

Community Integration through Long-Term Services and Supports State Medicaid-Housing Agency Partnerships

In July 2014, the Centers for Medicare & Medicaid Services (CMS) launched a collaborative between the Center for Medicaid and CHIP Services and the Center for Medicare & Medicaid Innovation called the Medicaid Innovation Accelerator Program (IAP). The goals of IAP are to improve health and health care for Medicaid beneficiaries and to reduce associated costs by supporting states in their ongoing payment and delivery system reforms. IAP provides targeted technical support to states across four priority program areas. The third program area, Community Integration through Long-Term Services and Supports (CI-LTSS), offers targeted program support to Medicaid agencies seeking to promote community integration for Medicaid beneficiaries. In 2016, IAP provided program support to eight states to develop and increase the capacity of public and private partnerships between Medicaid and housing systems. IAP offers additional technical support activities with states addressing other health care delivery system reform efforts including: reducing substance use disorders, improving care for Medicaid beneficiaries with complex care needs and high costs, value-based payment for home and community-based services, and supporting physical mental health integration.

State Medicaid-Housing Agency Partnerships Program Support

IAP supported eight Medicaid agencies in 2016 to (1) develop public and private partnerships between the Medicaid and housing systems and (2) create detailed action plans that foster additional community living opportunities for Medicaid beneficiaries. The track was designed to offer intensive, hands-on technical support to move state Medicaid agencies towards building sustained collaborations with housing partners and with partners from other service agencies. As part of IAP participation, these states defined measurable goals and had access to a range of resources, including in-person meetings, webinars, peer-to-peer calls, and one-on-one technical support from a housing expert and other subject matter experts.

CALIFORNIA

California sought to increase its supportive housing supply, target the most vulnerable individuals, and improve alignment of supportive housing-related state policies, leading to reduced chronic homelessness, health care savings, and better health outcomes. IAP helped the state consolidate multiple housing and service initiatives into a single plan for improved coordination. In addition, the state achieved multi-agency leadership buy-in for its housing and service goals and created learning opportunities between cross-agency partners. California leveraged the experience of its large counties, many of whom already had their own robust housing with service models, to assist housing and service partnership development in smaller counties.

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CONNECTICUT

Connecticut expanded well-established partnerships between housing, Medicaid, and other service agencies to include criminal justice system agencies. As part of its IAP project, the state developed a common values statement for the expanded partnership and developed a cross-agency plan to improve community living opportunities for multiple populations, including people with high costs and high needs who experience homelessness; people leaving institutions; and criminal justice-involved individuals. The state also examined its data use agreements to expand its innovative data matching activities across systems such as Medicaid, corrections, and the Homelessness Management Information System (HMIS). In addition, the state team held a provider forum to raise stakeholder awareness of the plan.

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HAWAII

Hawai'i's IAP project goals were to review and expand behavioral health services; redesign the delivery system for supportive housing services; amend managed care contracts to include new services; and address affordable housing for people experiencing chronic homelessness. IAP helped the state align multiple initiatives including the Hawai'i Interagency Council on Homelessness' Plan to End Homelessness and the Healthcare and Housing Systems Integration Initiative through the US Department of Housing and Urban Development. With support from IAP, the state also amended its managed care contracts and identified service gaps to inform possible service changes.

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ILLINOIS

Illinois used IAP's technical support in conjunction with a broader Health and Human Services Transformation effort already underway to review the state's current Medicaid authorities for potential service coverage and to identify potential Medicaid authorities for services currently funded through other sources. Through its IAP work, Illinois developed interagency definitions of supportive housing, pre-tenancy and tenancy support services, and drafted a description of its permanent supportive housing target populations. With IAP support, Illinois incorporated proposed services into a behavioral health Section 1115 Demonstration.

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KENTUCKY

Kentucky's IAP project included the development of a business case document for increasing supportive housing units and training supportive housing providers to transition to Medicaid reimbursement. Through the IAP, the state team increased its knowledge of the supply of affordable and supportive housing, including a lack of resources for development and statewide rental assistance (e.g., targeted funding, incentivizing developers for supportive housing). The state team also expanded its data matching activities between HMIS and Medicaid managed care data to estimate the potential cost savings of investment in supportive housing and to understand the needs, characteristics, and cost of its target population.

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NEW JERSEY

New Jersey aimed to develop a benefit proposal that would serve Medicaid-eligible low-income individuals, including high utilizers of Medicaid services. State goals also included identifying existing funding sources for supportive housing services and capital costs, using data to drive policy recommendations, and involving managed care organizations in supportive housing. New Jersey leveraged lessons learned through its IAP participation to develop changes to a Section 1115 Demonstration renewal that addressed services options for a variety of populations. The state team also began work on data analysis projects matching Medicaid data with housing waiting list data and HMIS data. The state's housing and Medicaid partners also jointly engaged local stakeholders to promote local housing and services partnerships.

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NEVADA

Nevada sought to build a common housing and supports language to inform state planning and implementation efforts; to develop a supportive services benefit; and to increase affordable housing supply in all parts of the state. Through the IAP, the state built upon its previous partnership work: creating a common language, comfortable working relationships, and the ability to share data. The state drafted a Section 1915(i) state plan home and community-based services benefit for submission to CMS. The state also engaged new housing partners to develop affordable housing.

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OREGON

Oregon's IAP project goals included: 1) gathering data on multiple target populations including older adults, people with physical disabilities, and people with a serious mental illness; 2) determining how to leverage housing initiatives across participating agencies; and 3) developing an action plan that incorporates gaps in services and housing, current and proposed financing strategies, and proposed strategies to link housing and services. IAP supported the state team as it developed a cross-agency plan and a proposal to establish a supportive housing workgroup. The workgroup was approved and continues working to increase community living opportunities.

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Additional information on the IAP CI-LTSS program area and Housing-Related Services and Partnerships track, is available on the [Medicaid IAP CI-LTSS webpage](#).