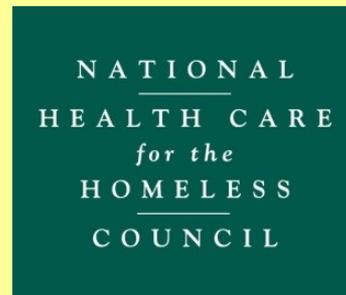
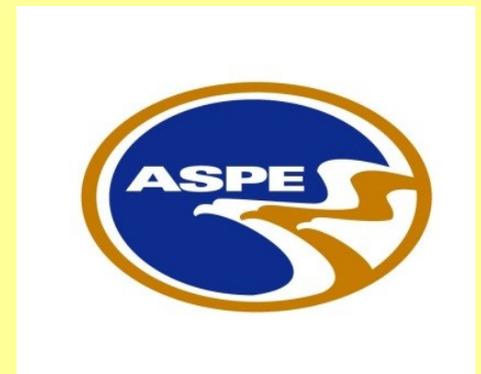




# Financing Supportive Housing Services: Maximizing Medicaid Options and Promoting Practices in the Field

Wednesday, April 29, 2:00-3:30 ET



# ASPE Supporting Documents

HHS Assistant Secretary for Planning and Evaluation

- [A Primer on Using Medicaid for People Experiencing Chronic Homelessness and Tenants in Permanent Supportive Housing](#) (July 2014)
- [Medicaid and Permanent Supportive Housing for Chronically Homeless Individuals: Emerging Practices From the Field](#) (August 2014)



# Today's Presenters

- **Carol Wilkins**, Consultant, Abt Associates
- **Brenda Goldstein**, Psychosocial Services Director, LifeLong Medical Care, Berkeley, CA
- **Karen Batia**, Principal, Health Management Associates; Chief Excellence and Innovations Officer, Aunt Martha's, Chicago, IL
- **Christy Respress**, Executive Director, Pathways to Housing DC, Washington, DC
- **Peggy Bailey**, Director of Health Systems Integration, CSH
- *Moderator:* **Barbara DiPietro**, Sr. Director of Policy, National Health Care for the Homeless Council

# Goals & Objectives

- Inform providers & policymakers about Medicaid options available & how they can be used
- Promote existing tools community providers can use to advance deeper partnerships & maximize funding opportunities
- Learn from others doing this work
- Meet the housing & health care needs of vulnerable people needing supportive housing
- ***Format: Panel discussion based on key questions***

# Overview of Primer

*Can you provide an overview of the information in the Primer and how do you recommend local providers use it?*

- Details options for Medicaid coverage of SH services
  - Explains legal authorities such as waivers, State Plan Amendments, and other Medicaid options that can include SH services
  - Describes allowable service definitions
  - Defines medical necessity
  - Discusses payment models

# Basics to Know

*What are the basics that respective health & housing community organizations should understand as they approach Medicaid?*

- Medicaid is health insurance, varies by state
- People must be eligible for Medicaid and need the covered services (*“medical necessity”*)
- Benefits and services eligibility changes as tenant’s conditions improve (or decline)
- Medicaid is paid as a reimbursement (not grant \$\$); rarely covers full cost

# Needed Health Services & Common Delivery Obstacles

*What services do people with complex conditions need in order to maintain housing, and what obstacles tend to get in the way to delivering this level of care?*

## Services

- Flexible, integrated, relationship-driven, individualized, trauma-informed care
- Outreach/engagement
- Care/case management, tenancy supports
- Longer-term services not subject to time limits
- Focus on harm reduction
- Services impacting social determinants of health (food, vocational services, social supports, transportation, financial counseling)

## Barriers

- Funding case management with non-licensed providers
- Fragmented & Dx-driven funding
- Blended funding = multiple & duplicative requirements & costs
- Productivity concerns & admin requirements can limit access
- Need for demonstrated cost savings
- Clinical improvement compromises ongoing eligibility
- Staff recruitment/retention

# Accessing Medicaid Payment & Role of Other Federal Funding

*How does your agency access Medicaid reimbursement, what services does it cover, and what does it not cover? How do other federal funding streams help finance your program?*

- **1915i:** Flexible options for services
- **FQHC:** bundled services, allowable providers, face to face services
- **MH Rehab option:** broader scope (more providers, transportation, collateral resources, etc.), but high documentation with “medicalized” focus
- **HUD PSH:** covers case management
- **SAMHSA:** helps with integrated care

# Integration of Health & Housing

*How does your agency integrate primary care, behavioral health, & housing—and what partnerships made that possible?*

## **Berkeley, CA**

- Care teams in SROs & scattered site w/developers, local gov't, CoC, and county MH
- Medical respite care (hospital-funded)
- Frequent user/ED project contracts
- Primary care embedded in MH agencies
- Managed care is in process

## **Washington, DC**

- Medicaid FFS for SMI
- Contracts w/ DHS and VA for case management
- HUD SHP, Section 8 & local funding for housing
- Primary care: SAMHSA grant & FQHC
- Outreach contracts with local Business Improvement Districts; local universities; ACT teams

# Medicaid Challenges

*What challenges are common for organizations working with Medicaid?*

## **Housing Organizations**

- May not meet provider qualifications
- Some tenants do not meet medical necessity
- Medicaid does not pay for room and board
- Often best to partner with a health entity

## **Health & Behavioral Health Organizations**

- Documentation requirements
- Staffing levels and preparation
- Delayed and/or low reimbursement
- Handling rejected claims

# Current Opportunities

*What examples can you describe that illustrate the current opportunities for bringing more Medicaid-covered services into supportive housing?*

- Medicaid eligibility expansion
- Improved coverage of mental health services
- Integration of primary and behavioral health care
- Managed care plans focusing on their high need members
- Understanding need to address social determinants of health (esp. housing)
- Increased need for medical respite care given new focus on lowering hospitalizations

# 10 Action Steps

*What actions do you recommend health & housing providers take to maximize Medicaid funding for needed services?*

1. Understand your state Medicaid plan
2. Educate and engage Medicaid leadership, MCOs & new partners
3. Crosswalk SH services with Medicaid coverage
4. Assess needs, identify appropriate partners & allocate roles & responsibilities
5. Look at Health Home opportunities
6. Make a business case & create SH-covered benefits
7. “Lease” staff to SH orgs to maximize billing
8. Determine data elements to track and evaluate
9. Measure success, assess ROI for FQHC & BH services
10. Reinvest savings

# Questions & Further Discussion

- **Carol Wilkins**, Consultant, Abt Associates - [carol.wilkins.ca@gmail.com](mailto:carol.wilkins.ca@gmail.com)
- **Brenda Goldstein**, Psychosocial Services Director, LifeLong Medical Care, Berkeley, CA - [bgoldstein@lifelongmedical.org](mailto:bgoldstein@lifelongmedical.org)
- **Karen Batia**, Principal, Health Management Associates; Chief Excellence and Innovations Officer, Aunt Martha's, Chicago, IL - [kbatia@healthmanagement.com](mailto:kbatia@healthmanagement.com)
- **Christy Respress**, Executive Director, Pathways to Housing DC, Washington, DC - [crespress@pathwaysdc.org](mailto:crespress@pathwaysdc.org)
- **Peggy Bailey**, Director of Health Systems Integration, CSH – [peggy.bailey@csh.org](mailto:peggy.bailey@csh.org)

# Additional Resources

- **CSH:** The Quick Guide to Improving Medicaid Reimbursement for Supportive Housing Services (coming soon)
- **National HCH Council:** [Medicaid & PSH: A Quick Guide for Health Centers](#) (April 2015)
- **ASPE:** [A Primer on Using Medicaid for People Experiencing Chronic Homelessness and Tenants in Permanent Supportive Housing](#) (July 2014)
- **ASPE:** [Medicaid and Permanent Supportive Housing for Chronically Homeless Individuals: Emerging Practices From the Field](#) (August 2014)

## Coming Soon!

- CMS Informational Bulletin on Medicaid and housing supports
- Additional webinars on this subject