



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

9/20/18

Expression of Interest Form

The purpose of this Expression of Interest (EOI) form is to help the Medicaid Innovation Accelerator Program (IAP) selection process by getting a better sense of your state's *established* Medicaid-Housing Agency partnerships and planned activities to expand community living opportunities for Medicaid beneficiaries. The technical support available for states is detailed in the Program Overview document.

I. Overview of State Medicaid-Housing Agency Partnerships Implementation Track Technical Support

The goal of the Partnerships Implementation Track is to provide technical support to states that aim to implement housing and service changes, through public and private partnerships between Medicaid and housing systems with the end goal of fostering additional community living opportunities for Medicaid beneficiaries. **Consistent with statute, CMS does not provide Federal Financial Participation for room and board in home and community-based services.**

The Partnerships Implementation Track is for states that have well-established Medicaid and housing agency partnerships and are ready to implement housing and service changes to increase community living options for individuals requiring long-term services and supports. Technical support begins in January 2019 and runs for nine months. This technical support opportunity is open to all states that have a detailed action plan (note: action plan includes identified goals, strategies, partners/resources, and timeline to guide the work) and are ready to begin implementation. This includes states with plans developed outside of the IAP, as well the 16 states that have previously participated in the Medicaid IAP State Medicaid-Housing Agency Partnerships Track. The IAP will select up to eight states to participate in the Partnerships Implementation Track. To help inform the state selection process, each state is asked to submit its written implementation plan to demonstrate that the state has identified service and housing gaps and opportunities for its target population, developed strategies to address the gaps and build on identified opportunities, and is ready for implementation. **It is expected that states will implement one or a subset of the strategies included in their written plans during the technical support period.**

IAP is working closely with its federal partners: the U.S. Department of Housing and Urban Development (HUD); the U.S. Department of Health and Human Services' Substance Abuse and Mental Health Services Administration and the Office of the Assistant Secretary for Planning and Evaluation; and the U.S. Interagency Council on Homelessness, to plan and coordinate this technical support. The IAP intends to leverage its collaboration with these federal agencies to promote partnerships between state Medicaid agencies, state and public housing agencies, state and local service agencies, and health care and housing providers that increase community living opportunities for Medicaid beneficiaries requiring long-term services and supports.

Please provide your state’s responses to the following:

General Information

1. Name of your State Medicaid Agency:

2. Name of your State Medicaid Director:

3. The Medicaid Director acknowledges that the state is seeking this IAP technical support and is committed to supporting the proposed implementation work:
 Yes No

4. The state Medicaid Director acknowledges that the team has or will have sufficient staff time and resources dedicated to this effort:
 Yes No

5. Please provide contact information for the lead staff member from the Medicaid agency who will serve as the team lead and be responsible for the day-to-day activities associated with implementing the state action plan:

Name	Title	Email address	Phone number

6. **State Core Implementation Team:** Provide names, titles, and e-mail addresses of the state’s 3-6 core team operational staff within Medicaid and other agencies such as the state housing agencies, public housing agencies, and/or other housing and non-Medicaid service agencies (as appropriate to the populations being targeted) who will be responsible for implementing service and housing strategies. Core members should include, at a minimum, at least one lead team member from the key housing agency(ies) involved in the implementation, as well as enough team members from the partner agencies to complete the day-to-day work needed to implement the state’s strategies. Additional fields may be added to include key leaders who will be directly involved with the implementation activities, in addition to the State Medicaid Director, if desired:

Name	Organization	Title	Email address

II. Description of State Medicaid and Housing Partnerships' Goals and Needs

1. The goal of the Partnerships Implementation Track is to support states implementing housing and service changes, through public and private partnerships between Medicaid and housing systems, which will increase community integration options for individuals requiring long-term services and supports.

Please explain the following:

- a. How does the above stated goal of the IAP Partnerships Implementation Track align with your state's Medicaid and housing partnerships work?
- b. Provide a brief description of your state's overall *planned* goals and activities involving Medicaid and housing partnerships.
- c. Identify any formal planning documents the state has that capture these goals and activities. Provide a copy of the plan/implementation plan, if available.

4. Describe *recent and current* activities involving partnerships between your state's Medicaid and housing agency(ies), including accomplishments of the partnerships' efforts-to-date.

5. Provide a brief description of your state's identified housing and service system gaps and opportunities and how these were identified. Please include information about how both Medicaid and housing partners were involved in analyzing and identifying your state's needs.

6. It is expected that states will implement one or a subset of the strategies included in their implementation plans during the technical support period. Provide details about your state's implementation strategies and expected outcomes:
 - a. What **specific** strategies does your state intend to implement towards achieving the goals in 1 b. above during the nine month program support period?
 - b. Explain the roles of the key partner agencies and timeframes for planned implementation strategies.
 - a. Identify the specific housing and service resources that you anticipate will be available to support the state's implementation activities.

7. What short and long-term measurable outcomes will be produced? For example, how many new community living opportunities will be created or provided (e.g., number of housing units), how many members of the target population will begin receiving housing and/or services, what efficiencies will be achieved through coordinated policies and procedures, etc.

8. A Letter of Commitment from a key housing partnership agency will be required for participation in the State Medicaid-Housing Agency Partnership Implementation track, but **the letter does not need to be submitted until the state has been notified that they have been selected to participate**. It is preferred, but not required, that the Letter of Commitment come from a statewide agency involved in the action plan implementation, such as the Housing Finance Agency or Housing Department.

Indicate here that you understand a letter of commitment will be needed.

9. Select up to three areas of technical support that would be most helpful to your state's Medicaid and Housing Partnership activities and that will help your state reach its implementation goals:
- Engaging key stakeholders such as service providers, managed care organizations, housing agencies, landlords and developers to implement and sustain housing and service opportunities
 - Implementing changes to service system policy and/or resources
 - Implementing housing policy changes to expand opportunities for Medicaid beneficiaries
 - Prioritizing access to housing resources for target population(s)
 - Implementing strategies for data-driven targeting of housing and/or service resources
 - Working with managed care and other organizations (e.g., health systems) to expand housing opportunities
 - Preparing community-based housing providers for Medicaid participation
 - Measuring outcomes and program improvement
 - Analyzing cost-effectiveness of supportive housing

Other, please explain:

10. Please indicate how the topics identified in Question 9 will support your state in implementing housing and service changes aimed at achieving its intended goals and outcomes.



III. Key Dates, Form Submission, and Notification

Interested states are asked to submit a completed Expression of Interest form via email to MedicaidIAP@cms.hhs.gov by November 15, 2018 midnight ET with the subject line “Medicaid-Housing Partnerships Implementation.”

All states that submit an Expression of Interest will be contacted by IAP for a one-on-one conference call to discuss state goals and needs and to answer state questions about the technical support offered. Please indicate your team’s availability for this conference call by placing an X next to your team’s **top three** dates and times.

November 27, 2 – 3 ET

November 27, 4 - 5 ET

November 28, 1 – 2 ET

November 29, 2 – 3 ET

November 29, 4 – 5 ET

December 4, 12 - 1 ET

December 4, 2 – 3 ET

December 4, 4 – 5 ET

December 5, 12 – 1 ET

December 5, 2 – 3 ET

December 6, 12 – 1 ET

December 6, 2 – 3 ET

December 6, 4 – 5 ET

Once all conference calls are completed, IAP will notify the selected states in late December 2018.

Additional information about this technical support opportunity can be found on the Medicaid.gov [IAP CI-LTSS web page](#).

For questions about this Medicaid IAP opportunity, contact Melanie Brown at melanie.brown@cms.hhs.gov, using the subject line “Medicaid-Housing Partnerships Implementation.”