

Health in Housing

The intersection between
housing and health care

Housing Washington
Amanda Saul, Enterprise Community Partners
October 5, 2016

Center for Outcomes
Research and Education



Research Questions



What is the effect of stable, affordable housing on health care outcomes in a low-income population who has experienced housing instability?

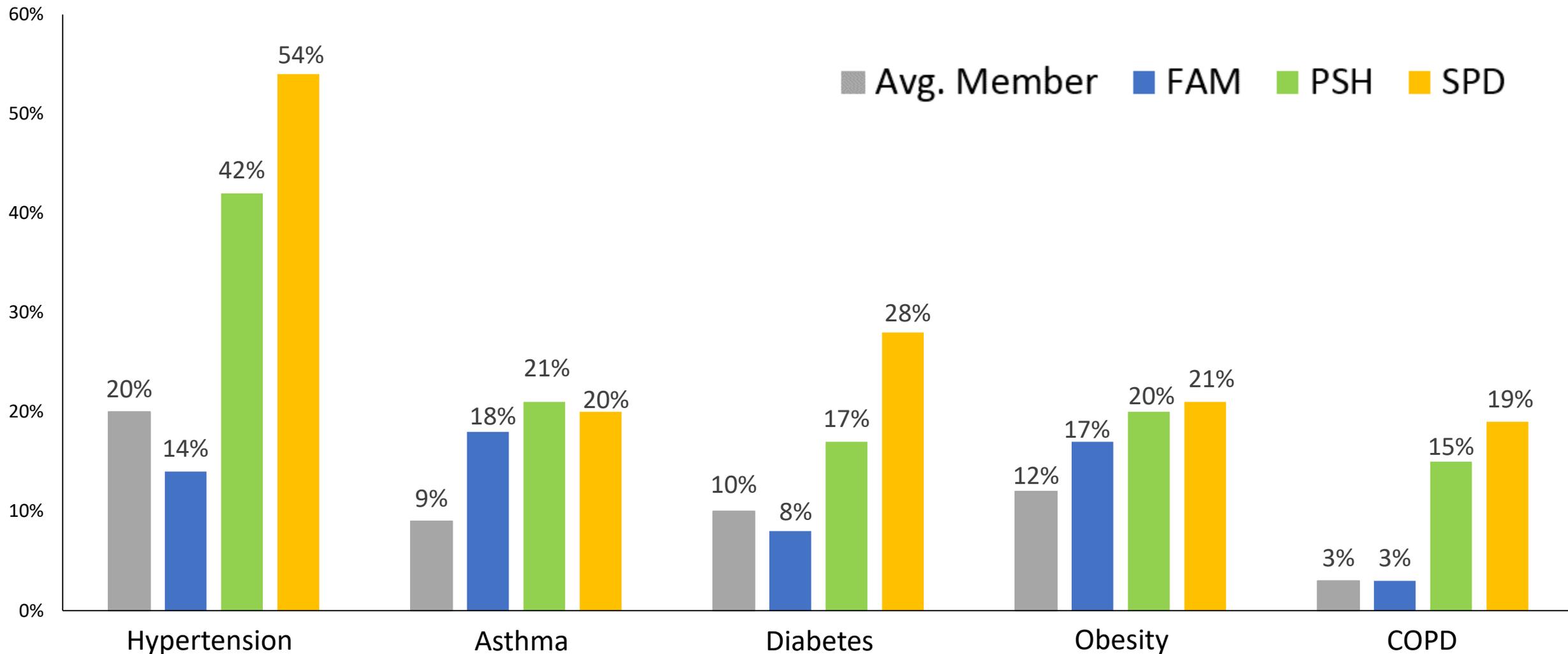


What role do integrated health services play in health care expenditures and quality?

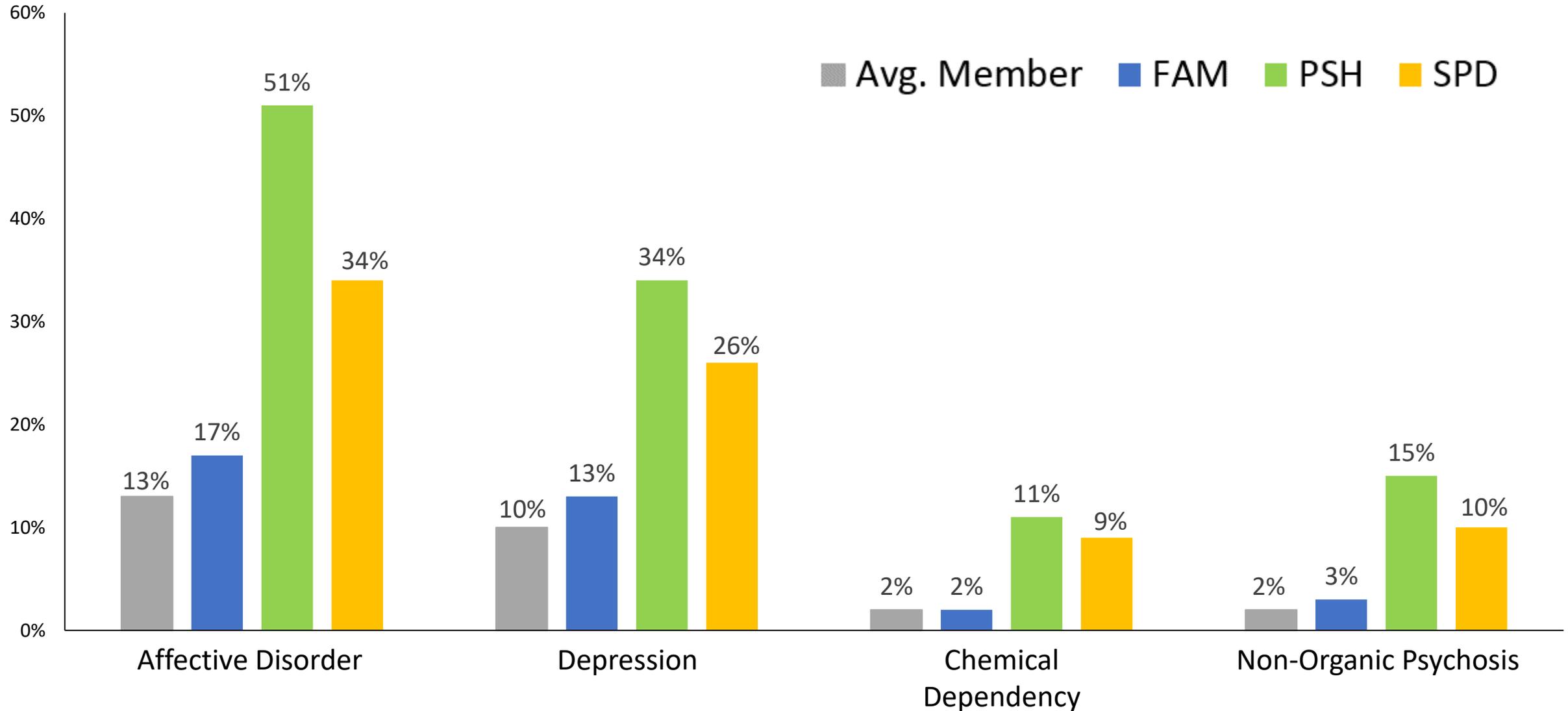
What's different about this study

- Uses claims data to assess health care costs and utilization
- Looks across several different affordable housing types
- Looks at the effect of integrated health services
- Analysis of impact in a Medicaid plan that serves more than 10,000 residents in major metropolitan area

Prevalence of physical health diagnoses (claims data)



Prevalence of behavioral health diagnoses (claims data)



KEY FINDING

Health care costs went down significantly

Per member, per month costs

Before move-in: \$ 386

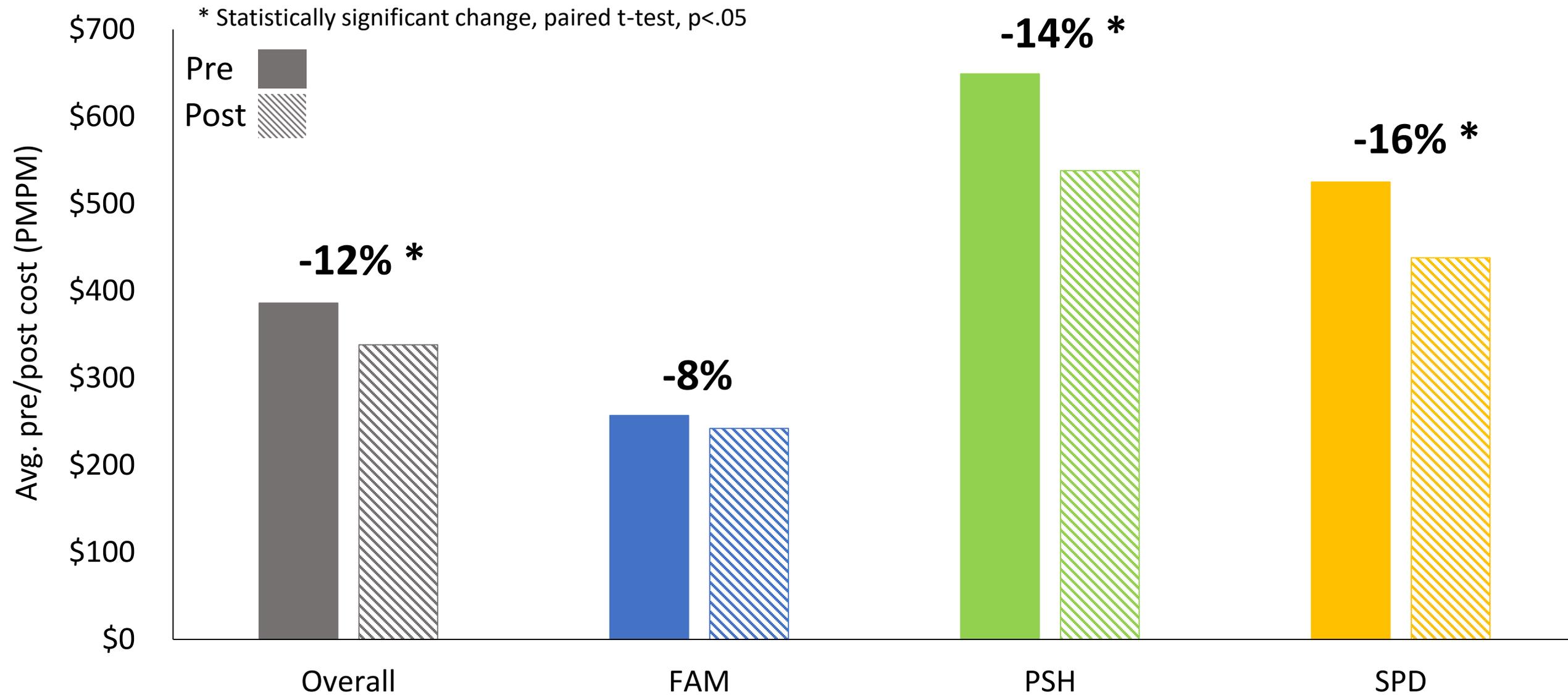
After move-in: \$ 338

 \$ 48

Overall Cost Reduction: **12%**

Extrapolated annual cost reduction:
 \$936,000 a year across 1,625 residents

Costs down across all housing types



KEY FINDING

Residents used health services differently when they had housing

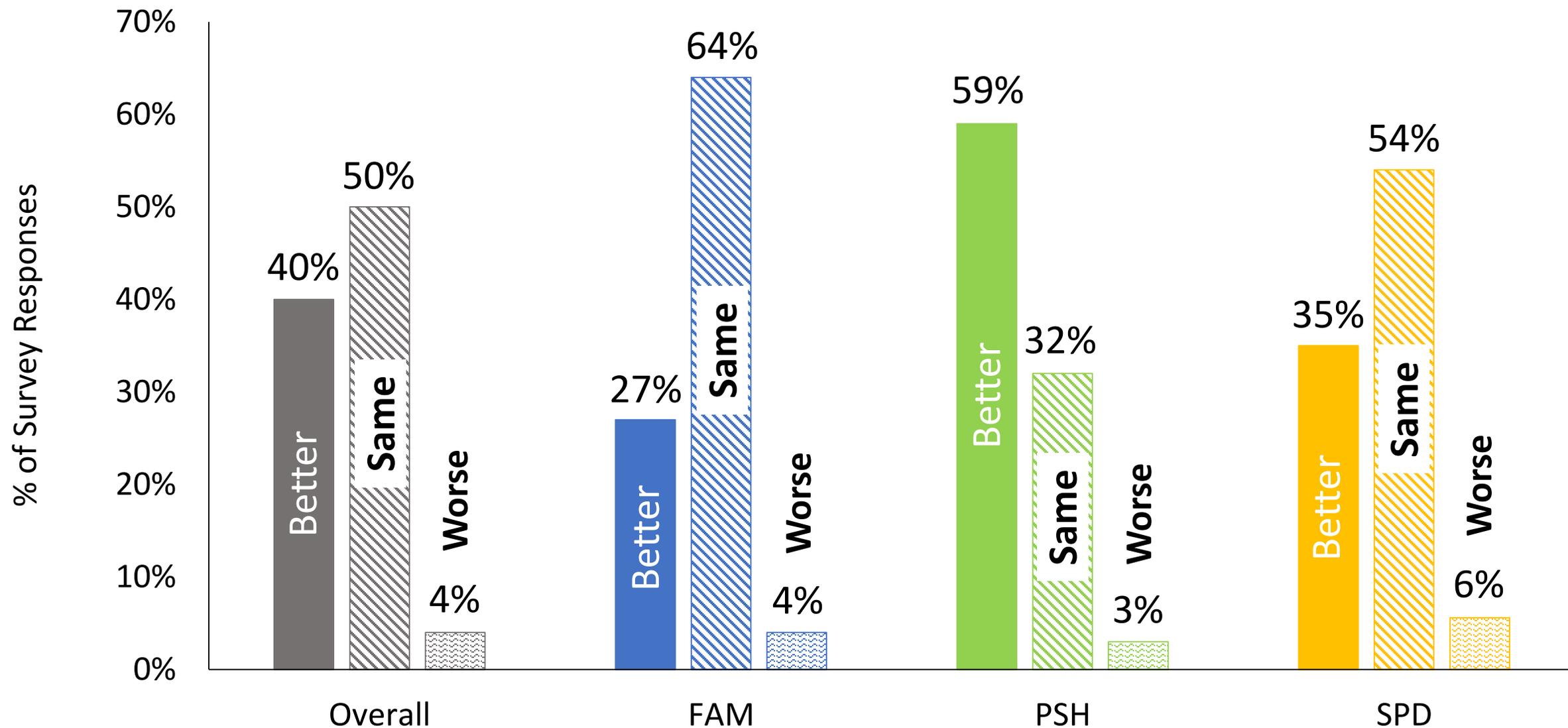


Emergency
Department
-20%

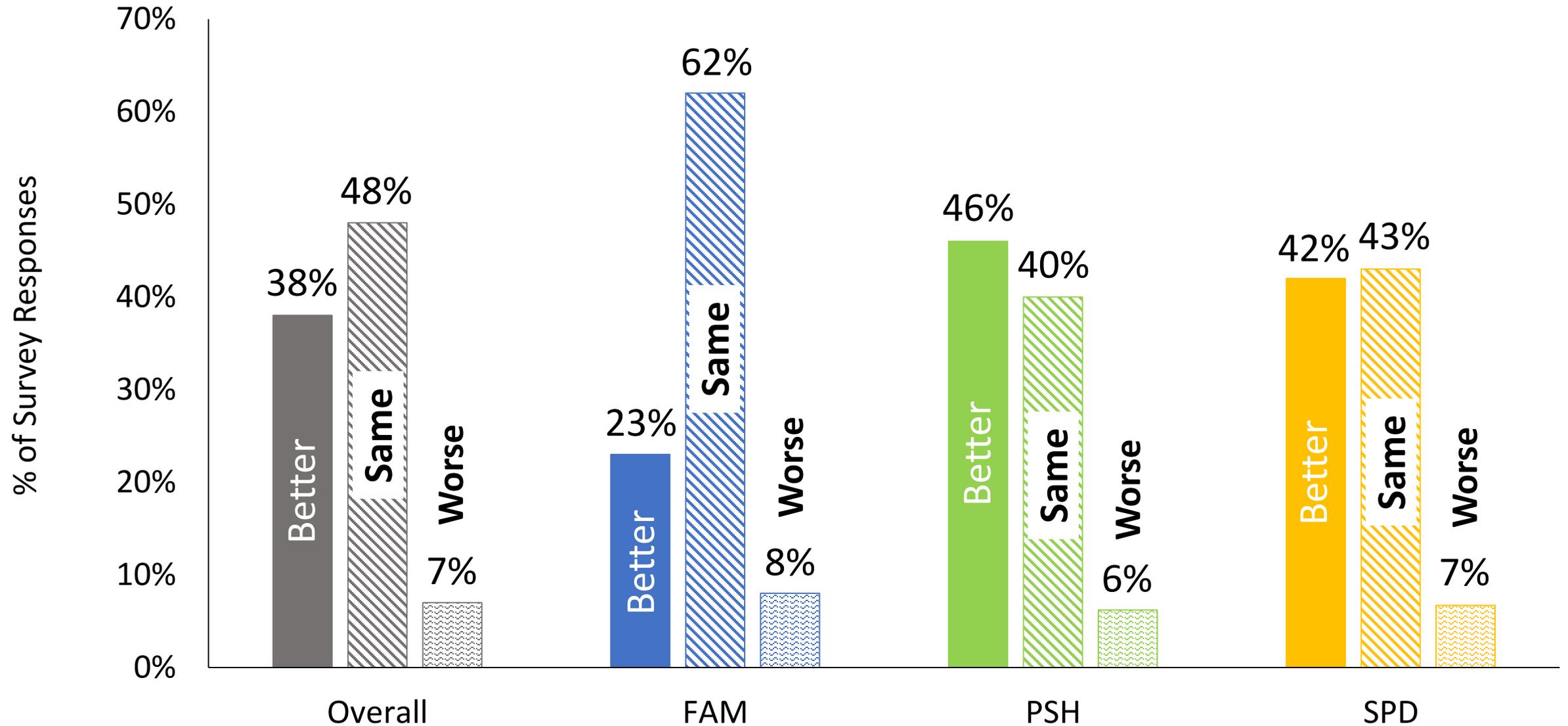


Primary
Care
+18%

Ability to get care same or better across all housing types



Quality of care same or better across all housing types



Analyzing impact of integrated services

- Bucketed staff and services into three categories to assess impact
 - Health Staff & Services – Includes medical, mental health, and dental staff and services
 - Social Staff & Services – Includes Social Workers, Community Health Workers, Health Navigators
 - Wellness Staff & Services – Includes food/cooking services, fitness services and other residential activities
- Utilized multivariate regression models to measure impact of each service category

KEY FINDING

Integrated health services drove outcomes

...even though awareness was low

Adjusted impact of health services

Expenditures  \$ 115 per member per month

ED Visits  0.43 visits per year

Awareness of select services

Medical 33%

Mental Health 26%

What's Next?

Work with the Oregon Health Authority on its Medicaid 1115 Waiver. The draft waiver includes Medicaid funds for a targeted number of at-risk adults, families, and adults eligible for both Medicare and Medicaid programs including:

- Homelessness prevention - care coordination at exit
- Tenancy supports – 1st/last month rent
- Housing sustaining services – eviction prevention
- Incentivize CCOs to use Flexible Benefits Funding by considering them “health related expenses” rather than administration expenses

Amanda Saul

Enterprise Community Partners

Senior Program Director

Asaul@EnterpriseCommunity.org

www.EnterpriseCommunity.com

Maggie Weller, MS

Center for Outcomes Research and

Education, Project Manager

Maggie.Weller@Providence.org

Full study can be found at:

[http://www.enterprisecommunity.c](http://www.enterprisecommunity.com/resources/ResourceDetails?ID=0100981#)

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**Center for Outcomes
Research and Education**



Washington's New Supportive Housing Services Medicaid Benefit

Kate Baber, Homelessness Policy and Advocacy Specialist
Washington Low Income Housing Alliance

www.wliha.org

kateb@wliha.org



Intro to Medicaid

- Medicaid is a health insurance program jointly funded by the federal and state governments.
- The federal Centers for Medicare and Medicaid Services (CMS) and the Washington State Health Care Authority (HCA) are the two agencies that administer the program.
- Medicaid provides health care coverage to people with incomes at or below 138% of the federal poverty level.
- Medicaid can only pay for medically necessary services. It cannot pay for housing capital or rental assistance costs.



Washington's 1115 Medicaid Waiver

- **Initiative I** – Transforming the Medicaid delivery system within each region to care for the whole person and use resources and investments through Accountable Communities of Health.
- **Initiative II** – Improve Long-term Services and Supports by expanding options so people can stay at home and delay or avoid the need for more intensive services, supporting families in caring for loved ones and increasing the well-being of caregivers.
- **Initiative III** – Supportive Housing and Supported Employment Services for our most vulnerable populations, with targeted community supports Medicaid benefits to help people find and keep housing and employment.
- Learn more about the state's Medicaid transformation at the Health Care Authority's website: <http://www.hca.wa.gov/about-hca/healthier-washington/medicaid-transformation>



WASHINGTON LOW INCOME
Housing Alliance

Guidance from CMS

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop 52-26-12
Baltimore, MD 21244-1850



CMCS Informational Bulletin

DATE: June 26, 2015

FROM: Vikki Wachino, Director
Center for Medicaid and CHIP Services

SUBJECT: Coverage of Housing-Related Activities and Services for Individuals with Disabilities

This Informational Bulletin is intended to assist states in designing Medicaid benefits, and to clarify the circumstances under which Medicaid reimburses for certain housing-related activities, with the goal of promoting community integration for individuals with disabilities, older adults needing long term services and supports (LTSS), and those experiencing chronic homelessness¹. Consistent with statute, CMS does not provide Federal Financial Participation (FFP) for room and board² in home and community based services,³ but can assist states with coverage of certain housing-related activities and services.

This Bulletin underscores CMS' commitment to help states expand home and community-based living opportunities consistent with the Affordable Care Act, the implementation of the Home and Community Based Services (HCBS) settings final rule governing Medicaid's 1915(c) HCBS Waiver program, 1915(g) HCBS State Plan Option, and 1915(k) Community First Choice State Plan Option⁴, as well as the Americans with Disabilities Act and the Supreme Court's decision in *Olmstead v. L.C.*⁵ The information in this Bulletin is based on evidence from studies demonstrating that providing housing-related activities and services facilitates community integration and is cost effective. This Bulletin is also intended to help states design benefit programs that acknowledge the social determinants of health, and contribute to a holistic focus on improvement of individual health and wellness.

Describing Housing-Related Activities and Services

Most broadly, housing-related activities include a range of flexible services and supports available to individuals with disabilities and older adults needing LTSS, as well as collaborative efforts among key Medicaid and housing agency staffs and stakeholders. In recent years, the

¹ CMS and SAMHSA are working on providing additional guidance to clarify the circumstances under which Medicaid reimburses for certain housing-related activities and services for persons experiencing chronic homelessness.

² Room and board also includes capital funds used for new construction or rehabilitation of housing.

³ There are two exceptions that are described in the paragraph on 1915(c) waivers on page 5.

⁴ Final Rule - CMS 2249-F - 1915(i) State Plan Home and Community-Based Services, 5-Year Period for Waivers, Provider Payment Reassignment, Setting Requirements for Community First Choice, and CMS 2288-F 1915(c) Home and Community-Based Services Waivers, published January 10, 2014, available at <http://www.medicare.gov/HCBS>

⁵ Americans with Disabilities Act and as interpreted in the U.S. Supreme Court's 1999 decision in *Olmstead v. L.C. (Olmstead)*. For details: Statement of the Department of Justice on Enforcement of the Integration Mandate of Title II of the Americans with Disabilities Act and *Olmstead v. L.C.* http://www.ada.gov/Olmstead/ada_Olmstead.htm

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop 52-26-12
Baltimore, Maryland 21244-1850



SEP 30 2015

MaryAnne Lindeblad
Medicaid Director
State of Washington, Health Care Authority
626 8th Avenue PO Box 45502
Olympia, WA 98504-5050

Dear Ms. Lindeblad:

I am writing to memorialize our discussions to date on Washington's request for a new section 1115 demonstration project, entitled "Washington State Medicaid Transformation," which was submitted to the Centers for Medicare & Medicaid Services (CMS) on August 24, 2015. This letter reflects our mutual agreement on the core facets of the state's proposal, including the structure and purpose of Accountable Communities of Health, delivery system reforms and financing of the demonstration. Final approval of this demonstration, however, remains subject to the specifications agreed upon in the special terms and conditions (STC).

Accountable Communities of Health, or ACHs, will convene providers to coordinate health transformation activities, implement interventions (particularly tied to high-utilizers and the social determinants of health), connect clinical and community-based organizations, and track regional health performance. The ACHs are intended to be broad, regional and collaborative, and will include both traditional Medicaid providers and a variety of other entities.

The ACH system will operate in parallel to the physical and behavioral health managed care delivery systems which remain responsible for the delivery of Medicaid State Plan services. As the state moves to alternative payment models (APM) in managed care organization (MCO) contracting, the ACHs will serve regional coordination and community engagement roles for medical and behavioral services—but will not receive APM or other payments.

In support of the state's ACH vision, CMS is prepared to authorize up to \$1.125 billion in total computable (TC) expenditures for the establishment and implementation of a five-year Delivery System Reform Incentive Payment (DSRIP) program. Both MCOs and ACH service providers will receive incentive payments for achievement of quality targets and for value-based purchasing (VBP) milestones in MCO contracting with providers—culminating in 90 percent of Medicaid payments being value-based by the end of the demonstration period. The ACHs and MCOs will both be at risk for achievement of population-level outcomes tied to DSRIP goals, including metrics associated with behavioral- and physical-health integration.

The state also intends to create a new Medicaid Alternative Care (MAC) benefit package for individuals eligible for Medicaid but not currently receiving Medicaid-funded long term services and supports (LTSS). This benefit package will provide another community-based option for



Eligibility Criteria

Medicaid enrollees age 18 and older*, who require tenancy supports to access and maintain community housing and **meet one or more of the following criteria:**

- Meet HUD definition of chronically homeless.

Or

- Have frequent or lengthy institutional contacts (emergency room visits, nursing facility stays, hospital, psychiatric hospital stays, jail stays). Frequency, length and acuity to be determined.

Or

- Have frequent or lengthy adult residential care stays: Adult Residential Treatment Facilities (RTF), Adult Residential Care (ARC), Enhanced Adult Residential Care (EARC), Assisted Living (AL), Adult Family Home (AFH), Expanded Community Services (ECS) or Enhanced Service Facilities (ESF). Frequency, length, and acuity to be determined.

Or

- Have frequent turnover of in-home caregivers or providers. Frequency, length and acuity to be determined by ALTSA CARE assessment.

Or

- Meet specific risk criteria (PRISM risk score of 1.5 or above.)

**Predominantly adults, but also includes transition youth – those coming out of foster care, homelessness, or JRA facilities for example.*



Covered Services: Individual Housing Transition Services

Coverable Services Outlined in 6/26/15 CMS Bulletin: <https://www.medicaid.gov/federal-policy-guidance/downloads/CIB-06-26-2015.pdf>

- **Conducting a tenant screening and housing assessment** that identifies the participant's preferences and barriers related to successful tenancy. The assessment may include collecting information on potential housing transition barriers, and identification of housing retention barriers.
- **Developing an individualized housing support plan** based upon the housing assessment that addresses identified barriers, includes short and long-term measurable goals for each issue, establishes the participant's approach to meeting the goal, and identifies when other providers or services, both reimbursed and not reimbursed by Medicaid, may be required to meet the goal.
- Assisting with the **housing application process**. Assisting with the **housing search process**.
- **Identifying resources** to cover expenses such as security deposit, moving costs, furnishings, adaptive aids, environmental modifications, moving costs and other one-time expenses.
- Ensuring that the living environment is **safe and ready for move-in**.
- Assisting in arranging for and supporting the **details of the move**.
- **Developing a housing support crisis plan** that includes prevention and early intervention services when housing is jeopardized.

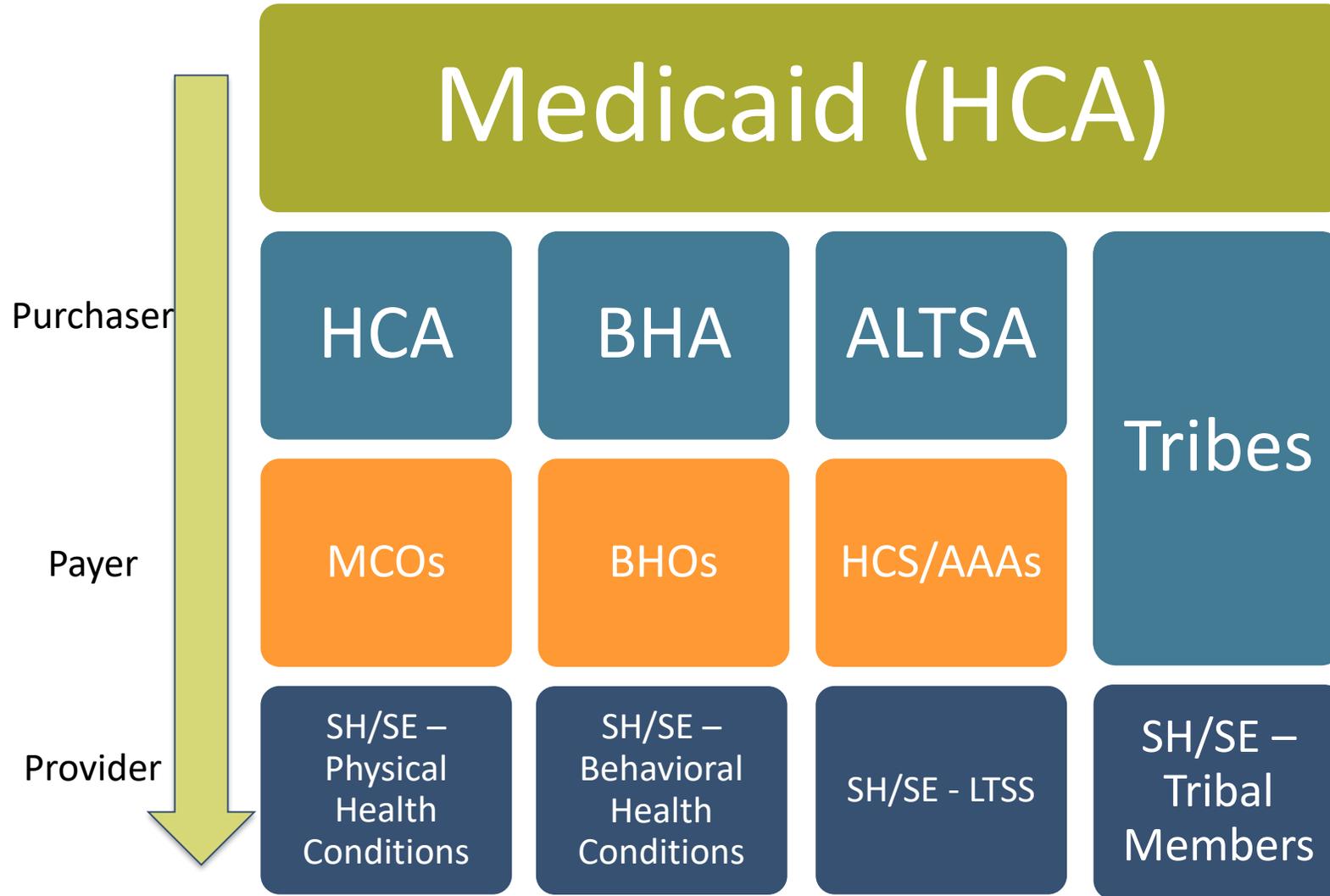


Covered Services: Individual Housing Tenancy Sustaining Services

Coverable Services Outlined in 6/26/15 CMS Bulletin: <https://www.medicaid.gov/federal-policy-guidance/downloads/CIB-06-26-2015.pdf>

- **Providing early identification and intervention for behaviors that may jeopardize housing**, such as late rental payment and other lease violations.
- **Education and training** on the role, rights and responsibilities of the tenant and landlord.
- **Coaching on developing and maintaining key relationships** with landlords/property managers with a goal of fostering successful tenancy.
- **Assistance in resolving disputes** with landlords and/or neighbors to reduce risk of eviction or other adverse action.
- **Advocacy and linkage with community resources** to prevent eviction when housing is, or may potentially become jeopardized.
- Assistance with the **housing recertification process**.
- **Coordinating with the tenant to review, update and modify their housing support and crisis plan** on a regular basis to reflect current needs and address existing or recurring housing retention barriers.
- **Continuing training in being a good tenant** and lease compliance, including ongoing support with activities related to household management.

Initiative 3: Medicaid Funds Flow





Next Implementation Steps

- CMS and HCA will negotiate the final waiver terms and conditions (~2 – 3 month process).
- Once the terms and conditions are finalized, CMS will make a final waiver approval decision, and then the waiver will go into effect and the five-year demonstration period will begin.
- The supportive housing services benefit implementation will continue to ramp up once the waiver goes into effect.

- Subscribe to the “Healthier Washington Feedback Network” to receive implementation updates from the state:

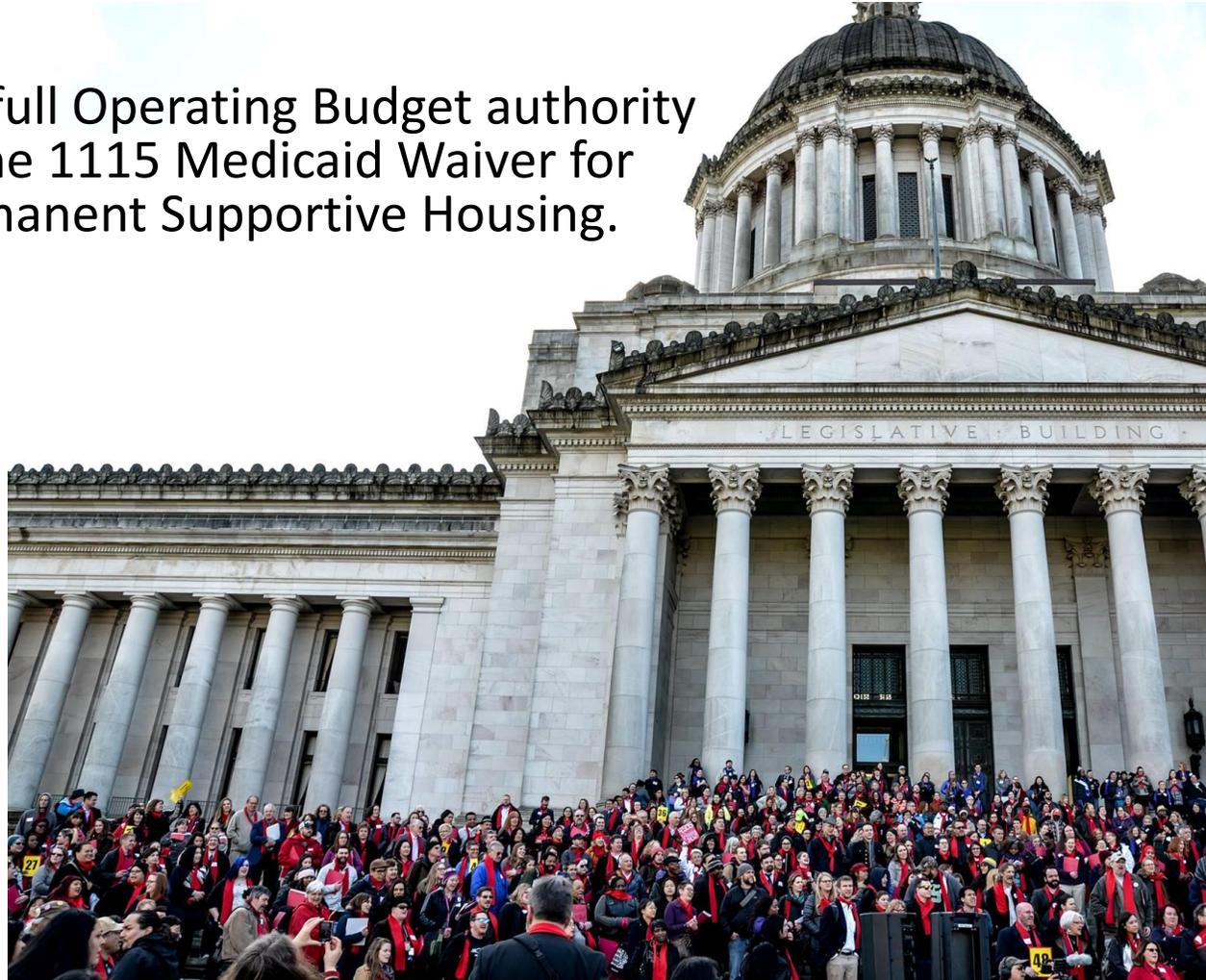
https://public.govdelivery.com/accounts/WAHCA/subscriber/new?topic_id=WAHCA_237%27%3e



WASHINGTON LOW INCOME
Housing Alliance

2017 Legislative Session

Ensure full Operating Budget authority
for the 1115 Medicaid Waiver for
Permanent Supportive Housing.





Additional Resources

- **Housing Alliance Webinar Series & Resource Page:**

<http://wliha.org/medicaid-benefit-resources>

- **Healthier Washington Initiative:**

<http://www.hca.wa.gov/about-hca/healthier-washington>

- **HCA Medicaid Transformation Information:**<http://www.hca.wa.gov/about-hca/healthier-washington/medicaid-transformation>

- **CMS 6/26/15 Supportive Housing Bulletin:**

<https://www.medicaid.gov/federal-policy-guidance/downloads/CIB-06-26-2015.pdf>



mercy
HOUSING

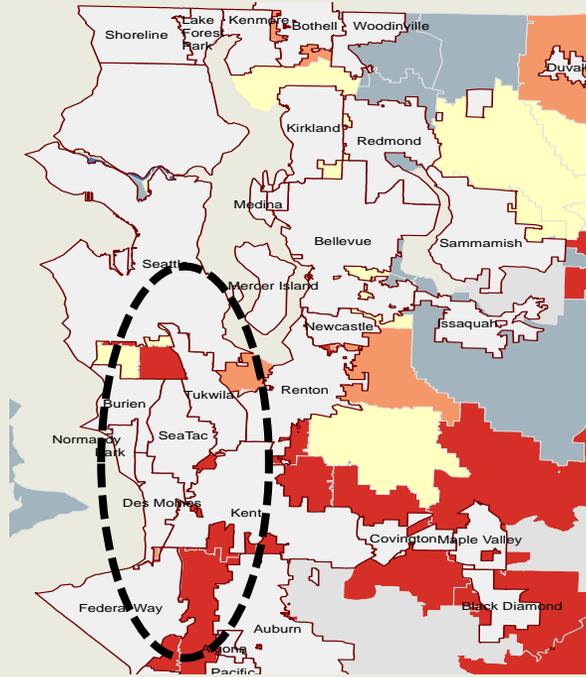
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**Housing Washington
Linking Health to Affordable Housing**

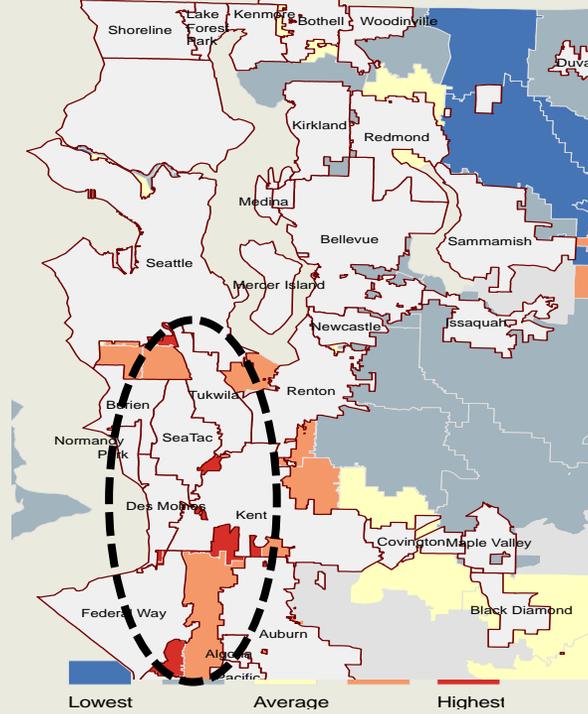
**Bill Rumpf
October 2016**

Health measures across King County

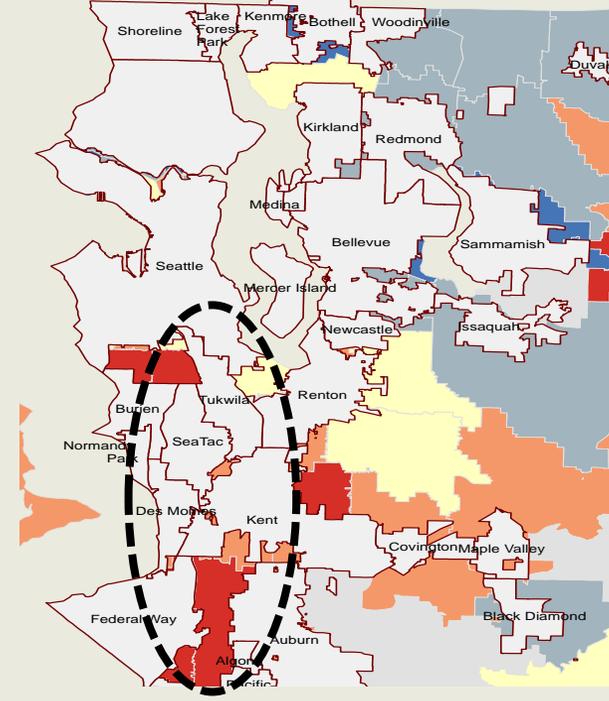
Obesity
8% - 35%



Uninsured
3% - 30%



Smoking
3% - 22%

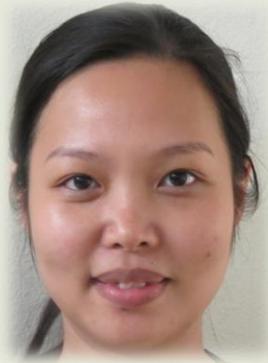


Lowest Average Highest

Bringing Health Home King County Pilot

28

- Started July 1, 2014
- Assemble team
 - ✦ 5 languages
 - ✦ Various health focused backgrounds



CHP Lead
Vy
(Vietnamese)



CHP
Natalie
(Russian)



CHP
Fanaye
(Amharic)



CHP
Hodo
(Somali)



Activities
Coordinator
Esther
(Spanish)

Second Year Results...

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- 1,800 residents were connected to healthcare activities.
- Residents engaged in a total of 16,000 health/wellness activities.
- Rate of uninsured residents reduced by half – for those connected to services.



King County ACH Innovation Project

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- Housing-Health Partnership selected as Accountable Community of Health innovation project
- Partners: Global to Local, Neighborcare Health, Seattle and King County Housing Authorities, Public Health of Seattle & King County



King County ACH Innovation Project

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Use Measures
from Health Care
Authority's
Common Measure
Set

Child/Adolescent
Wellness visits,
immunization,
BMI assessment

Women's annual
primary care visit.
Preventive health
measure such as
mammogram

Men's annual visit
and 1 prevention
service

Future Steps

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- Create programs that target specific disease interventions and prevention strategies
 - ✦ Diabetes prevention and management
 - ✦ Fall Prevention for Seniors
 - ✦ Breast, Cervical and Colon Cancer prevention
- Create an infrastructure for sustainability
 - ✦ Implement Stanford Chronic Disease Self-Management Program
 - ✦ Train resident leaders to be Community Health Promoters



Seeking Scale & Sustainability

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- **Housing-Health Data Integration--Metrics:**
 - Work with Public Health of Seattle & King County to integrate WBARs affordable housing data with Medicaid claim data and other health metrics.
 - WA Health Care Authority Interactive Data Tool for ACH's may incorporate statewide public housing data.
 - King County Public Health Robert Wood Johnson grant to integrate public housing-health data.

- **Washington Housing-Health Partnership**
 - ✦ 2 year convenings have drawn: state health and housing policy leaders, Gates Foundation, Boeing, Pacific Hospital PDA, Public Housing Authorities from Spokane, Tacoma, Seattle and King County, Global to Local, King County Public Health, Seattle College, some MCO and community clinics.
 - ✦ Please leave contact information to receive invitations to future convenings.