HOUSING IS HEALTHCARE: USING MEDICAID IN PERMANENT SUPPORTIVE HOUSING

Carol Wilkins

Medicaid's role in supportive housing for chronically homeless people

HHS Office of the Assistant Secretary for Planning and Evaluation (ASPE) study began in 2010

- Literature Synthesis and Environmental Scan (2011)
- Four papers published in 2012 – available at ASPE.hhs.gov
  - Health, Housing, and Service Supports for Three Groups of People Experiencing Chronic Homelessness (2012)
  - Medicaid Financing for Services in Supportive Housing
  - Establishing Eligibility for SSI

Case study: Medicaid's changing role

- Case study sites:
  - Los Angeles
  - Chicago
  - New Orleans
  - Washington DC
  - Minnesota
  - Connecticut
- Coming soon!
  - Case study final report: Emerging Practices from the Field
  - Primer on Using Medicaid for People Experiencing Chronic Homelessness and Tenants in Permanent Supportive Housing

Case study focus

- Expansion of Medicaid eligibility to include more homeless people
- Changes in health care finance and delivery systems
  - impacts on chronically homeless people and health care providers who serve them
- Roles of HCH and other FQHCs
- Medicaid benefit design and implementation
- Increasing role of Medicaid managed care

Medicaid and solutions to homelessness

- Medicaid is a partnership between state and federal government with shared costs
  - States make choices about optional benefits and waiver requests
- Medicaid services can help people get and keep housing
- Some Medicaid services can be provided in supportive housing
- Other Medicaid services can help meet the needs of people who are homeless or supportive housing tenants

California: Medi-Cal and counties

California counties play important roles

- Medi-Cal eligibility and enrollment
- “Specialty Mental Health” and “Drug Medi-Cal” services
- County hospitals and clinics deliver care – in some counties
  - Counties may face costs / financial risk for avoidable hospitalizations and ED visits
  - Counties may be competing and/or collaborating with FQHCs to serve people who experience homelessness

Medi-Cal changes and impacts for people who experience homelessness

- Medi-Cal eligibility expanded January 2014
  - Single adults with incomes up to $16,105
  - Low Income Health Plans were a “bridge to reform”
- Enrollment in Medi-Cal managed care
- Changes in Medi-Cal benefits

Medicaid managed care

- Enrollment in Medicaid managed care is rising
  - People newly eligible for Medicaid
  - SPD: seniors and people with disabilities (SSI)
  - Expansion of managed care in many rural counties
- Plan and provider selection
  - Big implications for HCH/FQHC
  - Big implications partnerships to integrate primary care & behavioral health and link services to supportive housing

Helping people enroll in Medicaid

- CA provided outreach and enrollment grant funds to counties for hard-to-reach groups of people, including people experiencing homelessness
  - Counties partner with community-based organizations
- Providers of supportive housing and homeless services can assist with enrollment and access to care
  - Tips at www.hcd.ca.gov/LetsGetEveryoneCovered.pdf
  - Engage and enroll people – and help with plan / provider selection
- No deadline for Medicaid enrollment
  - People can enroll now - and any time
- Health Care Options for help with selecting (or changing) a health plan and provider in CA (800) 430-4263

Medicaid benefit changes – impacts for the people you serve

- More access to mental health and substance use treatment services for adults
  - In CA (and many other states) substance use services only in qualifying treatment settings
- Managed care plans may be responsible for some mental health services – in CA:
  - For people without serious mental illness
  - Coordination with county for “specialty” MH services
- Other optional benefits may be under consideration
  - Health homes
  - Home and Community-Based Services (HCBS)

Medicaid for services in supportive housing – current practices

- Most often Medicaid is covering mental health services connected to supportive housing
  - To be eligible, a person must have a serious mental illness
  - Service provider contracts with County Mental Health in CA
- Some Federally Qualified Health Centers (FQHC) also provide services in supportive housing
  - Payment for visits with doctors (including psychiatrist), mid-level practitioners (NP, PA), LCSW
- Integrated primary care and behavioral health services
  - Often partnerships use both Medicaid payment models
- Funding from federal, state, county, local sources

HCH / FQHC services linked to supportive housing

- Satellite clinics in supportive housing buildings
- Clinic located close to supportive housing
- Home visits to people living in scattered site supportive housing
- Collaborations with mental health service providers to create interdisciplinary teams linked to housing resources
- HCH programs can continue to serve homeless people after they move into supportive housing

Challenges and gaps

- Costs for some members of inter-disciplinary teams are not reimbursed in FQHC PPS rates
  - Nurses do not provide billable encounters
  - Case management costs may not be included in rates
- Productivity concerns
  - Fewer visits per day when working outside of clinics
- Limits on reimbursement for same-day visits
- Managed care:
  - Difficult to get reimbursed if people enrolled in and assigned to other primary care providers
  - PMPM rates not adjusted to reflect acuity / complexity of needs
  - Provider networks may not facilitate continuity of care
- Some FQHCs do not adapt service delivery approach to meet needs of people experiencing chronic homelessness
  - May have limited capacity for serving people with serious mental health or substance use disorders

Medi-Cal for mental health services

- CA's MHSA Full Service Partnerships = "whatever it takes"
- Medi-Cal = documentation must link every service to diagnosis, goals, and plan
- Clinical loop
  - Start with assessment including symptoms, behaviors, impairments
  - Care coordination plan has goals based on symptoms and interventions to effect impairments
  - Progress notes document goal-based interventions

Community Support Teams and ACT covered by Medicaid in IL, DC, LA*

- For persons with serious mental illness who meet additional criteria:
  - Recent and/or multiple hospitalizations, ED visits, contacts with law enforcement
  - Inability to participate or remain engaged in less intensive services; inability to sustain involvement in needed services
  - Inability to meet basic survival needs, homeless
  - Co-occurring mental illness and substance use disorder
  - Lack of support systems
- Teams are mobile and interdisciplinary
  - Assertive engagement, individualized and flexible approach
  - Frequent home visits, face-to-face contact in range of settings
  - Small caseloads

Challenges and gaps

- Services and goals must be related to diagnosis, symptoms and impairments related to mental illness – not (directly) related to substance use problems or medical needs
  - Providers can make the connection to mental illness (social isolation, substance use to manage symptoms of mental illness, anxiety about medical conditions or treatment) – but it isn't always easy
  - In most states Medicaid benefits cover limited array of services to address substance use – only in approved settings, making it hard to integrate
- Provider requirements often not designed for mobile, team-based models of service or electronic records
- These are state policy decisions – not federal requirements

Challenges and gaps (continued)

As people recover, they may not be eligible for ongoing support from intensive mental health service models

- Other less intensive services may not be mobile with capacity to do “whatever it takes”
- It can be hard to return to more intensive services during a crisis that could lead to losing housing
- Responsibility for mental health services may shift to managed care plans
- Changes may disrupt trusting relationships

What's working?

- Mental Health departments allow outreach teams to assess homeless people who are not engaged in the mental health system and determine eligibility for services
- Some CA counties provide training for Medi-Cal billing with focus on services in supportive housing and other settings outside of clinics
- MHSA FSP and Innovations funding for partnerships create integrated teams linking MH and primary care services
- Mental health providers help consumers navigate managed care enrollment, provider selection, access to care
- Experienced providers help others who are new to Medicaid
- County / state staff involved with providers and billing understand mobile, team models and help reduce obstacles
- Medicaid managed care plans contract with behavioral health providers for risk assessment and care management

Some CA counties are investing in supportive housing as health care

- Housing for most vulnerable and high cost homeless people reduces avoidable hospital costs and improves health
- Los Angeles DHS Housing for Health program
  - Launched with funding to pay nonprofit partners for case management and housing-related services
    - Linked to housing developed with city funding and vouchers administered by housing authorities
    - Permanent and interim / respite housing options
  - Public-private partnership provides $18 million for Flexible Housing Subsidy Pool
    - Evidence of savings justifies county health department investment

Medicaid for services in supportive housing – what's happening in other states?

- Medicaid managed care plans in some states are paying for services in supportive housing
  - Care coordination delivered face to face by trusted service providers
  - Diversionary services to reduce avoidable hospitalizations by providing community support
  - Case management services linked to housing assistance for homeless plan members
- Monthly rates for some covered mental health / behavioral health services

Medicaid for services in supportive housing – more options for state policy

- Home and community-based services for people with disabilities
- Health homes – an optional Medicaid benefit
  - For people with multiple chronic health conditions and/or serious mental illness
  - Whole-person, comprehensive and individualized case management
  - AB 361 (enacted) = opportunity for CA to develop this benefit