Logistics for the Webinar

- Please mute your line if you are not speaking – press *6 to mute your line

- Please do not put your line on hold

- To participate in a polling question, exit out of "full screen" mode

- Use the chat box on your screen to ask a question or leave a comment
  - Note: chat box will not be seen if you are in "full screen" mode

- During Moderated Q&A, you can ask questions verbally
  - To ask a question, press *7 to un-mute your line
  - When complete press *6 to mute your line

Welcome

- Karen Llanos, Director Medicaid IAP

- Mike Smith, Director, Disabled and Elderly Health Program Group (DEHPG) – Division of Community Systems Transformation

- Melanie Brown, Technical Director, DEHPG – Division of Community Systems Transformation

Speakers (1/3)

Melanie Starns

Consultant for Truven Health Analytics

Speakers (2/3)

Lynn Kovich

Technical Assistance
Collaborative (TAC)

Speakers (3/3)

Steve Eiken

Truven Health Analytics

Agenda for Today's Call

- Supporting Housing Tenancy Webinar Series Overview and Goals

- Follow-Up on the Crosswalk for State Strategy Development

- Q&A

- Summary of Example State Strategies, Commonalities and Keys to Success

- Q & A

- Next Steps

Supporting Housing Tenancy Webinar Series:

Overview and Goals

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Supporting Housing Tenancy Web-Based Learning Series: February - April 2016

February 24 — Description of housing-related services and Medicaid authorities that may cover some of these services

March 30 — State examples of Medicaid coverage of housing-related services

April 27 — Implementation planning based on lessons learned from experienced states

Slides and recordings of all webinars will be available afterward.

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CMS Goals for the Supporting Housing Tenancy Track

Goal #1
To assist states in understanding housing-related activities and services that help individuals get and keep affordable and community-integrated housing

Goal #2
To increase state adoption of housing-related services within Medicaid benefits for people who need community-based long-term services and supports

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Using the Crosswalk for State Strategy Development

Summary of Crosswalks Received (Six States)

- A variety of funding sources were identified including:
    - HUD Continuum of Care
    - State grant funding
    - Private donations
    - Money Follows the Person (MFP) administration
    - MFP services
    - Medicaid program authorities: Sections 1915(c), 1915(i), Targeted Case Management, and Community First Choice
- Each state identified gaps in coverage for at least one type of support and one population
- Some states identified two or more sources providing most services in the crosswalk.

Crosswalk Follow-Up

- Additional calls with small groups of states will be scheduled to assist in completing and using the crosswalk

- To the extent possible, states will be grouped so there is common ground among the participants (e.g., states with similar target populations)

- Truven Health will contact the each state's team lead identified on the Expressions of Interest regarding state interest and availability.

Polling Question #1

- Has your state started working on the crosswalk? (Select one)
  - Yes, it's completed
  - Yes, our state has started working
  - No, our state has not started

Polling Question #2

- If your state <u>has</u> started the crosswalk, what has been most challenging? (select one)
  - Understanding what needs to be done
  - Using the crosswalk tool
  - Locating Medicaid and service info
  - Locating Housing information
  - Getting partners together to discuss
  - Finding time to do the work

Crosswalk Questions or Comments

As a Reminder:
Once finished, ask these questions

- Can you achieve your purpose using your plan?

- What else needs to be done?

- Are you prepared to go the next step to make shifts in funding sources, provider requirements, changes in services and regulations?

- Who is your audience?

- What do they need and in what format?

- What is your timing?

- And finally, who is/are your champion(s)?

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Polling Question #3

- Does your state intend to: (select one)
  - Add new tenancy support services
  - Modify Medicaid authorities to pay
  - Both
  - Not certain at this time

Polling Question #4

- What Medicaid authority do you intend to use to pay for tenancy support services? (Select all that apply)
  - 1115
  - 1915(b)
  - 1915(c)
  - 1915(i)
  - Community First Choice
  - Targeted Case Management
  - Other
  - Not certain

Summary of State Experiences:

Developing Partnerships Between Medicaid and Housing Systems to Deliver Tenancy Support Services

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Goals of Summary of State Experiences

- Present experiences, promising practices, and keys to success from several states currently providing Medicaid coverage of pre-tenancy and tenancy support services (TSS)

Connecticut Louisiana Maryland Massachusetts New Jersey
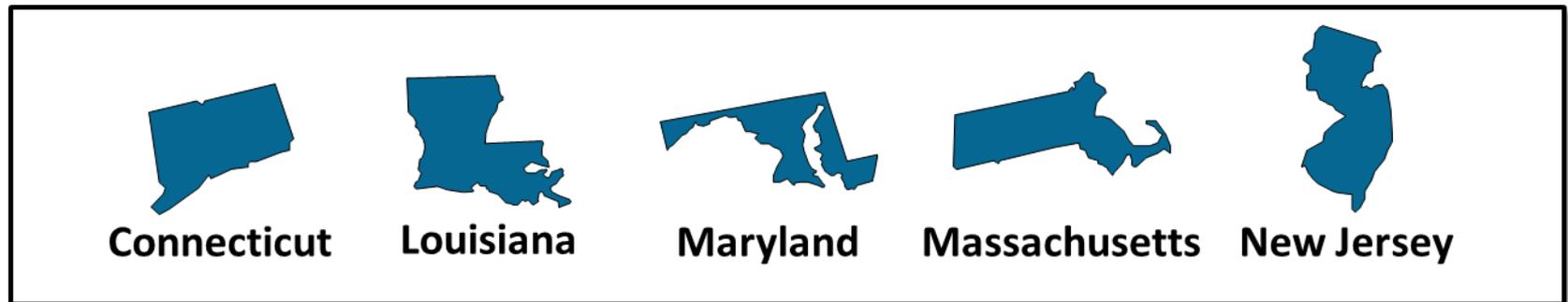
- State staff have joined us today and are available to answer questions. Thanks folks!

Reasons for Example States to Offer Tenancy Support Services

Started tenancy support services to address homelessness and chronic homelessness:

- Louisiana
- Maryland
- Massachusetts
- New Jersey

Began tenancy support services efforts to promote community integration and reduce institutionalization

- Louisiana
- Maryland
- Connecticut
- New Jersey

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The Importance of Partnerships between Medicaid & Housing Agencies

Experienced states agree on the importance of strong partnerships between:

- State Medicaid and Other Service Agencies
- State Housing Agencies (program and finance)
- Local Direct Service Providers
- Landlords and Landlord Associations
- Housing Developers and their associations
- Housing Advocates
- Population Advocates (PWD, Aging, SMI, SUD, Veterans, etc.)
- People who use or will use the services
- Champions – from govt., foundations, advocacy, faith groups, etc.

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State Strategies to Build Partnerships between Medicaid & Housing Agencies

- Hold leadership meetings on regular basis

- Establish common understanding of systems

- Set goals all can support

- Encourage open and honest communication between agency staff

- Be open to receiving and changing processes in response to partners' feedback

- Building trust takes time, but is essential and is the result of consistent follow-through, open communication, and valuing what partners bring to the table

Strategies to Engage Housing Developers

Strategies to Engage Housing Developers	Participating State
Include housing developers, and any landlord or developer associations, as part of your TSS team	Connecticut, Maryland
Help developers understand the need for supportive housing and how TSS can stabilize tenancy and reduce turnover	Connecticut, Maryland, Louisiana, New Jersey
Start with those with strongest interest and best track record for collaboration	Louisiana, New Jersey
Use tax credits as incentives if needed	Maryland, Louisiana
Work to establish some flexibility with developers regarding tenancy start date and then put systems in place to minimize unpaid "churn" or unit vacancy time	Connecticut, Maryland, Louisiana
Leverage relationships with developers and PHAs to establish set asides for Medicaid members	Connecticut, Maryland, Louisiana

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Strategies to Engage Housing Developers (Cont'd)

- Housing & Medicaid agencies can collaborate to develop and expand the availability of existing housing units for low-income members, and (in the longer term) create new supportive housing units using non-Medicaid funds such as state or foundation funding.
  - Louisiana has developed 3,500+ units using a mix of funding sources and leveraging support from community advocates
  - Maryland Depts. of Disabilities, Housing, and Medicaid partnered on a foundation capital grant to create ~40 new SH units
  - New Jersey developed over 3,000 units using state funding
  - Connecticut and Maryland both leveraged MFP to create bridge subsidies, thereby reducing unit vacancy time and attracting landlords willing to serve Medicaid members
  - Maryland Medicaid has taken the lead on using MFP resources to hire housing specialists and provide funding to the Maryland Department of Disabilities to hire staff that focus on increasing affordable housing opportunities for people with disabilities.

Developing a Structure for Providing Tenancy Supports

Tenancy Supports System Structure

- **State:**
  - Medicaid and/or Housing agencies actively involved in TSS processes including managing vacancy lists, authorizing TSS and exceptions payments, (CT, LA, MA, MD)
  - NJ developed a clearinghouse specifically to manage rental subsidies and an Olmstead unit to expedite discharge from hospitals
  - LA and CT have special contacts for landlords and developers to help address tenancy issues of particular concern to them
- **Local:**
  - Housing (e.g. PHAs) and/or service (e.g. AAAs, BH, MCOs) providers deliver TSS to members and landlords (CT, MD, MA, LA).
- **States Improved the Structure by:**
  - Training to Prepare for Providing Tenancy Supports
  - Ongoing Staff Support
  - Expediting Service Start-Up

Training to Prepare for Providing Tenancy Supports

- TSS training is needed by:
    - Direct tenancy support service staff and supervisors
    - Service staff in housing systems (if applicable in your state)
    - Managed care organizations (accessing and authorizing services)
- Education about what TSS are, and their role in a supportive housing system, is needed for landlords, developers, and PHAs
- Training should establish conceptual buy-in about value of TSS as well as provide practical tools for service delivery
- States develop and deliver training but may also use a train-the-trainer approach for ongoing delivery (CT, MD)

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Training to Prepare for Providing Tenancy Supports (cont.)

NJ has spent years working with providers helping to ready them for significant system and services changes. Training elements they included were:

- Tenets and principles of supportive housing
- Skill building activities
- Service supervision
- Documentation
- Billing
- Medicaid compliance

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Tenancy Support Services
Ongoing Staff Support

Local TSS staff are key to the success of a TSS system (CT, LA, MA, MD)

Tenant issues can be quite complex; TSS staff need to be able to access information and answers quickly to resolve issues and maintain tenancy (CT, LA)	Having designated staff available to handle landlord and developer concerns has proven useful (LA, CT)	TSS staff need ongoing training and the opportunity for input about processes that are and are not working (CT, LA)

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Expediting Service Start-Up

Successful state agencies are integrally involved in the daily processes.

- State staff closely monitor vacancy lists and tenant readiness frequently - daily/weekly (LA, MD, CT)
- Identify TSS recipients earlier to give more time to prepare (LA)
- Ensure timeliness of eligibility & service authorizations (LA, MD, CT)
- State staff can authorize vacancy payments when move-in takes longer than contract allows or modifications are needed
  - CT – 15 days for move-in; 60 days for home modifications
  - LA – 80% for up to two months

Expediting Service Start-Up (cont.)

- Tracking systems are automated for efficiency (CT, LA, MD)

- Ongoing formal (meetings) and informal communication is key (LA, MD, CT, NJ)

- Designated point of contact for developers and landlords to address vacancy, move-in, and tenancy issues is helpful (CT, LA, MD, NJ)

Provider Capacity and Billing

Strategies to Expand the Provider Pool

Strategies to Expand the Provider Pool	Participating States
Incorporate TSS into existing contracts and provide necessary training	Connecticut, Louisiana, Maryland, New Jersey
Establish TSS as a separate service within Medicaid authorities	Louisiana
Train existing housing staff – expands provider pool without new providers	Connecticut, Maryland
Allow regional or larger Medicaid providers to serve as billing agents for small direct service TSS providers	Massachusetts
Reach out to strongest providers first	Louisiana
Set standards to balance service availability with service quality	Connecticut, Louisiana, New Jersey

Expanding the Provider Pool (cont.)

- Not all providers will meet standards or wish to participate and that's ok
  - Louisiana – 14 TSS providers statewide
  - Massachusetts – 8 MCO-contracted behavioral health/housing providers statewide offer TSS and may serve as billing agents for many smaller direct TSS service providers that lack Medicaid billing capacity (e.g. homeless shelters)
  - Maryland increased from 20 to 24 providers after combining two waivers and requiring TSS services

Rate Setting Strategies

Rate Setting Strategies	Participating States
Time surveys of provider staff to understand amount of time spent on TSS, other services, and tasks	New Jersey
Incorporate TSS within an existing service at the same rate	Maryland
Incorporate TSS within an existing service, but at an enhanced rate, assuming less face-to-face time	Louisiana
Create stand-alone service that allows billing for both face-to-face time and indirect services (1915(c) - this approach not allowed under some authorities)	Louisiana
Establish a per diem case rate	Massachusetts

Training Providers to Bill for Tenancy Support Services

- New TSS partners, such as emergency shelters, may not have the capacity to bill for Medicaid services due to:
  - Limited staff availability and/or knowledge
  - Inadequate technological infrastructure
  - Infrequency of billing due to limited service provision
  - Developing Medicaid billing capacity is cost prohibitive

- LA, NJ, and CT have provided both one-time and ongoing training and support to providers to develop their capacity to submit Medicaid billings

Other Mechanisms to Improve Providers' Ability to Bill for Tenancy Support Services

- Allow for larger or regional providers to submit billings on behalf of smaller direct service providers (MA)

- Use higher initial rates to support provider infrastructure development (MA)

  - Establish higher rates for first year to help cover the cost of technological infrastructure procurement, staff training, implementation of new systems and processes

  - Reduce rates in second year to bring into line with other established provider rates

Measuring Outcomes, Lessons Learned and Keys to Success

Measuring Outcomes for Impact of Tenancy Support Services

Measuring outcomes for any program is key to understanding its impact, identifying needed changes, and helping to leverage additional resources.

State recommended TSS outcomes measurements include:

Tenancy retention	Increase in household income	Decrease in Emergency Department visits	Conduct cost-benefit analysis annually	Decrease in state hospital census
(LA)	(LA)	(MA)	(CT)	(NJ)

Common State Lessons Learned (1/3)

Experienced states agree:

Broad strong partnerships with entities at all levels of the process are essential	Choose partners thoughtfully and include service recipients, the public, and advocates in the process	Develop common goals that all can support	Gain buy-in from housing developers, providers, and landlords early on in the process, if possible	Consistent and timely follow-through on commitments, including being able to fill vacant units when open, builds trust with developers

Common State Lessons Learned (2/3)

- State leadership buy-in is essential for long-term success – ensure senior leadership in Medicaid, Housing, and the Governor's Office supports the work (MD, LA, CT, MA)

- Develop a "champion(s)" for TSS (could be advocate, Governor's Office, legislator, etc.) (MD, CT)

- Ensure timeline is appropriate for regulatory, licensing, and policy changes (NJ)

- Have a "go to person" from each key partner agency on speed dial – someone with whom you can talk honestly and share/receive feedback. Develop these contacts early in the process (MD, CT)

Common State Lessons Learned (3/3)

- Collect, analyze and use data to show value of service and identify opportunities for improvement (CT, MD, LA)

- Be prepared for considerable provider concerns and issues, allowing time to manage the process (NJ)

- If possible, create Tenancy Supports as its own service with its own set of procedure codes, its own rate, and its own provider qualifications (LA)

- Matching data across Medicaid and homeless management information systems can help identify and address tenancy-related barriers (CT)

Common Keys to Success

- When developing Tenancy Support Services, experienced states have noted several keys to their success including:
  - Strong partnership
  - Open and honest communication
  - Flexibility
  - Integrated funding strategy
  - Housing developers' buy-in
  - Training and provide support
  - Expedited placement and keeping housing units filled
  - Ability to show success and value

Questions or Comments

Representatives from states highlighted in webinars 2 & 3 are available to help answer questions about their programs and systems

Polling Question #5

- Would you attend future webinar sessions on specific housing-related services & partnerships topics? (Select all topics of interest)
  - Increasing provider capacity
  - Preparing providers for Medicaid
  - Expanding housing partnerships
  - Working with housing developers
  - Training service coordinators on TSS
  - Rate setting for TSS
  - Measuring cost savings (ROI)
  - Measuring outcomes
  - Ensuring prompt start of service
  - Data management/data integration

Next Steps

Additional Questions and Follow-Up

- This concludes the IAP webinar series on Housing-Related Services.

- Additional calls with small groups of states will be scheduled to assist in completing and using the crosswalk.

- If you have questions about the information presented in this webinar series, please contact Steve Eiken at steve.eiken@truvenhealth.com. Include subject line "Tenancy".

- The final two polling questions match questions asked in the first webinar to inform the evaluation of this track of IAP.

Polling Question #6

- I understand what housing-related services are allowable under Medicaid.

  1 = Strongly Agree

  2 = Agree

  3 = Neither agree nor disagree

  4 = Disagree

  5 = Strongly Disagree

Polling Question #7

- My state has the information necessary to create a strategy to implement HRS in its Medicaid program.

    1 = Strongly Agree

    2 = Agree

    3 = Neither agree nor disagree

    4 = Disagree

    5 = Strongly Disagree

Thank you for joining today's webinar!

Please take a moment to complete a short feedback survey.

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