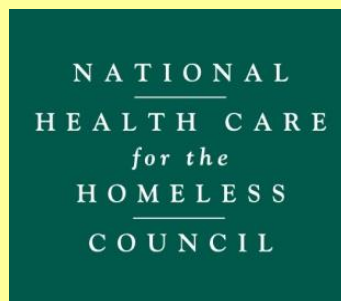


Combining Medicaid with Permanent Supportive Housing:

*Policy and Payment Options &
Current Practices in the Field*

National HCH Council Conference

Friday, May 8, 2015



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
- *Moderator:* **Emily Rosenoff**, Senior Policy Analyst, Office of the Assistant Secretary for Planning and Evaluation (ASPE)

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
- **Brenda Goldstein**, Psychosocial Services Director, LifeLong Medical Care, Berkeley, CA - bgoldstein@lifelongmedical.org
- **Karen Batia**, Principal, Health Management Associates; Chief Excellence and Innovations Officer, Aunt Martha's, Chicago, IL - kbatia@healthmanagement.com

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