

## 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 support 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 2017-2018, IAP provided program support to eight states to develop and increase the capacity of public and private partnerships between Medicaid and housing systems to promote community integration. IAP offers additional technical support 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.

### State Medicaid-Housing Agency Partnerships Program Support

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IAP supported eight state Medicaid agencies in 2017-2018 to: (1) develop public and 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 state Medicaid agencies toward building sustained collaborations with housing and other service agency partners. IAP participating states established and enhanced Medicaid and housing partnerships, defined measurable goals, developed state action plans, and had access to a range of resources, including one-on-one technical support from Medicaid services, housing, and other subject matter experts, in-person meetings, webinars, and peer-to-peer calls.

#### ALASKA

Alaska used their 3-year State Plan for Permanent Supportive Housing (PSH) to build on sustainable public and private partnerships to establish a pipeline of PSH for 250 of the most at-risk individuals and their families in the state. With support from IAP, the state successfully completed a cross-agency review of current services and housing resources. It also convened a multiagency team with workgroups to oversee progress in data matching, completion of a services crosswalk and housing assessment, and implementation of the Alaska State Plan for PSH.

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#### MASSACHUSETTS

Massachusetts aimed by 2021, to stably house and improve health outcomes for chronically homeless individuals and families that are high utilizers of Medicaid services. Leveraging available Medicaid data for both populations to inform alignment of service and housing resources was a key strategy identified to achieve this goal. Through IAP, the state team worked with the City of Boston and MassHealth to update a data sharing agreement that allowed for Boston's list of people experiencing chronic homelessness to be shared and analyzed. This analysis provided insights on health care utilization, chronic conditions, and Medicaid eligibility of the chronically homeless population and helped inform the development of PSH pilot project proposals.

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#### MICHIGAN

Michigan aimed to combine housing and health care services for individuals experiencing homelessness and high Medicaid service utilizers to: (1) reduce homelessness, (2) improve health outcomes, (3) decrease avoidable Medicaid utilization, and (4) decrease costs by reducing emergency department use and inpatient stays. Through the IAP, the state successfully connected Homeless Management Information System data into the statewide data warehouse to begin data matching and analysis of high utilizers of Medicaid services and individuals experiencing homelessness. The state also used federal Low Income Tax Credits to provide additional incentives to developers of Permanent Supportive Housing.

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## MINNESOTA

The Minnesota Department of Human Services and Minnesota Housing have a long-standing partnership to improve health outcomes for people with housing instability through PSH. During the IAP project period, the state obtained leadership buy-in for improving the tenancy support capacity of supportive housing providers, identified lessons learned from other state housing support services to incorporate into Minnesota's 1915(i) program, and expanded the partnership to include the Department of Housing and Urban Development Field Office and behavioral health program staff.

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## NEBRASKA

Nebraska used the technical support provided by IAP to bring together leaders from across the state to find new avenues for affordable housing and support services (pre-tenancy and tenancy support services) and to create opportunities for people to move out of restrictive living environments. Nebraska created working partnerships between housing and services partners to integrate and improve cross-agency processes, standardize policies and practices, and minimize duplication of data/information collection efforts. Additionally, Nebraska brought the Medicaid and housing agencies to the table to establish a common knowledge base and work on a coordinated action plan.

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## TEXAS

Texas explored various mechanisms for providing tenancy supports. The Texas IAP team completed data analysis highlighting its targeted population of adults receiving Medicaid who also had a history of frequent visits to the emergency department, had behavioral health needs, and experienced housing instability. In addition, Texas developed an action plan with strategies to: (1) improve data collection and analysis on the target population; (2) test the effectiveness of tenancy supports through various strategies, including a pilot funded through the Money Follows the Person Demonstration; and (3) increase housing opportunities for low-income persons with disabilities through training and capacity building, as well as partnerships with public and private housing providers.

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## UTAH

Utah focused on increasing supply and access to housing options (beyond assisted living facilities) for individuals transitioning from nursing facilities into the state's New Choices Waiver. Through the IAP, Utah held a kickoff stakeholder meeting to engage current and potential partners in this effort, helped the Housing Coordinator connect with housing and service providers in Utah, and met with Money Follows the Person grantees to share successful strategies and lessons learned based on the experience of these states.

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## VIRGINIA

Virginia aimed to strengthen partnerships and develop plans to advance its PSH goals. Virginia evaluated the current committees and workgroups (e.g., Interagency Leadership Team, Governor's Coordinating Council on Homelessness, Serious Mental Illness [SMI]/PSH Steering Committee) and identified the SMI/PSH Steering Committee as the most appropriate body to serve as the "home" for cross-agency PSH work. The state garnered support from the Interagency Leadership Team, added new members to both the Steering Committee and IAP discussions, and made progress on an action plan.

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**Contact:** Additional information on the CI-LTSS program and the Housing-Related Services and Partnerships track is available on the [Medicaid IAP CI-LTSS webpage](#).