

A Chicago Model for Supportive Housing within a Medicaid Health Home

**National Health Care for the Homeless
Conference – Kansas City - 2012**

Pete Toepfer / Arturo V. Bendixen – AIDS Foundation of Chicago

Presentation

- **Context of the ACA**
 - **Brief Review Cost Savings Data**
 - **Medicaid and High Users of Funds**
- **The Chicago 2012-2013 Pilot Project**
 - **Participants / Design / Initial Challenges**
- **Braided Funding Model**
- **Dialogue and Comments**

HHS Mantra for the ACA

- **Increase access to care**
- **Increase quality / outcomes**
- **Decrease costs**

**32,000,000 uninsured
will become insured....**

**At least 16,000,000 of
them through Medicaid**

ONLY QUALIFICATION...

- At 133% or below the federal poverty line - \$\$\$

The logo features a stylized house icon on the left, containing three human figures. To the right of the icon, the text "Chicago" is positioned above "Housing for Health", and "Partnership" is positioned below "Housing for Health". A horizontal line runs beneath the word "Partnership".

Chicago
Housing for Health
Partnership

Chicago Housing for Health Partnership Study

- **CHHP**
- **4 year research project - RCT**
- **September 2003 – December 2007**
- **405 participants**
- **JAMA published outcomes in June 2008**

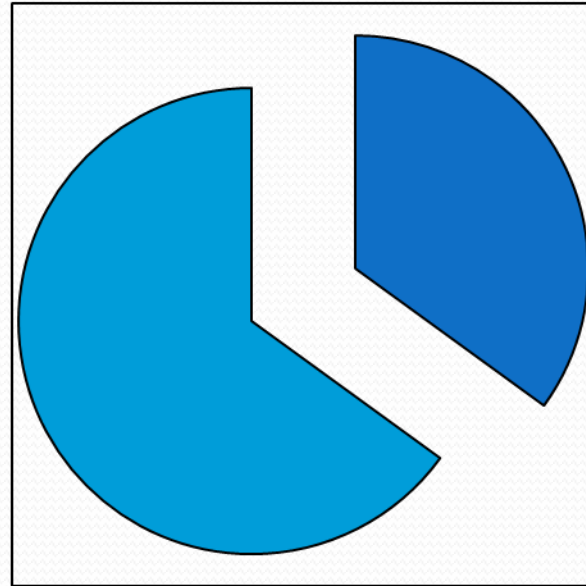
Intervention Group

Top Multiple Diagnoses - 201 Participants

HIV/AIDS	75 participants	34%
Hypertension	73 participants	33%
Cardiovascular Diseases	33 participants	14%
Pulmonary Diseases	39 participants	18%
Diabetes	32 participants	14%
Gastrointestinal / Liver	14 participants	6%
Seizure Disorders	18 participants	8%

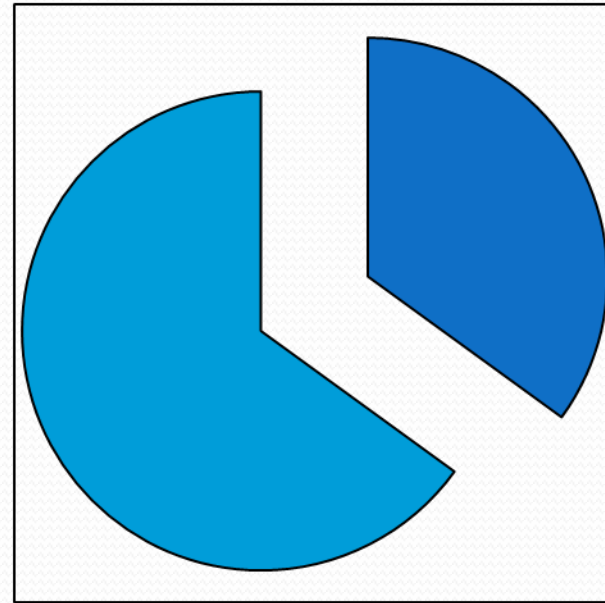
Hospital Days

Intervention
Group: 2.7
fewer days
than the Usual
Care Group



Emergency Room Visits

Intervention
Group: 1.2
fewer visits
than the
Usual Care
Group



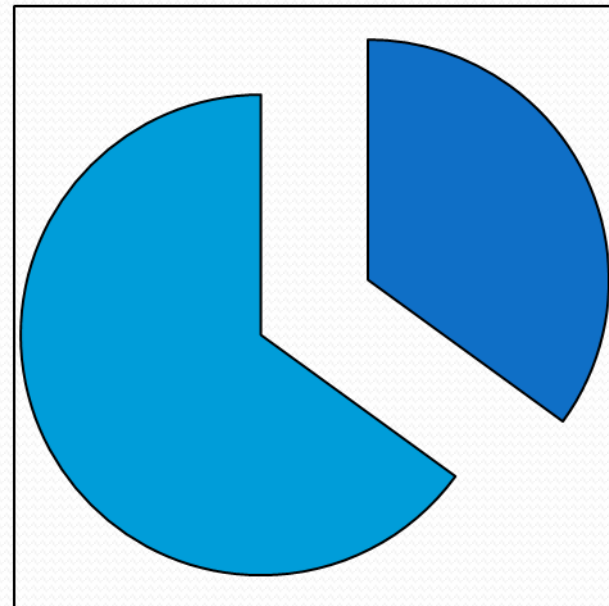
Nursing Home Days

Intervention

Group: 37%

Usual Care

Group: 63%



**For every 100
chronically homeless
individuals housed,
there was a savings of
almost \$1 million in
public funds**

Illinois Medicaid Data FY2010

- **3,000,000 + on Medicaid**
- **57,000+ of them in AABD Programs**

Medicaid Expense FY2010

- **3,000,000 : \$11 billion**
- **57,000 : \$6.5 billion**

High Users of Medicaid FY2010

- 3% of 3,000,000 spend \$5.5 billion
- 8% of 57,000 spend \$3.25 billion annually

Ways to Reduce Costs

- **Shared electronic medical records**
- **Coordinated care for those with at least two chronic illnesses**
- **Outcome based treatment**

IL Medicaid Health Homes

Care Coordination Entities (CCE)

- Will include FQHCs, hospitals, behavioral health centers, pharmacies.....
- MOUs with permanent supportive housing organizations
- Will receive care coordination payments

A Chicago PSH Model for Health Homes

**Focus during 2012-2013 Pilot Project:
High Users of Medicaid
who are homeless**

Gregory's Story



Total Identified High Users

61 of 217

Housing Placement

[since January 2012]

19

Ranking and Average Medicaid Annual Costs

Decile Ranking	Average Annual \$	\$\$\$\$\$\$\$
Decile #1	1 x \$253,000	\$253,000
Decile #2	7 x \$108,000	\$756,000
Decile #3	12 x \$61,000	\$732,000
Decile #4	11 x \$44,000	\$484,000
Decile #5	15 x 32,000	\$480,000
Decile #6	15 x 22,000	\$330,000

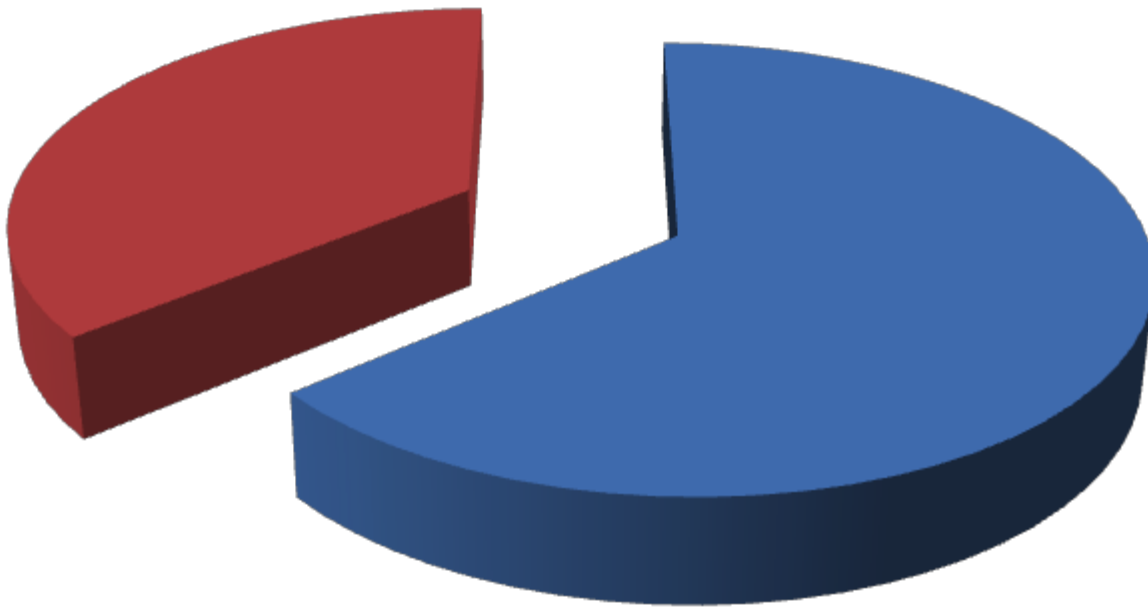
**Annual Average Expense
for 61 Participants
in 2010**

\$3,035,000

Who Are They?

Gender

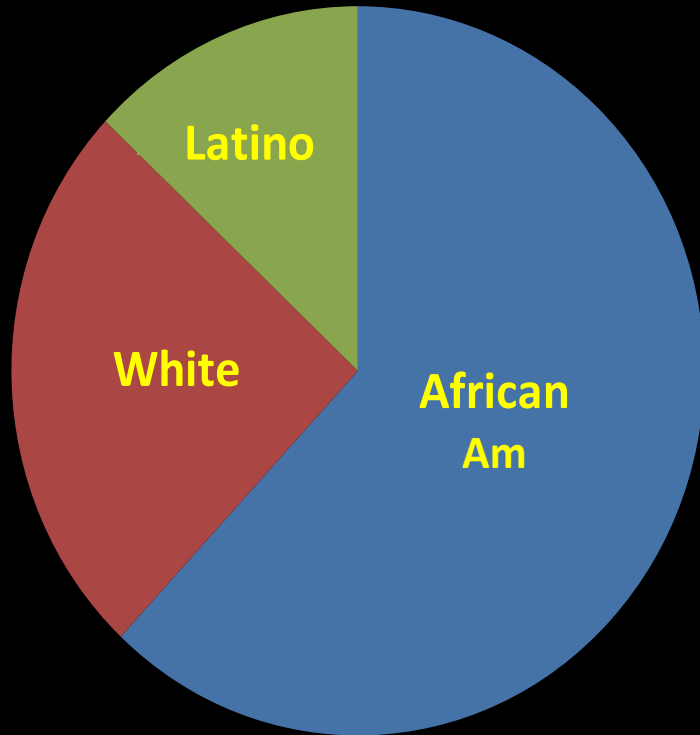
- 39 males
- 22 females
- 0 transgender



Age

18 to 45 years	34%
45 to 62 years	61%
63 years and older	5%

Race



- African American: 62%
- White: 25%
- Latino/a 13%

Top Multiple Medical Diagnoses

HIV/AIDS	48%
COPD	33%
Kidney Failure	25%
Hypertension	20%
Diabetes	20%
Liver Failure	13%

Substance Use & Mental Illness History

- **Assessed Substance Use: 75%**
- **Diagnosed Mental Illness: 67%**

Multiple Diagnosis

- With 2 chronic illnesses: 19%
 - With 3 chronic illnesses: 39%
 - With 4 chronic illnesses: 14%
 - With >4 chronic illnesses: 12%
- TOTAL: 84%**

Housing Project Design

- **48 HUD-funded scattered site SHP units**
- **Eligibility criteria:**
 - **Homelessness as defined by HUD**
 - **Enrolled in Medicaid**
 - **Identified by Medicaid as a high users of services paid through its dollars**

Key Elements

- **Housing First**
- **Harm Reduction**
- **Mobile Outreach Teams**
- **Spectrum of Health Care and Service Providers**

Participant Recruitment

- **Emergency Shelters**
 - **Medical and Homeless Outreach Partnership**
- **Health Care for Homeless Provider**
- **Medical Respite Home**
- **Hospitals**
- **Transitional Housing Programs**

Participant Identification

1. Consent for state Medicaid office
2. Billing data from Medicaid
3. Notice to case managers / outreach
4. Housing paperwork completed
5. Permanent housing placement



Supportive Housing Design

- **3 Intensive case managers (16:1 CM ratio)**
- **2 housing partner agencies, including one operating an HCH/FQHC & PSH**
- **System Integration Team (SIT)**
- **In-home behavioral health services**
 - **Access to Wellness**

System Integration Team (SIT)

- **Collaboration between all providers**
- **Bi-weekly meetings**
- **Clinical staff attendance**
- **Trouble shooting and brainstorming**
- **Chain of Command – Various levels of staff involvement**



Access to Wellness

SAMHSA Funded Behavioral Health Services:

Chronically Homeless

- **Evidence Based Practices**
- **8 Collaborating Agencies**
 - **Various Specialties**

Access to Wellness

In-home services:

- **Substance use counseling – CADAC**
- **Mental Health Therapy – LCSW**
- **Physical Health - RN**

Initial Challenges

- **Outdated billing information from state Medicaid**
- **Additional step in housing process**
- **Supporting the client to stay affiliated with the health home**

Initial Challenges

- **Assuring all outcome data is collected well**
- **Learning medical e-records by the case manager / care coordinators**
- **Access to medical records by them when not employees of a clinic**
- **Accessing Medicaid data to show cost savings**

Ways to Reduce Costs

- **Coordinated care for those with living with chronic illnesses**
- **Shared electronic medical records**
- **Outcome based treatment**
- ***Braided funding.....***

Braided Funding

PSH Project with 48 units with health homes:

- HUD pays rental subsidy
- Medicaid pays for some of case management / care coordination
- Other sources of funding for special treatments..... (SAMHSA)
- Private dollars.....



**FULL HEALTH HOME AND
PSH PROJECT WITH 200
UNITS BEGINS JANUARY
2013**