

## Audio-Only Recording

Male 1: I want to go over today's agenda. We're going to do a quick overview of the Tenancy webinar series and goals for that series. We're going to spend some time looking at what states wanted to accomplish and sort of an aggregate review of what you told us you wanted to accomplish in this area. The two major areas we wanted to go over are related to the housing informational bulletin, so some of this might be review, but we thought it was really important to have that context moving into our discussion of conducting the Crosswalk for housing-related services and funding sources. That's sort of the part I think is going to be exciting for folks to think about and act upon.

Supporting Tenancy webinar overview and goals, we have three main sessions to occur in February, March and April. Today's session I've already talked a little bit about what we're going to be doing. I think the main thing here is the Crosswalk and the discussion of the authorities that you might already have services operating in. Then in March we'll be looking at a few examples of housing-related services, state examples, and having presentations there. In April we're going to talk about implementation planning based on the lessons learned and experiences from the states. That's I think where the rubber hits the road and gives you an opportunity to really think about how to expand upon the work you've already been doing.

CMS goals for this, we have a couple of goals that we wanted to lay out on the table to be clear. We're going to assist the states with understanding the services from our perspective so we're working together and pulling in the same direction. They're easier to define but it's important that we are talking the same language with regard to moving forward. The second goal is to increase the state adoption of housing-related services. Many of you are already participating in a Money Follows the Person program and as an option in the Money Follows the Person program, almost all of you who responded to a simple poll back in 2013 indicated that you have Tenancy supportive services of some type, transition services in your operational protocols or in development. At the time I think we had 33 states respond and we had 28 states that said they already had those services in their programs. But a little over 50% of the respondents had moved some of those services into their waiver programs and state plan programs, and outside of just a couple using some state plan supports, those were the only two authorities that were really discussed in the poll. So we're excited about the opportunity to expand upon that and figure out how to make the services effective with you.

Finally, for my part here I just wanted to mention that the exciting part of this effort is that we're working together with multiple agencies, federal partners, and listed on this side are just a litany of different informational bulletins and activities that we've been working on with HUD and SAMSA, and we're excited to have them as partners and thought leaders and supporting our efforts as well. Again I want to thank everybody before I turn the call over. We're going to have a quick poll here to see if we can gather some information from you.

Hannah (from NASHP): If you could all fill out this poll. "I understand what housing-related services are allowable under Medicaid." Indicate whether you strongly agree, agree, neither agree nor disagree, disagree or strongly disagree. It looks like most people agree, followed by disagree. So it's like we are slightly split here.

The next polling question is: "My state has the information necessary to create a strategy to implement HRS and its Medicaid program." Indicate whether you strongly agree, agree, neither agree nor disagree,

disagree or strongly disagree. It looks like most people neither agree nor disagree. With that I will pass it along.

Melanie Stearns Brown: We're just going to spend a couple minutes to share some commonalities. We have a lot of different states with lots of different interests on the line but we wanted to share with you a couple of things where you have information and ideas in common. On this first slide we took the expression of interest forms that states submitted and aggregated the target populations that you all had identified you were seeking to serve in this IAP project. You can see that we have a wide range of target populations, ranging from super utilizers and those with complex needs to people with behavioral health and substance abuse needs, then finally the most popular, most common we found in the expression of interest was you're wanting to focus these efforts on people who are currently homeless or have been chronically homeless.

We did the same process with desired outcomes expressed in the IAP applications for this piece. Again you can see there is a range of answers but also many commonalities. You can read the five most common areas, but the ones that are highlighted in red will be those that we focus on in this webinar series:

- Helping states better understand and use Tenancy support services. That had the highest interest and I think our polls just bear that out. People want to learn more about this area.
- Providing information about provider development and capacity building.
- Assisting states in developing a plan to implement these services.

There are four things we recommend states do. You'll be hearing more about this throughout this session today. We recommend you do these as part of your participation in the webinar series:

- First, establish and convene a housing-related services state team. Hopefully some of your team members have already been identified and maybe even attending the webinar with you today.
- One to three web-based workshops, these three webinars, this one being the first.
- Before the second webinar, and we'll discuss this later today, complete a state Crosswalk of housing-related services, current funding sources, and the available Medicaid options.
- At the end of the series we'll give you the tools to develop a Tenancy services strategy to develop an implementation plan for your internal use within the state as you move forward in housing-related services and supports.

Next is Lynn Kovich from the Technical Assistance Collaborative.

Lynn Kovich: I'm from the Technical Assistance Collaborative. Really happy to be part of this whole collaboration and this first webinar, kickoff webinar this afternoon. I'm going to spend a few minutes the next few slides talking about some housing topics and terms, and the current slide, the importance of cross agency partnerships. As Melanie Stearns Brown said, the importance is really for you guys to convene your team to take you through these next series of webinars, today being the first. As you see on the chart, hopefully those folks you have assembled with you either listening with you or in your own individual offices. I think the most important point to this slide and certainly really the genesis of this entire IAP process is around the partnerships. If you look at the Medicaid state agency and then your housing agencies, and the third you can kind of fill in the blank with the agencies really on the right. So your state developmental intellectual disability services agency, your behavioral health agency or the mental health authority, the state unit on aging or adult services. The area agencies on aging. On that right side are really your service providers, service entities. In many cases in terms of aligning the

partnership, really these agencies may already be providing with other revenue sources a lot of the services that we'll talk about today with the potential for using Medicaid to reimburse for those services. So you really want to have a coordinated strategy with Medicaid and those service agencies so you're developing – and we'll get to this and a little bit – that Crosswalk to kind of walk you through what you're doing now and what you'd want to do in the future, defining the services and then defining the appropriate funding source.

Then on the left part, you can't do this without the ability to fund and develop additional housing resources. So certainly your housing finance agencies, your agencies that are overseeing all of the HUD programs, your local public housing authorities, the continuum of care entities, your HUD field office as well as the Department of Agriculture. Then you need someone who will provide the services to the individuals so your supportive housing providers and other types of service providers, as well as the housing developers. And many of you, as we've gone through the expression of interest process, it's clear many of you have already established these kinds of partnerships, so we're hoping that as we take you through this series that you'll really solidify those partnerships and continue to move forward.

The other piece is really working with your governor's office rep and your state budget office. Very, very important to involve them early on to have buy-in to the strategy, to identify resources, to make sure that it's part of the priority. So really important to have those two offices at the table with you as well. Some of you may have them with you today. You certainly included them in your applications.

I'm hoping we have a mix of housing folks on the webinar as well as our service folks. Really want to make sure that you understand each other's language, and the housing system is quite complex. I'm going to spend just a few minutes here where this probably could be a bit of an 8-hour training. Really just want to throw some terms out at you and give them some definition so that there's a real basic understanding. Again, many of you are probably very familiar with the terms and really understand. For those who don't, try to make it as simple as possible.

The first bullet really talks about resources, about subsidies for folks. If you look at the HUD world, the housing choice voucher program is really almost not a catchall but the biggest program that funds rental assistance for people who are low-income, who are elderly, and who have a disability. So the full (?14:46) with their mainstream really targeted for probably folks who are low-income in general. Then when you start to talk about folks with disabilities, there are special purpose kinds of vouchers that are targeted for folks who have a disability. One that probably will resonate with you are the NED's, the non-elderly disabled vouchers that we were able to take advantage of a few years ago and continue to do so. The important thing about the special purpose vouchers is they are targeted for people with disability, and as they turn over or as folks move off them, they remain for folks with disability. So they continue to be a targeted source even upon turnover. They're typically tenant-based in that folks can take the rental assistance, take the voucher, and rent an apartment on the market, typically using fair market rents, as long as the unit itself meets program requirements. So the NED voucher that I just spoke about is a tenant voucher that the person can go and rent an apartment on the market.

There are also project-based housing resources that the rental assistance is tied to the project. A good example of that would be the new section, HUD 811TRA. Really attaching that subsidy to that particular project so if someone moves they don't take that subsidy with them, it stays with the property, if you're familiar with that because you were successful 811 applicants in the '12 and '13 rounds.

Then we talk about the entities you would work with as you're developing this strategy. There are public entities, nonprofit and for profit entities. On the public side it's typically your public housing authority. There could be PHA's at the local level, the state level, county level, and sometimes there are some states entities that are public housing authorities. Also the housing finance agency certainly would be part of this entity of groups you would work with. On the ground, you need those developers, so community development corporations that are typically nonprofit housing developers. You also will work with private developers, for profit developers. A lot of relationship-building here with the developers to really understand the folks who we're working with, the types of housing that folks will need. So really, really emphasize the partnerships that need to be developed to be able to further the development of housing. Then the funding agency, so certainly your state and federal agency, typically the Dept. of Agriculture, certainly HUD, and then at the state level the community development office, your housing finance office, and even at your local level on the county level, county community development offices as well.

Finally, a little bit about the different types of assistance that really are available. When you talk about supportive housing, affordable housing development, you really talk about the capital, the bricks and mortar to build it, the rental assistance or the operating, and then the service dollars. The low-income housing tax credit provides capital only, probably the largest source of funds to develop affordable housing for folks who are low-income. The low-income housing tax credit provides a ton of affordable housing. In many cases folks we are working with, folks with disabilities, folks who are at extremely low incomes, may not still be able to afford the tax credit program. So by working with states, with your housing finance agency, able to provide a deeper subsidy to make those units affordable, so they're typically affordable to people at 60% of AMI. So to add an additional subsidy to allow folks who we're working with to access those units. So the 811 program is a very good example of that, working with the tax credit, development and properties to attach the subsidy to to make it affordable to folks who we're working with. And some states already have their own kind of targeting for their low-income housing tax credit program that do make it affordable, and now we have the additional resource through the HUD 811 program.

The housing choice voucher is rental assistance only. We talked about that in the previous slide. The HOME program provides capital and rental assistance for folks who are low-income as well as folks who have a disabilities. I think so many of you have probably also worked with HOME on your state or county level. I think the important thing to understand and many of you probably do is that a housing project is typically a number of funding sources that are braided together to get to the final project, never a single funding source. They're always multiple funding sources, making it even more complex and kind of difficult to navigate the system. So the takeaway is the complexity of the housing system. So when you talk about that 3-legged stool of capital and then your operating or your subsidy, and then your services, so that last bullet, really making sure folks have assistance with navigating the housing system. So understanding where the service—what we're going to talk about next, getting really into what the service types are that can be provided, how that has become so important as people are trying to navigate the system with different eligibility requirements. Each CROP 2128 region has different requirements. It does get very complicated. To ease that for the person and make sure they're connected to the right type of housing, really thinking about housing navigation. Back to Hannah and another question.

Hannah: For this polling question we're asking what best describes your organization's role in cross-agency partnerships, including services and housing? There's other state services agency, state agency overseeing housing, state housing finance agency, local public housing agency, or other. Looks like most people said state Medicaid agency followed by other state services agency. Now to Kevin Martone.

Kevin Martone: It's Kevin Martone from PAC. Very good to be here today. I just want to drive home the point Lynn Kovich was making about the housing partnerships, because when you think about it from the housing perspective side—not that we're flush with housing resources, but the housing folks will tell you they can sort of create housing and housing supply. Certainly we know we have housing shortages. But a lot of time there is or can be housing made available for the folks that we're serving. A lot of times I know either in my role in state government or as a provider, we would hear from property managers and landlords great, I got the person housing but what are you guys doing to make sure they can maintain themselves in the apartment? Pay rent, be a good landlord, not play music too loud at one o'clock Saturday morning, things like that. I spent a lot of my time when I was doing direct services years ago working with individuals on IADL's and things like that, but a lot of my time and energy was spent on helping them maintain their housing in the community. We didn't necessarily think about it in that way back then but that's the core of what it was. Really now as we get into the housing-related services conversation it's really important to provide some of that context. I also think it's really good that we've had a lot of interest from states on this. It really suggests that you all are thinking about housing-related services as an important strategy in your toolbox to support the populations that you serve, and I think that's really important. Hopefully through this next series of slides we can break down the housing-related services and what we mean by that so it's not so complex for you as you begin to develop, design or implement your strategies in your respective states.

For some context and framing, I want to be clear about what we're talking about here. We're really talking about supportive housing, housing that is integrated into the community with the right to tenancy, that is, leased space. We're not really talking about group homes or residential treatment or transitional housing here, although we will touch on the respective roles in this process, but will really try to fit the stage about the type of housing or settings where the housing-related services we're talking about will apply. I think states that are really using or interested in pursuing this type of model recognize that role that it supports a person's community-based integrated living and that it's known to be more cost-effective intervention or support or service, versus some of the more costly long-term care settings that we often have in our systems that we're trying to move ahead from.

The second bullet about housing-related services, if you look at what was contained in the informational bulletin, broadly defined there are a range of flexible supports that individuals can use to get and keep housing. When you think about it from a broad perspective, work that people are doing, service providers are doing on things like IADL's in terms of teaching a person to maintain a clean home or manage money can sort of broadly be considered housing-related services. But what we're really going to be talking about here are more specifically about the tenancy type services, the pre-tenancy and the ongoing tenancy supports directly related to a person's housing to help them succeed in the community.

This next slide is really just a visual ven diagram that gives you visual concepts of what we're talking about. We're talking about this range of supportive housing and supportive housing services that are out there. We're talking about this range of community-based long-term services and supports out there, and there's obviously a lot of overlap in those. That central circle there, specifically that overlap between supportive housing and community-based long-term support services, that's housing-related services we're talking about here.

Who are the potential benefits of Medicaid housing-related services? We think about the goals we're working on, we're really working to serve individuals in integrated cost-effective settings, and for many of those people that we do serve, these settings can be the lease space supportive housing arrangements that we're talking about. When you think about it, multiple populations can really benefit from housing-

related services. If you think about this list of folks here, many of the individuals we're talking about may be coming from a variety of these settings—from institutional settings, hospitals or psychiatric hospitals or nursing homes or intermediate care facilities. They may be coming from different types of residential treatment settings or facilities that may be known as assisted living facilities or residential care homes or adult care homes. A lot of times you know the state you're in, these types of facilities are known by different names in your state, depending on what state you're in. Obviously people are coming from homelessness or chronic homelessness settings. People are coming from correctional facilities Oftentimes these individuals have a mental illness, a substance use disorder or other chronic health conditions. Young adults transitioning out of foster care, the homeless numbers there are really high. Many of these individuals can benefit from housing-related services. When you think about housing-related services and how it fits into your overall strategies in your state, you may have come to this webinar or webinar series thinking about one particular population in mind, but when you start to think about this, there could be for some of you an aha moment that when you think about supportive housing and housing-related services that can be applicable to more than one of your priority populations in your system. It's really something to think about as you move forward.

This slide really starts to set up the types of services we're talking about. It's really pulled from the informational bulletin from CMS from June 2015 that talks about housing-related services. In that bulletin it was split out into essentially two types or two phases of housing-related services. One is the individual housing and transition services component of the process, and the second part of it is related to the ongoing and tenancy sustaining services once a person actually transitions into their housing situation. Many of the services we're talking about are similar in both phases, but it is important to keep in mind that we are talking about two phases here, especially as you start to think about what it looks like in your state, or your system and your design.

Getting to it a little bit further, sometimes it's important to just talk about it, almost what it looks like at the ground level. Who provides housing-related services? To some degree, if you're sitting in a Medicaid seat, for instance, I can imagine you've heard from various disability agencies or groups about the different types of titles that essentially can provide these types of services. They may have similar functions and they may do the same thing but they may be called different things depending on the group that you're working with or the type of program that is maybe funding these type of services. For instance, these type of titles that might be providing these services may be called one thing in an MFP program, like transition coordinators, or in assertive community treatment team, the services could be delivered through that model through a housing specialist or something. So it's important to think about sometimes these services are provided by different people with different titles but they're providing a similar service. Case managers, transition coordinators, housing specialist, housing coordinators. Just something to think about when putting this all together in your system.

From a funding sources perspective, obviously we're talking about this from a little bit more of a Medicaid perspective here. I think it's very important to keep in mind that what might not currently be paid for by Medicaid may in fact be currently be paid for by other funding sources in your system. You may have a lot of housing-related services being paid through state general funds through your state mental health authority, or they may be provided through a HUD funding source like the McKinney supported housing program or something. It's important to think about it even though some of these things may not currently be covered or provided through a Medicaid lens. They may exist in your system and be paid from by another source. This is an important concept for you to keep in mind in your discussions as you're thinking about it, as you're thinking about: a) How to maximize FFP in your system; b) How to minimize duplication between funding sources; and c) How to coordinate and best use those different funding sources. So at

the end of the day, if you are going to try to use Medicaid to cover some of the housing-related services we're going to talk about, there are going to be certain things that may ultimately not be eligible to be paid for by Medicaid, and how can those important services be paid for by another source so the system is really working together? In the provider side of the world, it's important to think that many of these services may be provided by individuals with certain titles or classifications or in some instances they may be delivered really through a team-based approach. So for example, some of these services may be provided by an individual's case manager or they may be provided through an assertive community treatment team by one or more individuals.

The next five slides are really examples of housing-related services. These are all in the informational bulletin from June of '15. I'm not going to read them all because you've seen them or can read them. I'm going to talk about a few in context to get the concept out there for you. What you'll notice in some of these examples are from a Medicaid perspective terminology you may be familiar with: coaching, education, assistance with. Those types of things, concepts that you're very familiar with in services that may be currently eligible through waivers or other state plan services to help a person succeed in home and community-based settings. Providing education on transportation or education on medication. I think some of the concept here is really being more explicit or substituting specific housing-related terminology to sort of achieve similar means to an end. Just keep that concept in mind as we're working through these examples.

Another thing to keep in mind as we're going through them is you may in your system already be covering some of these services even through a Medicaid lens, but you may need to even think about how they're currently described or defined in your system to be a little more explicit to support that housing type intervention that we're talking about.

In this slide here, you can see the things we're talking about here. For instance, a housing support plan:

- May identify barriers to succeeding in housing.
- Activities and responsibilities for being a successful tenant.
- Identifying potential supports and interventions to assist the individual and what things the tenant and housing support staff will do.

Those are all components you can think about in a traditional services plan and maybe develop for waiver services as well. When a person's developing for instance a housing support plan for an individual, in some instances that could be provided or incorporated as part of the broader individual service plan for an individual, or in some instances it could be really a discrete document, as long as you're thinking about it from a housing support plan. What can we do, what are the interventions and the roles and responsibilities to support that person in their place of living?

The next slide, for example, the first bullet discusses identifying resources to cover the moving and startup costs. As you're working with an individual, the service really is helping the individual identify what resources are needed to help pay for security and utility deposits or furniture and furnishings. There's that part of the service right there. The other component of that is actually paying for security deposits and utility deposits, which may or may not be possible through Medicaid depending on what your state is currently doing for Medicaid. Those are things a little bit more teased out definition or description of that service. For instance, a housing crisis plan developed prior to tenancy may identify what will happen if the tenant has significant arrears or is threatened with eviction because of problematic behaviors. These are

all things you're going to do during that transition or pre-tenancy phase of an individual's move into more long-term community-based services.

On the next slide, you could think about transition services being performed by facility-based staff and helping an individual contemplate a move and begin the process. So again think about it. Many of these individuals are coming from those settings I described before. They'd be coming from a nursing home or an ICF, for instance. The person who may be beginning that process with them in the pre-tenancy phase may in fact be the facility-based staff. You have to think about, all right, is that service at that point already covered by another mechanism and it may be. And it may be a little bit further down the road that that planning process, that contemplation process or that transition process, that it becomes more of a shared responsibility, where you have an MFP transition coordinator or another community-based service provider who's now been identified or engaged to help that person transition into their next setting. You have to think about that when designing your services or thinking about it. Who's going to provide what services at what point? And where might it be covered? Those are things you start to get at when we get into the Crosswalk conversation.

On the next slide, I think an important concept to keep in mind is that the amount and frequency of tenancy sustaining services—and we're now in sort of the tenancy sustaining services mode, the person's moved in—but the amount and frequency of tenancy sustaining services is going to vary by individual. It's really important not to set limits too tight. I've worked with individuals who needed very basic support with periodic education reminders. But I've also worked with individuals where interacting with landlords and helping to prevent eviction are regular occurrences. As you think about the populations that we're serving, we tend to be serving a more and more complex population in more and more independent and integrated settings. So we have to really make sure that the services we're providing out there can be flexible and responsive and intensive when people need that. If we're going to really support individuals with highly complex needs in these settings, we have to value the importance of the tenancy supports really as an integral function or intervention for them to maintain their housing in a community, especially if we think that these settings are better, produce better outcomes, and are more cost-effective than the alternatives like nursing homes and homelessness and things like that.

In this slide here, it's another example of the types of tenancy sustaining services just to make it clear. An example would be assistance with housing and recertification process, for instance. It may be important for a lot of support from a direct service worker for a person who may be really disorganized, a person who's maybe easily overwhelmed or a person who may be psychotic, to really be able to perform that function, that housing recertification process with the housing agency sufficient to maintain their tenancy. And if you don't get those things completed, it could jeopardize your housing and your tenancy. It could really include planning with the person about the types of documents they need to secure, assistance in completing the applications that may be related to the recertification process, or assisting the individual scheduling a unit inspection, apartment inspection from the housing folks. Those are again some examples of some of these services and interventions we're talking about.

Keep in mind as you're contemplating we're going to think about housing-related services as a Medicaid strategy what is it going to look like on the ground level. You have to think about who's going to be performing this? Who's going to be tasked with these responsibilities? Sometimes this role of providing housing-related services may be distinct from other service providers to minimize conflict from housing and services. In some situations where you may have provider-owned or controlled housing, it may be a separate division or department that handles housing functions. In some instances it could be a very

separate housing that's tasked with all the housing functions for a group of individuals whereas another provider agency or agencies are the ones providing sort of the traditional support services that individual needs in home and community-based settings. So it's important for you think about this as you're weighing this out and deciding upon who can bill for tenancy support services if you go down this road in your system.

The next slide is really visual to help emphasize that point. Again all systems are different and you have to really consider these role assignments when developing, designing and implementing tenancy support services and other housing-related services support services out there. In my experience and our experience at TAC(?42:38), there's not necessarily a single best approach when you're designing how to provide tenancy support services, but it's critically important to determine who will have specific roles for tenancy support services when you're doing it. When you think about the individual, the tenant or service recipient at the center of all this, there are certain more traditional supports that people provide. There may be case management functions that another person provides. Obviously there's a housing and landlord role in a person's life, but then there's the housing-related services component. You really have to be very clear who's going to build that, how you want to set that up in your system. I think it makes it clearer from you from an authority perspective in terms of authorizing codes or reimbursement for services, and it also makes it very clear at the provider level, because when you don't have clarity, that tenancy support service, housing-related services function can sometimes fall through the cracks because there's no clear assignment of roles and responsibilities out there. I'm going to end. Questions?

Melanie Stearns Brown: I'm going to review questions we've gotten in the chat box. So far there was a comment and a question. There was a comment from Amber Marker. I'm not sure which slide she's referencing. The comment was, "It sounds as though you are talking about Nebraska Rentwise. Nebraska Rentwise is a program to help renters obtain and keep rental housing and to be successful renters through education. The program is used by many providers across the state to prepare individuals to be renters." While we're waiting to see if Amber wants to provide further information, I'm going to the next question from Laurie Chris, who said: "One of the challenges we have in Ohio is that sometimes the person receiving pre-tenancy services has a behavioral health condition and may not be engaged to the extent that they have a diagnosis and treatment plan to document medical necessity for the services. How have other states streamlined Medicaid eligibility and treatment planning to support low barrier access to services in housing?" Kevin or Lynn Kovich, any state examples, and if we have time—I think we could do—we could open up the line and see if any states want to talk about their experiences.

Kevin Martone: Yeah, we might get into more of this in webinar 2 and 3 with state examples. I think there are probably some situations where there may be streamlined or presumptive eligibility for individuals. I also think that there may be times where this is an area or gray area where it may not quite be a Medicaid reimbursable service yet for those things that you identified and it's an area where other resources, that's sort of their task is to maybe use state general funds or things like that while that process is happening to engage individuals and go through that eligibility process. Lynn Kovich, anything to add?

Lynn Kovich: That's it exactly. As I talk about in the later part of the presentation some of the steps to developing the Crosswalk, I think that's one of the important things is Medicaid will not cover everything all the time and there may be other funds that will need to be utilized to do exactly what you're talking about, that kind of outreach activity. That's really what we would look to use the other funds for so you could do that outreach, which is typically not covered until someone is eligible. We did some of that in New Jersey and hopefully we're going to continue doing that. Since I've left I can't speak for them any longer but that was one of our strategies was to use other funds for those kind of services.

Melanie Stearns Brown: Another question from Lottie Lee from Delaware: “For clients that need tenancy services but refuse them, are there any states that make it a requirement to receiving housing?” If our presenters would like to weigh in on that, and states who’d like to share your experiences you can unmute your line.

Lynn Kovich: I’ll jump in when I was in New Jersey how we addressed that. We did not require services but what we did ask the provider to do, because many times they still may have had a state subsidy as opposed to moving to a high subsidy or other kind of funding source, but we would ask the provider to do a monthly check, and in that monthly check try to engage, and as they were doing that monthly check hopefully also be trying to build that kind of trust and using things like motivational interviewing to try to engage. We have the same question in terms of being able to bill that service if they're really not engaging. Again it points to the importance of having those other funds available and hopefully as that outreach continues, you would be able to engage the person back into services.

Harry: This is Harry. Thanks for the overview, because that’s exactly how we continue to do the services as we separate services from housing, to still tie that monthly visit to the subsidy. So it still gives us the leverage of seeing the individual to determine if they are still stable or to see if there are some other issues happening based on meeting with them in their apartment, their environment, and continuing to use that time to reengage and see if we can coax them back in, and also see what other services they may be willing to let us provide them if not full treatment. That’s exactly what we still do.

Lynn Kovich: A question from Jonathan McVey. “In a TBRA, a tenant-based rental assistance, as a bridge to a permanent subsidy program, how do states recruit PHA’s to participate in a waiting list environment?” We’re going to open it up to co-presenters or states.

JW: It’s a good question. When you think how many housing authorities are out there there’s a lot. Some states have taken some different approaches. In some states, for instance, maybe a state-level PHA or state-level housing finance agency or Dept. of Community Affairs has taken a leadership role helping to work with some of the local PHA’s in a state to facilitate preferences or things like that in a system. Other times it comes more from the ground level up, either through provider relationships or engagement with housing authorities or through the local continuum of care to develop some of those relationships. Sometimes there’s just no relationship because conversations haven’t been had and there’s probably opportunities in many of the PHA’s out there to try to figure out ways to materialize more of the federal rental assistance by working with them on homeless preferences or homestead preferences or things like that in states to maybe free up state-funded tenant rental assistance programs.

Lynn Kovich: It really is a relationship-building kind of exercise. Going back a little bit when I was working in a provider agency that was a pretty big housing developer, we literally would approach the housing authority, typically the local HA, to engage them around working with our individuals. You could at times talk to them about the services that we would then provide, so if something were going on they would have the ability to connect with a provider to be able to react to something really quickly, where in many other buildings or units they might not have had that. When I was in Pennsylvania and worked in a county environment, and we are getting into some webinar 2 stuff, was able to engage because we had some resources available, which is always a good thing and not always I understand a realistic thing for some states and even some counties. There’s a lot of strategies we could talk about but it would be interesting if any of the states have examples to jump in.

Melanie Stearns Brown: There don't seem to be other questions in the chat box so if any folks would like to pose questions verbally.

Sam M.: Sam from Illinois Housing Development Authority. The question of working with the PHA's, one of the ways we were successful doing it was with the section 811 program. The first NOFA gave points for reaching out to PHA's to provide leverage vouchers. We've actually found that those leverage vouchers are easier to use than the actual 811 program. You have to walk a fine line but one of the things is that most PHA's have really never done outreach into nursing homes when they open their wait lists. Just kindly mentioning that to them and the fact that that may be a violation of fair housing tends to motivate them a little bit more we found.

Melanie Stearns Brown: Great feedback. Thank you. One more question from Elowichi Endueki: "Is anyone aware of the continuation or expansion of the capacity-building of initiative HUD, CMS, and PHA's?"

Mike Smith: We've had a capacity-building contract that was operational under the Money Follows the Person program and there is an effort underway to see if we can get that continued. If your state is participating in the MFP program, there is limited technical assistance still available through our technical assistance provider there, but it's not as expansive as the capacity-building work that was originally going on. I don't know if any of our HUD partners are on today or anybody knows additional information but that's what I'm aware of from our division.

Melanie Stearns Brown: Thanks. Follow-up questions? I will turn it over to Steve Eiken.

Steve Eiken (SE): I'll talk about Medicaid authorities. Kevin and Lynn Kovich have both mentioned Crosswalk. We'll send a blank version to you next week and ask you to fill it out to get kind of a comprehensive sense, as Kevin Martone mentioned, of what supports do people need in this space, how can Medicaid cover it, how can other funding sources cover it because Medicaid has its limits, as Kevin articulated, and on an ongoing basis what Medicaid authorities might work best for your state and the needs of your population. I'll give an overview of the Medicaid authorities mentioned in the informational bulletin in June 2015. It goes without saying but we just need to say it. Federal statute does not allow CMS to provide federal funds for room and board in home and community-based services. CMS can assist states with coverage of certain housing-related activities and services, however. The next slide shows some options available. These are options identified in the informational bulletin last year.

The first option is Medicaid targeted case management (TCM). It's authorized in section 1905(A)(19) and 1915(G). It's defined as services that assist individuals in gaining access to needed medical, social, educational and other services. It's really a comprehensive case management service. States when they submit their state plan amendment to provide the service they determine the target populations for it. You can have more than one targeted case management service in your state. As I said, it's a comprehensive service. It's really a generalist approach where you have a case manager helping a person across the wide spectrum of needs. As part of identifying a person's overall needs, TCM can include tenancy support such as linking people to needed housing resources, helping a person find housing, assisting with identifying resources to support a person so that they can keep housing during a crisis. There's a fair amount of work you can do within that comprehensive support. The drawback is with the generalist approach is that housing, as Kevin and Lynn Kovich articulated, can be very complicated, and sometimes a specialist is necessary to really understand what's going on and to help navigate things sufficiently. The other authorities allow for that kind of specialized or discrete tenancy or housing-related services. TCM may work best for some. Other authorities may work best for others.

As we move on to the next one, we'll talk about 1915c waivers. They allow for home and community-based services that are not otherwise in the state plan. People must need the level of care of a nursing facility, a hospital or an intermediate care facility for people with intellectual disabilities. Again as with case management, states determine target populations. I made it a singular or rural, because recent CMS regulations allow for a single waiver to cover multiple populations. It used to be you had to target nursing level of care, ICFIAD level of care, hospital. Maybe there were special situations where you could do a combination. Now there's more flexibility there. 1915c waivers are I won't say unique but they're unusual within Medicaid in that states may limit the number of people that are served and can serve only part of the state. You can waive state-wideness. You can pilot a particular initiative in a particular county or region. There's good and bad to limiting the number of people. It limits risk when you start something new. Obviously it limits access when you're providing valuable support, but that's an option that is available in 1915c waivers that is not available in most other Medicaid authority.

The next slide tells about we can use section 1915c waivers for housing-related services. You can provide them within a case management service much as you can within TCM. You can take that generalist approach within a waiver as well. You can also provide separate services specific to transition coordination, helping people move from a facility or for tenancy sustaining services, supporting people once they're in a facility. And you can do both together. It's an and/or. You can have some continuity across the transition. You can provide environmental modifications necessary for accessibility. You can get a wider door in the house, get a ramp so people can come in, get a lift so people can get up the stairs. There's a lot you can do within environmental modifications. Also you can provide expenses to help set up a household. When people have been institutionalized for a long time, they don't have the basics that you need to move in. The initial nursing home transition states kind of scrounged for folks for what could be done to get linens, basically what people expect from their home to make it a home. Examples you can do in 1915c are security deposits and utility deposits, essential household furnishings, moving expenses, and services necessary for safety, such as pest eradication. There's a few states that have that service just in their waivers in general but a lot of states have that as an option within transition services.

On the next side we'll talk about section 1915i. It allows the same services provided in 1915c waivers. It's a state plan amendment so it's not time-limited, but if you target the population you do have to renew it every five years. Within 1915i, states define medical necessity criteria. That criteria must be less stringent than institutional level of care. Longstanding institutional bias, one way of eliminating that institutional bias was to get services to people at a less intense level of care. 1915i allows that. States can determine target populations within 1915i, and as in 1915c states can create discrete housing-related services as described in 1915c waivers. You can also provide tenancy supports within a case management service. Differences with 1915c: Services must be statewide and a state may not limit the number of people served. So within that target population they need to serve the folks eligible for the support.

The next option is section 1915k or community first choice. It allows a different option for level of care. It has the same three options as the 1915c nursing facility, hospital, ICFIAD. Also, and this is only for people under age 21 or age 65-plus, 1915k covers people who meet the level of care of an institution for mental diseases. Medicaid does not cover IND supports for people aged 22-64. Neither does 1915k, but basically if Medicaid covers the institutional support, 1915k can cover those individuals in the community. 1915k includes attendant services and supports, backup systems and training to direct the tenants. Self-direction is an option within 1915k and an option for the person. 1915k provides training to help people direct those tenants and manage them well. Services must be statewide and like 1915i states may not limit the number of people served. There is an incentive to provide 1915k. States receive FMAP or six percentage

points in the federal matching rates. For those who don't know, FMAP stands for the federal medical assistance percentage. It's the share of services paid by the federal government.

The second slide for 1915k, at the state's option they may offer permissible services and supports. These supports include transition costs such as security deposits, first month's rent and utilities, purchasing bedding, basic kitchen supplies and other necessities required for transition from an institution. Unlike 1915c and 1915i, there's an extra benefit with CFC that's an option. CFC can cover a person's first month of rent and utilities. That was an issue with the first nursing home transition grants and I assume it was in MFP. I was less involved in MFP but sometimes that transition support helps people get into the household on day one. That's not enough. You need to also help with that first month's rent. Most of us have rented at some point in our lives and know we have to add the first month's rent upfront and often that first month of utilities. CFC allows that option.

Section 1915b waivers. These waivers allow states to require people to use managed care for Medicaid services. There's other authorities for voluntary managed care. I won't go into those. 1915b is requiring managed care. Then states which services are in managed care. You can do a carve-out say for behavioral supports, which is pretty common, or you can target certain services or you can have a comprehensive managed care program. Within 1915b, 1915b3 allows states to use savings from managed care to provide additional services to waiver enrollees. Those additional services can include housing transition services and tenancy sustaining services. It can provide either that generalist approach within case management or discrete services such as we discussed for 1915c, i, and k. Those can be allowed within 1915b under the b3 option.

The last authority to discuss is section 1115 demonstrations. Section 1115 allows the secretary for health and human services to approve research and demonstration projects and test innovative service delivery systems. Demonstrations must be budget neutral for the federal government. Within 1115 there's a fair amount of flexibility subject to the federal requirements, but a major requirement is the budget neutrality. Some 1115 demonstrations do include housing transition services and tenancy sustaining services. Again you can take that generalist approach within case management, you can provide discrete services. With 1115 you can provide those benefits you can provide in CFC, such as the first month's rent and utilities. If you're interested in it it's good to contact CMS and really work through what makes sense within that authority. Now Lynn Kovich on the Crosswalk.

Lynn Kovich: I want to talk a little bit about what it means to conduct a Crosswalk of housing-related services and funding sources, really concentrating in these slides on the housing-related services and supports. Knowing full well that people require other kinds of services but for this exercise one, to limit it to the housing-related services. This question has been asked a number of times around getting an example of a state Crosswalk. The thing about Crosswalks is if you've seen one Crosswalk you've seen one Crosswalk, because they are so state-specific to the types of services that you guys are providing and the ways in which you're paying for them that it really is a state singular kind of exercise. That being said, we will as Steve said be providing a template for you to really work from. It really does give you a clear picture of what you're doing and then it can really help you drive how you want to move ahead.

What is a Crosswalk? Many of you have done this, some are in the middle of doing it, so hoping you will continue, and for states that haven't hope this will be a good tool to get you started. It really is a tool that guides the development of your strategy to include your housing-related services in your benefit packages. What can it do? It will really help you begin to understand and kind of get a lay of the land of what you're doing right now. So what housing-related services are you currently providing and to what

populations are you providing them? What authorities are you using to pay for them or what other funding sources are you using to pay for them, as well as—and we talked about this a few slides ago—what services are not reimbursable by Medicaid that you would need to locate other sources because they're still very important to the entire package and to the individual either being initially engaged or really being successful over the long term. And how are you paying for it? Are you reimbursing for fee for service? Are you paying through a contract rate? Are you paying through a case rate? So the picture will begin to evolve as you begin to populate.

Again, there's a lot of key things throughout this presentation and again you really have to coordinate this exercise with all of the other agencies. So again your Medicaid agency as well as your different service agencies. Because you want to make sure that you're including the entire package of housing-related services that you define within your Crosswalk. Again assessing who is paying for the services right now and who's providing them? When you look across your providers and the services you want to provide or are providing, if it's a service currently not being funded by Medicaid but you find through your Crosswalk that it is eligible for Medicaid funding, what do you have to do to ready your providers? What kind of technical assistance do you have to provide to them? What kind of infrastructures will they need to be able to bill Medicaid for the services that may now be paid for through state funds? It will become very clear what Medicaid can and cannot pay for, as you continue the exercise. You'll see the role of Medicaid and other resources, so again I just continue to emphasize that there will be other resources that are needed to be able to complete the picture. Kevin talked about that in his slides.

So what do you have to do to develop the Crosswalk? It sounds so easy when you see it in these slides but it really is comprehensive, and it's an exercise. It's something that will require a lot of time and effort on the part of you guys and certainly for those of you who have already done it you can certainly speak to that when we get back to opening it up for questions. Again things you've already heard around identifying your proposed population, and it may be more than one population depending on your strategy. Again you'll identify the range of services you want to provide, and I think you can use the ideas as a guide here because I back to the slides Kevin presented, it really talks about the services you can do in a pretty clear, comprehensive way. You'll begin to see the gaps of what you're not providing as you begin to populate this on the form. You'll see what you're covering and again how you're paying for them, what authorities you're using, and what non-Medicaid sources you need to continue to use. Sometimes in states as things become converted to Medicaid and they're Medicaid-eligible services and now you're beginning to free up some state resources that had been previously funding these kinds of things, there's a tendency and in this climate the Mental Health Authority or the DB agency perhaps losing those funds. Really why you need to have your governor's office or budget office as part of the discussion, because it really does take all these services and funding to really make it work.

How are you reimbursing for the services? When I was in New Jersey we were paying a lot of the funds through state funds through contracts. You really have to look. Are you using your resources that you have in the most efficient way and in these contract arrangements are you getting what you're paying for? With the amount of funding are you getting the volume back in services? You really want to take a look at how you're reimbursing. You may be paying fee for service. Is that the right way to do it? You might want to pay it on a case rate as opposed to a fee for service. If you're in a managed care environment, how are they reimbursing for the services? You really begin to get a picture, and again why I'm saying it's a pretty involved exercise to really go through all of these steps to really get a good picture. Again you have to coordinate this with your Medicaid and your other agency to develop your strategy, because in any case some of the other agencies may be paying for these services that can be reimbursable through Medicaid. So you need to involve everyone to develop your strategy.

So what will it do? How will it help inform your work? We're hoping that this really becomes your kind of action plan as you participate in this webinar series. As Steve said we'll start to populate this between the first and the second webinar. Really allowing you to address your gaps across all of your service populations, what services are you not providing that you need to provide or what services are you now providing that you can actually be billing Medicaid for? You'll determine the population. Again a lot of this we've seen on the previous side. Jumping down to the bottom bullet, you ultimately will get to what is the new service, what is the new definition? I think as Kevin went through the services and Steve through the authority, probably many of you are paying for them already and you just need to coordinate it and make sure that the definition is really tight so that it can be covered by Medicaid. Ultimately, though, you'll want to see if you need to do any kind of modifications to your definitions or modifications to your authorities or determining if you need to develop a new waiver or a new authority to be able to pay for the services.

This is a screenshot of the type of Crosswalk, the template we will be providing you hopefully next week. You can very clearly see this is the individual housing transition services, so those pre-tenancy kind of services. So we just listed them out along that first column. The second column—how are you paying for them? Is it already covered under Medicare? Covered under another source? Is it not covered at all? You populate that based on how you're paying for stuff. If you are paying under Medicaid what's the authority you're currently using, then as you go across it talks about population, who's providing. It just gives you a sense of what we're thinking. We tried to make this, even though it's not simple, as concrete and simple as we could so that it's not this kind of burdensome exercise, although I will say if I was standing in front of you I would probably say you would be throwing things at me at this point because this is a thing, this is something that will take some time to complete if you want to really, really do it in the right way so that it is a working document that again clearly outlines your strategy and what you want to accomplish.

In summary, we've made this point several times throughout the presentation and leading up to this, housing-related services are integral to supporting individuals as they live in the community. They can benefit a broad range of individuals and a broad range of populations. You guys expressed your interest in participating. You talked about the different populations you wanted to work with, to include, and Melanie Stearns Brown showed you that on one of the very first slides. So you can include a broad range of folks you're working with. They can be included in several Medicaid authorities as Steve pointed out while going through his piece of the presentation. Hopefully that gives you a sense of going back and looking at your authorities and seeing what's in there already, and hopefully only having to do some updating of your definitions and some tweaking of your definitions. You really have to coordinate this across your systems so your Medicaid agency across your sister agency, so your behavioral health agency, your developmental intellectual disability agency, long-term services and support agency, agency that works with the homeless. When I was in New Jersey in this environment I'd always say we're not getting a ton of new money but we have to learn to use our resources more effectively. By having everyone at the table to see exactly who's paying for what so you can minimize any of the inconsistencies in the system to get the most bang for your buck, so it really takes all of you being involved in this process. As Kevin said and I as well, you all are probably paying for stuff but you're not sure what each other is paying for, so really coordinating that. You'll see that as you do the Crosswalk. I will end where I started, which is that the Crosswalk is a tool you can use to guide your development of the strategy to pay for having related services. Again, as states have done it when we get to that piece you might be able to share your experiences. Now to Melanie Stearns Brown.

Melanie Stearns Brown: We have a few questions in the chat box. Betsy Benito's question is "What is the benefit or the challenge of the fact that some populations implicated in the CMS ID are in waivers

now and some are not, like people with SMI and in IMD's are not in a waiver, but people with IDD are?" Any internal CMS folks or contacting partners want to address that?

Steve Eiken: I have a couple thoughts but I'll see if someone at CMS wants to address that first. [no response from CMS] The first thought is that most states have been able to make 1953 waivers work for people with serious mental illness. Not many, about four states last I checked had waivers. Usually it was for nursing facility level of care and they had a fair number of people in nursing facilities that might be hospital level of care. It's hard to make the cost-effectiveness work but it can be done depending on the state situation. The other thought is that a number of states have targeted 1915i programs to people with serious mental illness, so that is a tool that can be used for that population. Obviously a benefit of having a waiver established is that you don't need to go through the process of developing the entire waiver application and a quality management strategy and all the internal processes you need within a Medicaid program to make things work. But if you have a population you want to serve that does not have this program set up already there are options. (Section) i actually provides a fair amount of flexibility. There's examples. There's a FEMIS? website that lists all the waivers and state plans, one for waivers and one for state plan amendments. You can go there and search for 1915i and see what states have done with their 1915i program. I'd be happy help send a link or show examples. It can be done. (Section) i is an option.

B3 is an option that's been used more for people with serious mental illness and less for people with developmental disabilities and older adults, people with physical disabilities, brain injuries, etc. 1915b has been used more in the behavioral health space but there's nothing specifically excluding it in that space. It seems to have worked out for states better but there's options. I don't know if any states have thoughts on that question.

Mike Smith: Mike from CMS. I'd like to restate for folks on the phone that may not be aware there is an SUD track of the IAP effort and that track is looking into issues around sustainable efforts to support people who have SUD in Medicaid. I would encourage folks to go to the learning collaborative area of Medicaid.gov for IAP and look up the SUD work. I think there are some materials there that might be useful to helping with that question as well.

Kevin Martone: If I could just add, you think about the types of services an individual may need coming out of an IMD or an ICF, for instance, and they may need generally the same types of housing-related services, but by the nature of the type of facility they're in or the nature of their disability, they might be ineligible for certain services. I would think about it from what are the services that the person needs? It goes back to my earlier point in terms of sometimes facility-based services may be providing some of these pre-tenancy type of supports so, for instance, in an IMD it may be the state psychiatric staff that are initially beginning to provide these pre-tenancy supports for the most part on the state dollar. But at some point when they're discharged into the community, they're going to be eligible for some Medicaid waiver or state plan service that Steve had gone through. At that point that state may be covering those housing-related services in that program versus the waiver program for a person with IDDD coming out of an ICF, for instance.

Melanie Stearns Brown: Next question from Rick Wilcox. Lynn Kovich, you addressed this, when the states will receive the template for the Crosswalk.

Lynn Kovich: Yes, hopefully within the week.

Melanie Stearns Brown: Next question from Jennifer Reed. “Will there be examples of housing transition services that states could use to include as part of the Crosswalk? These would be the services needed to locate housing?”

Kevin Martone: The Crosswalk sample people will get will generally have a list of housing-related services from a pre-tenancy and a tenancy sustaining perspective identified in the left-hand column. There’s going to be a second tab that will go with that that will provide a general description of those services for everybody so everybody’s sort of working from a basic perspective, which should be helpful. Within that you should be able to identify a specific service that relates to a person locate housing. That might be, as that plays out at the direct service level, some sort of caseworker, housing specialist or transition coordinator working with an individual to identify potential housing, which could be working with a housing locator website or working through the newspapers to find available apartments, to actually accompanying them on visiting potential sites to visiting sites to meeting with landlords and things like that.

Melanie Stearns Brown: Question from Kelly Sinko: “Will the slides or Crosswalk template as previously shown be available after the webinar to use in our work on creating the Crosswalk?” For the slides piece we’re working on that and as soon as we’re able to make sure that they’re 508 compliant we will send out a PDF version of the slides. As Lynn Kovich said the Crosswalk template should be available next week.

Steve Eiken: The slides will be available this week. I was able to confirm that with our staff.

Melanie Stearns Brown: Question from Rebecca Melange: “In Minnesota we've done a comprehensive Crosswalk in the past but it lacks to show the true gaps. The problem exists in that we have several Medicaid programs that cover the services listed, but the limitations of either population or how this service is delivered makes it unusable.” That’s a comment. Thoughts?

Steve Eiken: It’s probably good to think about this, and Kevin and Lynn Kovich, you’ve done this a few more times than I have, but it might be good to do Crosswalks for particular populations, especially if there’s a special emphasis within the state so that you can catch those gaps. Frankly, looking at the multiple populations, you might find out we have one waiver that has this and we don't do it in the other waiver. Maybe we need to see if we can get that service into the other waiver. I'm speaking waivers just because I know Minnesota, I used to work there, I think that’s how these supports would be provided.

Kevin Martone: One thought could be – I don't know because I haven’t looked at Minnesota – is also looking at it beyond the Medicaid perspective. So if you have particular housing-related services covered for one population group through a waiver and you may have identified what’s covered by Medicaid. Then you look at another population that may be covered by another Medicaid like a state plan service, and you see that they're not necessarily identical because of the way the waiver and the state plan service were constructed. To me then the question is, if you're stuck in that framework, how do other non-Medicaid services fill those gaps for the population served by the waiver and the population served by the state plan service? That may look a little different. Maybe the state Medicaid agency wants to try to streamline that across the board and try to get rid of those gaps, but if that’s not possible at the end of the day you're still probably going to have some non-Medicaid resources that are going to have to fill those gaps, and that may look a little different based upon the population, if that makes sense.

Ali Nemi: I'm from Minnesota. Your comments helped, by doing it by population would help. We've done these in the past and we've had a lot of different, probably too many services and funding sources that provide housing-related services but just checking yes or no on a Crosswalk doesn't really show why

people aren't accessing them, why the target populations we're looking at, people who are chronically homeless aren't actually getting those services. The reasons are a lot more nuanced, more to do with eligibility factors or funding limitations or how the service provided doesn't work for that population. So how do we get at showing some of those nuances? Also, we might not want all those services. We might want it to be simpler. We might not want to have someone try to find which of the 20-some different programs we operate do they fit into so they access these services. That might be I feel one of the directions we're going, so I'm just a little cautious about the Crosswalk and if it ends up looking like we have all these services already and they're already covered, so what's the problem?

Kevin Martone: That's a great observation. What we're hoping here is to give states a tool to begin that process. Your points about taking it to implementation and there's a whole lot of other challenges that go along with that in terms of, and I think Lynn Kovich mentioned earlier, in terms of provider training expectation, methods of reimbursement, things like that. It's certainly a complicated process.

Lynn Kovich: It sounds like your Crosswalk is telling you something so it's then kind of taking it to the next level to dig down to some of those things, because some of it may be engagement or provider training kinds of issues. I don't know how long ago you've done it either, maybe to take another look and update it as well.

Melanie Stearns Brown: Question from Betsy Aiello: "How do you make housing transition screen and support plan not duplicative of services for someone that needs case management for other issues such as medical or mental health care? Would this work with transition services in 1915i and allow companion TCM or medical home for the other services?"

Kevin Martone: Part of it gets back to the issue of many individuals we're talking about here have pretty complex conditions and require a lot of support and may have multiple folks working in their lives. It really to me gets to that care coordination concept, really trying to coordinate the types of services that people will be receiving and being clear about those roles and responsibilities. That may mean that a housing-related service or some sort of tenancy service may be provided through one particular Medicaid authority and some of the other services may be provided through another Medicaid authority like \_\_1:38:08 like Medical Home or Health Homes, for instance. I think California is structuring things that way where some tenancy type services may be covered through one area but more of the other types of services a person would need might be covered from another authority and may involve multiple people.

Steve Eiken: I think it really depends on the specific scopes of service within each one. Sometimes the general case management service doesn't really get to the depth that you need for the housing support and how the fine tune that so you don't have concerns about duplication of service. I could see where it could be tricky. Some dialogue with the regional office may be useful just to help make sure you're keeping all the ducks in a row.

Melanie Stearns Brown: From Laura Baker: "Should we consider adding housing-related services and supports to a variety of our nine 1915c waivers and create a new waiver for persons with SMI?"

Steve Eiken: Considering a broad perspective, what we're hoping to do with the Crosswalk is think first in terms of what people need, what's happening now, and then think about how you can do it. That how you can do it may well be add supports to all your waivers and create a new waiver. It might be something different. But kind of starting with what do people need and how is it happening now, that's been more helpful as I've been thinking about it.

Lynn Kovich: I think that's right. It's doing exactly what you just said, and then really thinking about your state and your program to develop the appropriate either waiver or state plan service. As I said in the beginning, they're so state-specific, but it's really about getting down on paper what you're doing now and then what folks need and how you're paying for it to guide you to make some of those decisions.

Kevin Martone: I think there's different approaches. Some states are taking a whole new look at their overall Medicaid strategy broadly. As part of that broad strategy development, they're looping this into the conversation and that may mean a consolidation of things and trying to incorporate these types of services into that approach. You may have some other states who have really worked it into the same type of supports into several different waivers or state plan services so they've got it consistent but it's written in as consistently as it can be across those Medicaid authorities within the state.

Mike Smith: I would echo that as well. I think if you're currently operating a MFP program and thinking about these services and you have them in as a demonstration or supplemental services within your program or waiver-eligible services, you may want to think about where the individuals are serving that program are moving to as a first point of reference. I would also echo again and restate what Kevin said. It's really helpful to consider this service as consistently as possible so that when you provide training and efforts to create a provider base that can do this work effectively that you have it done in a consistent manner that's going to be effective for everyone.

Lynn Kovich: From Jonathan McVey: "When will the dates for the next webinar be shared?" I don't think we've determined the dates for webinars 2 and 3.

Steve Eiken: We recently determined webinar 2 and that's the next slide.

Lynn Kovich: From Ashley Tollman: "Could the Crosswalk be adjusted to account for services that are technically covered in the state Medicaid plan but not covered in practice due to funding limitation?"

Lynn Kovich: I think you could adjust it in how you think it makes sense for your state so you understand what you can and can't provide. You may have to look at Crosswalk to see exactly how you would capture that, but remember this is your tool and you could devise it to capture exactly what you need it to capture so you really get a true picture of what's happening.

Kevin Martone: I think that's right. I think the idea would be you could take this and work with this tool to suit your needs. It's an interesting point. We could certainly take it back and kick it around a little bit further.

Steve Eiken: Onto the next slide. The next webinar will be March 30 from 2:30-4:30 Eastern so same time, same day of the week. We'll focus on state examples of Medicaid coverage of housing-related services. We'll have two or three states present, a lot of room for Q&A. In April, we don't have the date selected yet. It will be a Tuesday or Wednesday in the afternoon. The focus there is implementation planning based on lessons from experienced states. Some of you we've reached out already and some we will reach out to. For that webinar we're going to look more topic by topic in terms of how do we address implementation issues we think will come up as those of you implementing the service would do so. One theme that came up today I had not heard much before was around eligibility. That's another topic we discussed before and I'm feeling more confident we should include that in webinar 3. We'll be responsive to what we're hearing from you all. Based on state needs, we might do additional calls with small groups of states on particular topics of interest, so let us know of particular questions. As you're doing your Crosswalk themes may come up and we might see themes and try to get small groups together.

On the next slide, if you have additional questions please let me know. My email is [steve.eiken@truvenhealth.com](mailto:steve.eiken@truvenhealth.com). Include subject line “tenancy” so I can keep them all straight. Thank you for joining today’s webinar.

Melanie Stearns Brown: Another question did come in. From Trish Farnham: “North Carolina is currently drafting a tenancy support service definition. Will TA be available to review?” Steve, I thought the last slide addressed that, that there may be some group TA available to states by request based on the needs of the states, but it would most likely be group-based TA.

Steve Eiken: Yes, and if other states are interested in reviewing definitions, that would be a good topic.

Melanie Stearns Brown: No other questions. Hannah, if you could send out Debbie’s response regarding the Crosswalk. That’s it.

Steve Eiken: We have a short survey it would helpful if you fill out. Thank you.