



Using Mainstream Resources to Serve PATH Consumers

Carol Wilkins

Corporation for Supportive Housing

www.csh.org

Using mainstream resources to achieve our goals:

- ◆ Expand capacity to deliver services for homeless people with mental illness
- ◆ Ending homelessness by providing access to affordable & supportive housing
- ◆ Improving housing outcomes for people with mental illness – prevent discharges into homelessness for treatment system graduates and failures

Mainstream Services & Funding

- ◆ More money available from mainstream than in programs targeted to homeless people
- ◆ More reliable for sustaining and potentially expanding programs
- ◆ Use HUD funding for housing
- ◆ Better alignment with Systems of Care

Financing Strategies

- ◆ Billing for reimbursement under entitlement programs (e.g. Medicaid)
- ◆ State or local governments allocate funding
 - Mental Health block grant funds
 - TANF
 - General Fund or special tax revenues
- ◆ Partnerships between housing and service providers or programs already part of mainstream systems
- ◆ Re-investing savings from reduced costs in other systems

Mainstream Funding: Eligibility Considerations

- ◆ Consumers : individuals and family members
- ◆ Providers : organizations and staff
- ◆ Activities / Services
- ◆ Funding relationships = oversight and impact on policies & programs

Understand the requirements of potential funding sources

- ◆ Eligibility determination / verification
- ◆ Staff credentials and skills required
- ◆ Service planning
- ◆ Record-keeping
- ◆ Performance
- ◆ Financial and administrative systems for billing / cost reporting
- ◆ Frequency of application / grant-writing costs
- ◆ State/local government contract relationships

Mainstream funding challenges

- ◆ Mainstream services programs tend to be categorical but our consumers have a range of needs
- ◆ Not all consumers likely to be eligible for some funding streams –limited eligibility for single adults without children
- ◆ Service integration and systems integration needed to use mainstream resources effectively for our target population
- ◆ State and local governments facing budget crises



Systems Change Strategies



- ◆ Formal working agreements between targeted and mainstream programs
- ◆ Interagency partnerships to link housing and array of services needed
- ◆ Cross-training in system access and system issues
- ◆ Agreements to make our target population a priority
- ◆ Re-invest savings from changes in utilization of costly services
- ◆ Contractual obligations and/or incentive payments

Medicaid Overview

- ◆ Federal Financial Participation (FFP) matches “state” (non-federal fund) contributions (usually approx 50/50)
- ◆ Federal rules and waivers administered by Center for Medicare & Medicaid Services (CMS) *formerly Health Care Financing Agency (HCFA)*
- ◆ State Medicaid Plan : contract between state and federal government
- ◆ Basic health services + State Options

State Medicaid Plan Defines:

- ◆ Optional benefits
- ◆ “Medical necessity”
- ◆ Who is eligible to provide services to be reimbursed under Medicaid
- ◆ Where services must be provided
- ◆ Rate structure (e.g. fee for service, case rates, capitation, general requirements)

Medicaid Eligibility - Consumers

- ◆ Eligibility requirements
 - Categorical
 - Income & Assets
- ◆ Low income parents and children are often eligible even if not receiving welfare benefits – but often they do not apply
- ◆ Very low income adults without children are usually not covered unless eligible for SSI based on disability level - *there are exceptions in a few states with 1115 waivers*
- ◆ States have option to extend eligibility for people who qualify for SSI (based on disability level) but have earnings from work

Improving Access to Resources from Mainstream Programs

Short term strategies:

- ◆ Advocacy to establish SSI and Medicaid benefits for supportive housing tenants : disability documentation and legal assistance
- ◆ Align contracts and funding relationships with state and local government agencies that can leverage mainstream funding
- ◆ Training and investments to strengthen administrative infrastructure

State Policy Changes to Improve Access to Mainstream Resources

- ◆ Use all available Medicaid options to cover client-centered, recovery-oriented services delivered in a range of settings
- ◆ Establish daily or monthly reimbursement rates for ongoing services
- ◆ Define eligibility or medical necessity using criteria that recognize *multiple* conditions, risk factors, or barriers

TANF

- ◆ States have flexibility to use TANF for a wide range of services to help needy families
- ◆ Focus on families with multiple barriers to work
- ◆ Stable affordable housing improves employment outcomes
- ◆ Using TANF for housing assistance subject to time limits
- ◆ Services to transition-aged youth to prevent and end homelessness can meet goal of preventing out of wedlock births

Strategies for lean budget years: laying the groundwork

- ◆ Identify costs and poor outcomes associated with:
 - Utilization of hospital and other services by people who are homeless and mentally ill - \$40,000 per year in NY
 - Gaps in current Systems of Care
 - Ineffective practices
- ◆ Establish specific goals and begin to measure progress

More strategies for lean budget times

- ◆ Engage mainstream stakeholders:
 - Build shared understanding of needs and effective models for our target population
 - Get better data on housing status and needs of consumers in mainstream programs
 - Cultivate new champions
 - Get a seat at the decision-making table (e.g. Mental Health Planning Council) for consumers who have experienced homelessness
 - Establish or strengthen inter-agency partnerships