

NATIONAL
HEALTH CARE
for the
HOMELESS
COUNCIL

Expanding Access to Housing & Health Care through Policy & Community Collaborations

PRE-CONFERENCE INSTITUTE
MAY 15, 2018

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FINDING COMMUNITY

- Acknowledging change in the midst of change
- Identifying common issues amid a wide range of experiences
- Finding support
- Continuing —and improving—our work



AGENDA

- **Lay of the Land:** Assess the issues at the federal level as they may impact access to health care and housing
- **Medicaid Waivers:** Illustrate how waivers are being used to expand access, and look at two states at different points of implementation
- **Hennepin Health:** Discuss how a Medicaid ACO incorporates social determinants of health
- **Hospitals & Housing:** Explore two partnerships with hospital systems to expand access to housing

DISCLAIMER

The information or content and conclusions of this event should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

PART 1: LAY OF THE LAND

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Senior Director of Policy

National HCH Council

RECAP: THE YEAR IN REVIEW

- **Last spring/summer:** American Health Care Act & the Better Care Reconciliation Act
 - Block grants/caps to Medicaid, repeal Medicaid expansion, cap spending, repeal ACA in general, waive consumer protections
- 90% cut to outreach & enrollment funding / 40% cut to Navigators
- Executive Order Promoting Healthcare Choice and Competition
- Elimination of insurance mandate in tax legislation (effective CY2018)

RECAP: THE YEAR IN REVIEW

- **Last fall/winter**: Health center funding cliff
 - \$3.6 billion of health center funding expired on September 30, and was not reauthorized until **February 2018**.
 - Reauthorized health centers, NHSC and teaching health centers for an additional 2 years
 - FY2018: \$3.8 billion
 - FY2019: \$4.0 billion
 - FY2020: Another cliff
- Additional \$600 million will include expansion opportunities for behavioral health and health integration activities

REDUCING POVERTY THROUGH WORK

April 2018 EO: *Reducing Poverty in America by Promoting Opportunity and Economic Mobility requires 8 Cabinet Secretaries:*

- To conduct comprehensive review of all benefits and services & assess ability to impose work requirement
- Assess all public benefits that go to “non-qualified aliens”



HOUSING & HUD

FY18 BUDGET

- Homeless Grants: \$2.5B (+\$130M)
- Section 8 (tenant): \$22B (+\$1.7B)
- Section 8 (project): \$11.5B (+\$699M)
- Public housing (capital): \$2.8B (+\$808M)
- Public housing (operating): \$4.6B (+\$412M)
- CDBG: \$3.3B (+\$300M)
- HOPWA: \$375M (+\$19M)

POLICY

- New legislation: *Making Affordable Housing Work Act*
- 30% → 35% income/rent
- Minimum rent: \$150/month
- Work requirements
- Eliminate income deductions
- Potential time limits
- Unlimited ability for HUD to raise rents further

SNAP & “THE FARM BILL”

- HR 2: The Agriculture and Nutrition Act of 2018
- 41 million current recipients
- House Agriculture Committee has approved the following:
 - Eliminate state option to adjust assess tests
 - Eliminate state ability to coordinate with low-income energy payments
 - Eliminate state option to waive work requirements
 - Establish work requirements for those aged 18-60 to 20 hours/week or lose eligibility for 1 year. Must demonstrate compliance every month
 - New funding for job training programs
- Likely impacts 1 million households (2 million people)



CMS GUIDANCE ON WORK

“CMS will support state efforts to test incentives that make participation in work or other community engagement a requirement for continued Medicaid eligibility...”

- Align with SNAP or TANF rules
- Protections for those with disabilities, those who are medically frail, those with SUD in treatment
- No federal Medicaid funding for supports to meet work requirements

MEDICAID RESTRICTIONS

Work Requirements

- AR, AZ, IN, KY, ME, MS, NH, UT, WI

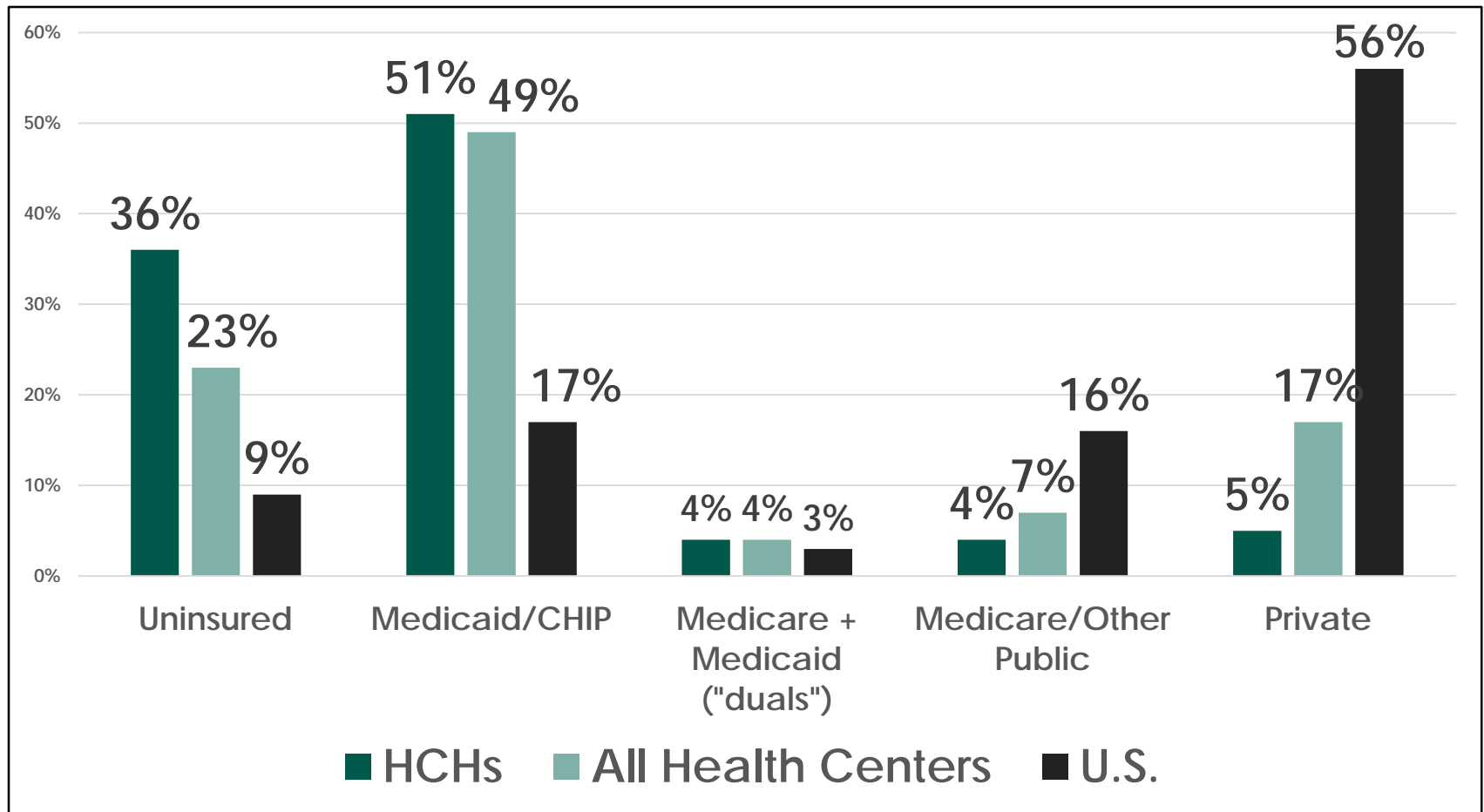
Eligibility & Enrollment Restrictions

- AR, AZ, IA, IN, KS, KY, MA, ME, MI, MT, NH, NM, TX, UT, WI


Benefit Restrictions/ Copays/ Healthy Behaviors


- AZ, FL, IA, IN, KY, MA, ME, MI, NM, TX, UT, WI

SOURCES OF HEALTH INSURANCE, 2016



OPIOIDS: CONGRESS

 Comprehensive Addiction and Recovery Act (CARA, July 2016)
→ Expanded prescriber rights & access to naloxone, and authorized state grants

 21st Century Cures Act (December 2016)
→ Provided \$1 billion over 2 years [Opioid State Targeted Response (STR) grants]
→ Last activity: HHS/SAMHSA released 2nd year of funding on April 18: \$485 million
→ **Next round: \$1 billion in grant funding will come in September 2018**

- “CARA 2.0” and many other bills currently being debated
→ Includes permanent prescribing rights for NPs/PAs + more funding (and more!)

OPIOIDS: 5 AREAS OF EXPERTISE

Overdose
Response

Harm
Reduction
Programs

Full Range of
Treatment

Workforce

Housing

OPIOIDS: THE ADMINISTRATION

- “Public health emergency” announcement (October 2017)
- President’s Commission on Combating Drug Addiction and the Opioid Crisis: Final report (November 2017)
- CMS Medicaid Director letter on 1115 waivers to improve treatment access (November 2017)
- Five HHS priorities:
 - Improving access to treatment and recovery services
 - Promoting use of overdose-reversing drugs
 - Strengthening public health surveillance
 - Providing research on pain and addiction
 - Advancing better practices for pain management

HCHs TAKE LEAD IN OPIOID TREATMENT IN HEALTH CENTERS

	All Health Centers	HCH Programs	HCH % of Total
Total patients	25,860,296	934,174	4%
Total visits	104,116,257	5,062,277	5%
Number physicians with a MAT waiver	1,700	606	36%
Number patients receiving MAT	39,075	14,749	38%

OTHER ISSUES



OPPORTUNITIES

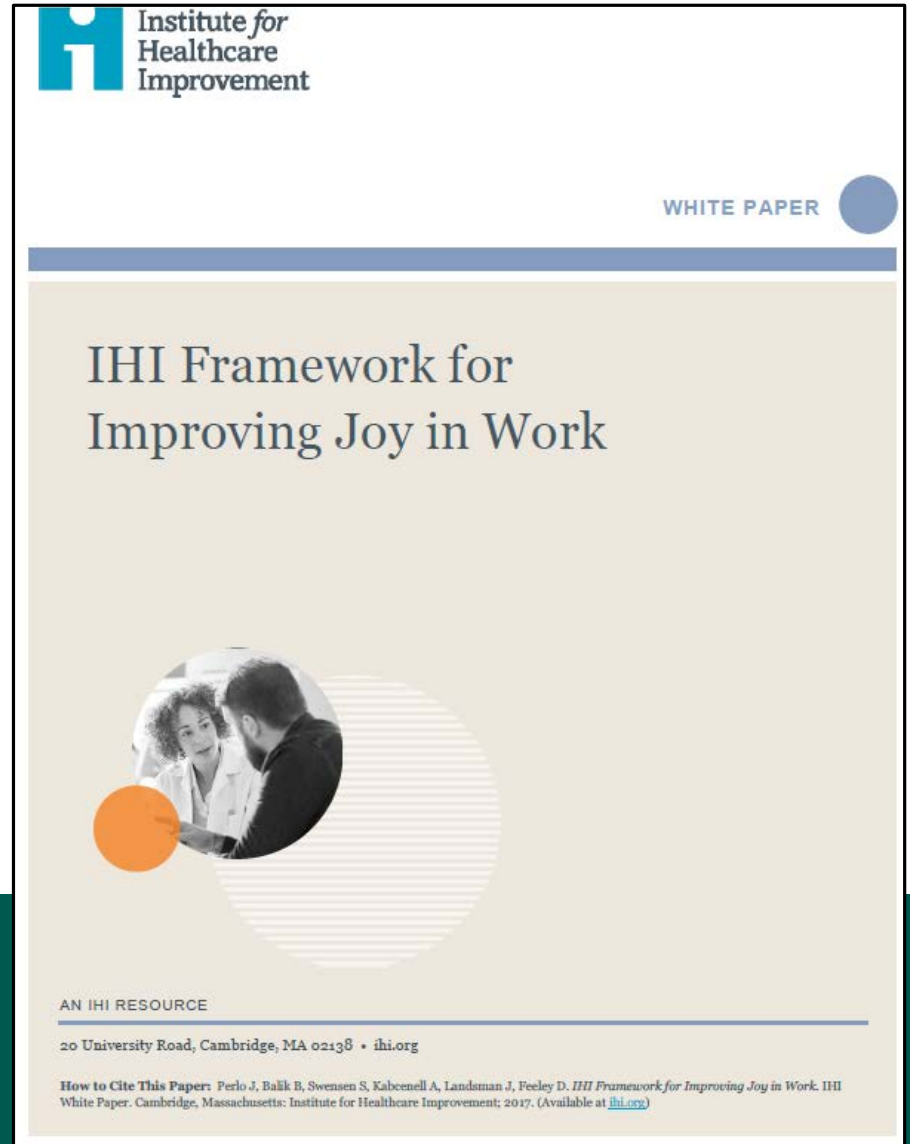
- Ongoing focus on **social determinants of health** from broad range of stakeholders
- Continual movement toward **value-based payments**
- Data on health status and **quality improvement** measures will continue to root policy rationale for needed changes
- Renewed focus on **regulatory barriers**

FINDING JOY IN THE WORK

Institute for Healthcare Improvement:

- Four steps for leaders
- Framework for implementation
- Measuring joy in the workplace
- “What Matters to You?”

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PART 1: LAY OF THE LAND

Andy Patterson, PhD, MSW

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Family Health Center—Phoenix Health Care for the Homeless

Louisville, KY

Kentucky Health: 1115 Medicaid Waiver

- Community Engagement for at least 20 hours/week
- Premiums of \$1-\$15/month for first 2 years
- Co-pays of \$3-\$50 if premium is not paid
- 6-month lock out periods
- “My Rewards” Account: used to buy benefits like dental and vision
 - Penalties for inappropriate ER visits and too many missed appointments
- “Medically Frail” exemption

“Medically Frail” Exemptions:

- Disabling mental health diagnosis
- Chronic substance use disorder
- Serious and complex medical condition
- Significant impairment in ability to perform activities of daily living
- Diagnosed with HIV/AIDs
- Eligible for Social Security Disability Insurance (SSDI)
- Chronic homelessness
- First 12 months of refugee status
- Domestic violence

DISCUSSION

