to house 3,545 households based on rental subsidies obtained so far

Policy Goals & Principles

- Dual Policy Goals
 - Prevent and reduce homelessness among people with disabilities
 - Prevent and reduce unnecessary institutionalization of people with disabilities
- Principle
 - Separation of housing and services

Eligibility & Priorities

- Very low-income
- Substantial, long-term disability *of any type*
- Priority given to:
 - Individuals transitioning from institutions
 - Homeless individuals/households

A Partnership Between Agencies

LA Department of Health & Hospitals

- Single State Medicaid agency
- Provides/manages services funding Medicaid & non-Medicaid
- Works internally & with community partners to identify individuals in need of PSH housing & services

LA Housing Corporation/ Housing Authority

- Works to recruit & identify housing providers through Low-Income Housing Tax Credit Program
- Rental subsidy administrator for Louisiana PSH

Housing Strategy

- Low Income Housing Tax Credit Program
 - Incentives for developers to “set aside” 5-15% of units for PSH within mixed-income, multi-family projects
- Rental Subsidy
 - Makes the unit affordable at 30% of household income

Subsidy Type	Occupied	Pipeline/Available
Project Based Voucher	1,488	512
Shelter Plus Care	969	62
811 PRA Demonstration	8	191
Section 8 Match for PRA Demo	--	125
Other Rental Subsidy	190	--
TOTAL	2,655	890
<i>*Data as of January 2016</i>		

Results: Mainstream, High Quality, Community Integrated

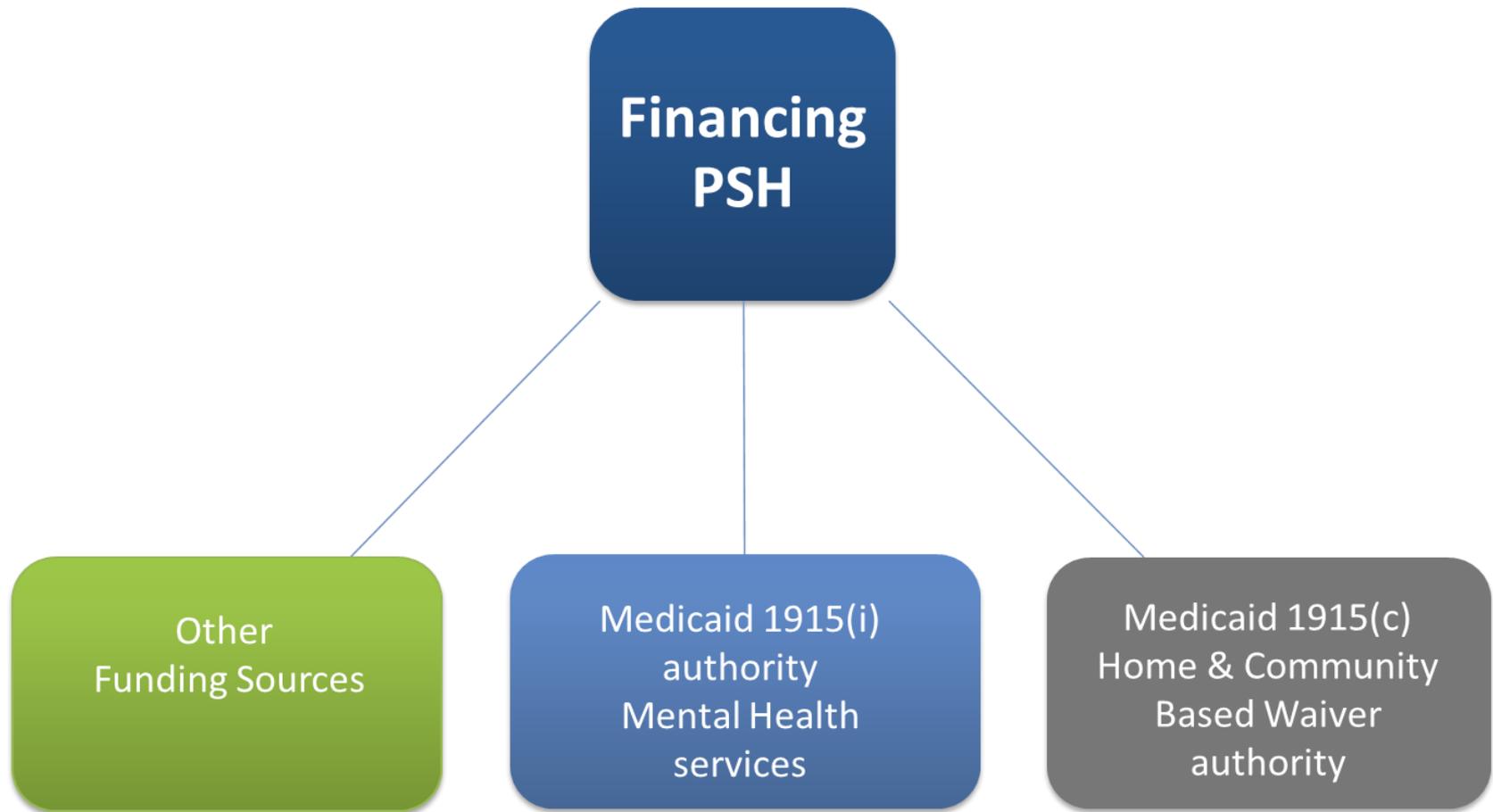
- To date, 87% of units are in large, multi-family projects with no more than 15% of units set aside for PSH
- 230 S+C vouchers set aside for “Common Ground” model
 - As many as 50% of units may be PSH
 - Option of an on-site tenancy supports provider



Service Strategy: Tenancy Supports

- Pre Tenancy
 - Housing application
 - Eligibility requirements & addressing housing barriers
 - Understanding the role of tenant
 - Engagement & planning for support needs
 - Housing search & choosing a unit
- Move-In
 - Arrangement for actual move
 - Ensuring unit & individual are ready for move-in date
 - Initial adjustment to new home & neighborhood
- On-going Tenancy
 - Sustained, successful tenancy
 - Personal satisfaction: relationships, employment, education
 - Flexing the type, intensity, frequency & duration of services based on needs & preferences

Funding Tenancy Supports: Use of Medicaid Authorities



Tenancy Supports Financing in LA

Services Funding	Households Housed	Pre-Tenancy
Medicaid Mental Health 1915(i)	1,477	293
Medicaid 1915(c) Aged/Disabled	58	12
Medicaid 1915(c) ID/DD	41	4
Ryan White	1	11
CAHBI	13	7
VA	1	3
CDBG	847	n/a
Funding not identified	111	68
Total	2,549	398
<i>*Data as of December 2015</i>		

Reimbursement of Tenancy Supports

- 1915(c) Waivers
 - Z0648 Pre-Tenancy &/or Tenancy Crisis
 - Z0649 Tenancy Maintenance
 - Billing not limited to time spent face-to-face
- Mental Health 1915(i)
 - H0036**TG** Community Psychiatric Supportive Treatment (CPST)
 - H2017**TG** Psychosocial Rehabilitation (PSR)
 - **TG** modifier pays a higher rate
 - Billing limited to time spent face-to-face

PSH Providers

- 14 provider agencies around the state
- Receive specialized training, technical assistance, and monitoring to provide tenancy supports
- Must be **accredited** and **credentialed** as Mental Health providers, but
- Must work with **all disabilities** and enroll/contract to be reimbursed under **all funding streams**

Program Results

- Population

- 48% of households were homeless
 - More than half were chronically homeless
- 10% of individuals/households served were in institutions
- 37% of households in tenancy & pre-tenancy have 1 or more members with a SUD

- Services

- 96% retention rate (only 4% with negative outcome)
- 61% of New Orleans households have improved income

- Costs

- Initial 24% reduction in Medicaid acute care costs

Medicaid (& Medicare) Eligibility Among PSH Participants

Status	HH w/ Medicaid	Individuals w/Medicaid	HH with Dual Coverage	Individuals w/ Dual Coverage
Housed	2,240 (88%)	3,732	607	614
Pre-tenancy	367 (92%)	367	105	105
<i>*Data as of December 2015</i>				

Lessons Learned

- Gaining buy-in from housing developers/providers
- Centralized versus decentralized functions
- Contracted versus in-house functions

Why has it worked?

- Joint advocacy of homeless and disability advocates
- State-level housing authority to administer a “critical mass” of vouchers for this population
- Partnership between that housing agency & state Medicaid agency
- Combining of LIHTC and rental subsidy to produce a community integrated strategy
- Separation of housing and services
- State staffing of “Tenant Services Liaison” function

Questions or Comments (2 of 3)



MassHealth Supportive Housing Program for Chronically Homeless Individuals: Community Support Program for People Experiencing Chronic Homelessness (CSPECH)

Erin Donohue

Assistant Vice President, Communications & Special
Projects,

Massachusetts Behavioral Health Partnership

Larry Gottlieb

Director, Homeless Services, Eliot Community Human
Services

MassHealth

CSPECH: Brief History and Overview

- Created in 2005
- Created by Massachusetts Behavioral Health Partnership (MBHP) – Behavioral Health Managed Care Contractor
- Began as a Performance Incentive in the MBHP contract as a result of advocacy by the Massachusetts Housing and Shelter Alliance (MHSA)
- Community–based care coordination
- Experiencing chronic homelessness defined as:
“An individual or family with a disabling condition who has been continuously homeless for a year or more, or has had at least four episodes of homelessness in the past three years.”

CSPECH: Brief History and Overview (cont.)

- Diagnosis of mental illness or substance use disorder or increased medical risk
- Seeking housing in Housing First model
 - Housing First is an approach to ending homelessness that centers on providing people experiencing homelessness with permanent housing as quickly as possible – and then providing services as needed
- Originally, coverage for CSPECH only through MBHP
- Social innovation financing (SIF) grant coverage expanded model to all MCOs in Massachusetts

CSPECH Program Design

- Permanent, supportive housing offers more stability for people with mental illness and substance use disorders, allowing them to seek and retain treatment through the help of a Community Support Program (CSP)
- Strategic partnerships:
 - Behavioral health providers in the MBHP network
 - Non-network housing programs that have available housing vouchers from federal- or state-funded sources
- In the past year, 602 MBHP Members participated in the program

CSPECH Program Design (cont.)

- Built upon an existing behavioral health diversionary service under MassHealth's 1115 Waiver: Community Support Program (CSP)
- The program has been modified to serve a chronically homeless membership
- CSP is billed in 15-minute units: 1 unit = 15 minutes
- CSPECH is billed on a daily basis during the Member's entire enrollment in the program: 1 unit = 1 day
- Annual cost of one CSPECH placement is ~\$6,300
- Total cost in FY15: \$2,388,023
- Average length of enrollment: 2.2 years

CSPECH Estimated Cost Savings per Person per Year

	Pre-CSPECH	CSPECH – Year 2	Savings
BH Costs ¹	\$12,388	\$10,702	\$1,686
ED Utilization ²	\$2,795	\$1,144	\$1,651
Medical Costs (MHSA) ³	\$28,436	\$6,056	\$22,380
Total	\$43,619	\$17,902	\$25,717

¹ MBHP Claims, cost per eligible per day annualized

² PCC Plan count of ED visits x estimated cost per ED visit (\$600)

³ MHSA data

CSPECH Estimated Cost Savings

- Taking these cost figures and subtracting MHSA's estimate of the \$15,468 annual cost per person of a Housing First program leaves a net savings of \$10,249 per person annually. There were 295 Members in this analysis, which translated into an estimated annual savings of \$3,023,455.

9 of 10 of the FY 2009 Top Ten ED Users had a Decrease in ED Use

	Before CSPECH FY 2009	During CSPECH FY 2010	During CSPECH FY 2011
Member 1	106	57	10
Member 2	39	49	13
Member 3	34	18	6
Member 4	24	16	14
Member 5	21	8	12
Member 6	19	5	2
Member 7	16	3	5
Member 8	16	1	2
Member 9	13	3	0
Member 10	12	6	16
Total	300	166	80

Eliot Community Human Services

Lexington, MA

- The Homeless Division at Eliot is the sole provider in MA for the federal PATH Program (Projects for Assistance in Transition from Homelessness) under contract with the MA Department of Mental Health, the State's Mental Health Authority.
- The Homeless Division provides both outreach and in-reach to homeless individuals in 50 locations across the state who are in emergency shelter or living on the streets or in places not meant for human habitation. The Homeless Division operates within the broader MH Division at Eliot.

CSPECH and Pay For Success (PFS) Services to Homeless Individuals

- For the past 9 years, Eliot CHS has been providing CSPECH directly to chronically homeless individuals. Eliot also serves as a third-party, billing intermediary with MassHealth for additional subcontracted homeless services and housing agencies.
- PFS - In addition to CSPECH, Eliot CHS ,under contract with the MA Housing and Shelter Alliance, a voluntary membership and advocacy agency for the homeless in MA, also has participated in a PFS Project in MA since June 2015. Some of Eliot's subcontractors are providing supportive services in permanent housing for both CSPECH and or PFS.

Types of Partners for CSPECH and PFS

Eliot's Partners for CSPECH and PFS include:

- Affordable Housing/Housing Search Agencies for the Homeless
- Emergency Shelters and Permanent Supportive Housing Agencies
- Agencies Serving the Homeless Elderly population providing both permanent housing and supportive services

Number of People Currently Enrolled Through Eliot CHS and its Subcontractors

- MHSA Pay for Success Program: 113
- CSPECH: 162
- Total:275

Massachusetts Conclusion

- CSPECH = Clear way to attain goals of the Triple Aim
- Majority of members reported “much improvement” in their lives since entering the program
- CSPECH won the nationwide Pioneer Institute Better Government Competition in 2010 for its proven ability to improve services and save money
- Keys to success:
 - Vision and support of state leadership for creative/flexible solutions to ending homelessness
 - Direct involvement of consumers and providers
 - Brokering of partnerships between behavioral health and housing agencies

Questions or Comments (3 of 3)



Next Steps

Polling Question #3

❖ What do you expect to be most difficult when implementing Medicaid housing-related services?

1 = Provider capacity

2 = Provider billing

3 = Working with MCOs

4 = Provider standards

5 = Rate setting

6 = Measuring cost savings

7 = Measuring outcomes

8 = Prompt start of service

9 = Other

Additional Questions

States with questions about completing the crosswalk or about the information presented in this webinar may 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.