Ensuring Supportive Housing Quality in Medicaid Contracts

Incorporating Housing First & Supportive Housing Standards into Medicaid and Managed Care Provider Contracts



Improving Lives



Maximizing Public Resources

CSH collaborates with communities to introduce housing solutions that promote integration among public service systems, leading to strengthened partnerships and maximized resources.



Today's Agenda

Medicaid

- Overview
- Examples of Medicaid reimbursement

Contracting

- Types of contracts
- Common standards included
- Negotiating contracts

Resources

- Assessing Agency Readiness
- Training Opportunities
- Services budget tool

Poll: How much do you know about your state's Medicaid agency?

I know we have one. I know the name of my state R Medicaid agency. I know someone who works for my state Medicaid agency. I work regularly with my state Medicaid agency.

Medicaid Basics

Medicaid (called Medical Assistance in some states) is a public health insurance.

Medicaid covers essential medical and medically-related services for people with low-incomes.

The state and federal government jointly fund Medicaid.

Some services are mandatory for all states receiving federal Medicaid dollars to cover.

Other services are optional benefits.



How does Medicaid work?

- State & federal governments share costs
 - Federal: Centers for Medicare and Medicaid Services (CMS)
 - State: Designated State Medicaid Agency
- The Medicaid State Plan defines their agreement
- Managed Care Organizations (MCOs) contract with states to administer either part or all of the Medicaid Plan



The Medicaid State Plan

Your state has one!

THE contract agreement between the federal (CMS) and state government (Designated State Medicaid Agency).

Defines cost-sharing and authorizes federal financial assistance.

Outlines eligibility standards, provider requirements, payment methods, and health benefit packages.

Additional provisions are made through state plan amendments (SPAs), waivers and departmental administrative rules.

What can Medicaid Pay For?

Services

Medicaid dollars pay for medically-necessary services.

States are now creating supportive housing service benefits to pay for "Tenancy Supports"

Housing

Medicaid dollars cannot pay for 'room and board'.

Savings to state portion of Medicaid budget can pay for housing.

What is Medicaid Managed Care?

Managed Care is a health care delivery system organized to manage cost, utilization, and clinical and service quality.

- States contract with Managed Care Organizations.
- Managed care organizations contract with providers.

Why do states contract with Managed Care?



By contracting with MCOs, states can reduce Medicaid costs and better manage utilization of health services.



MCO contracts with the State Medicaid Agency are profit-limited contracts.



MCOs strive to reinvest cost savings through shared savings programs and provider partnerships.



Improvement in health plan performance, health care quality, and outcomes are key objectives of Medicaid managed care.

Why do MCOs contract for supportive housing services?

Triple Aim
Alignment

Improving
Quality
of Care

 Continuity of care from hospital to community: patients get care they need

Reducing Costs

 Reduced readmissions to ER and hospital

Improving Health Outcomes Stabilizes very fragile individuals through housing and intensive case management services

CMS Information Bulletin- June 2015

DEPARTMENT OF HEALTH AND HUMAN SERVICES Centers for Medicare & Medicaid Services 7500 Security Boulevard, Mail Stop S2-26-12 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 homelessness. Consistent with statute, CMS does not provide Federal Financial Participation (FFP) for room and board in home and community based services, 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(i) HCBS State Plan Option, and 1915(k) Community First Choice State Plan Option's, as well as the Americans with Disabilities Act and the Supreme Court's decision in Olmstead v. L.C.'s 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

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.

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 2296-F 1915(c) Home and Community-Based Services Waivers, published January 10, 2014, available at http://www.medicaid.gov/HCBS Americans with Disabilities Act and as interpreted in the U.S. Supreme Court's 1999 decision in Olmstead vs. L.C (Olmstead).

Americans with Disabilities Act and as interpreted in the U.S. Supreme Court's 1999 decision in Obmstead vs. L.C (Oimstead). For details: Statement of the Department of Justice on Enforcement of the Integration Mandate of Title II of the Americans with Disabilities Act and Obmstead v. L.C. http://www.ada.eou/Obmstead/obs. / Obustead him

Housing-related Activities & Services

1. Individual Housing Transition Services

Services that support an individual's ability to prepare for and transition to housing.

2. Individual Housing & Tenancy Sustaining Services

Services that support the individual in being a successful tenant in his/her housing arrangement and thus able to sustain tenancy.

3. State-level Housing Related Collaborative Activities



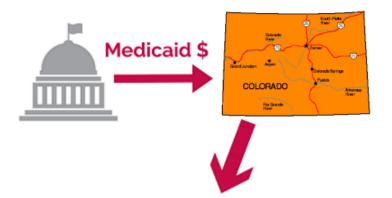
Sounds like housing first services? It should!

Examples of Medicaid Reimbursement for Services

- Per member per month or other capitated rate
- Fee for service reimbursement
- Quality Improvement investment

Types of Contracts

- Colorado Behavioral Health provider contract
- Washington Tenancy Support Benefit
- Illinois Subcontract partnership, FQHC
- New York Subcontract Health Home partnership
- New Hampshire MCO contract (non benefit QI) and DSRIP



State contracts
with MCOs for
healthcare
services,
including
outpatient
behavioral
health





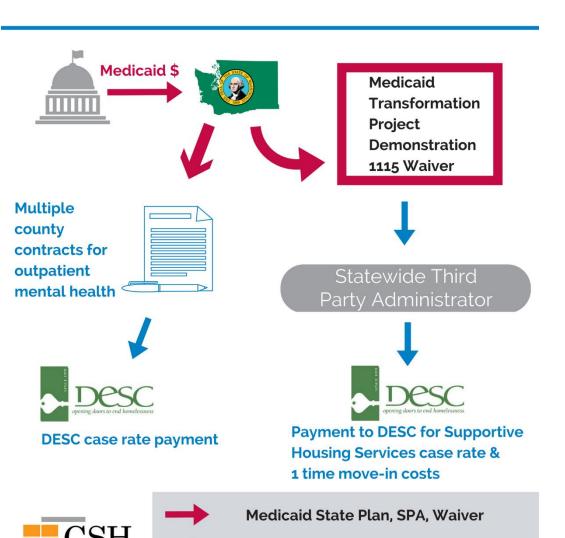
MCOs contract
with Supportive
Housing
providers that
have become
Behavioral Health
Providers

DESC Medicaid Funding Model



Washington



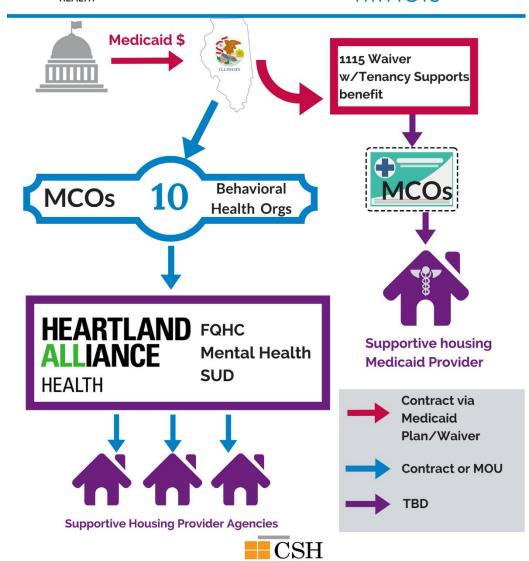


Contract or MOU

Heartland Health Outreach MedicaidFunding Model

HEARTLAND ALLIANCE
HEALTH

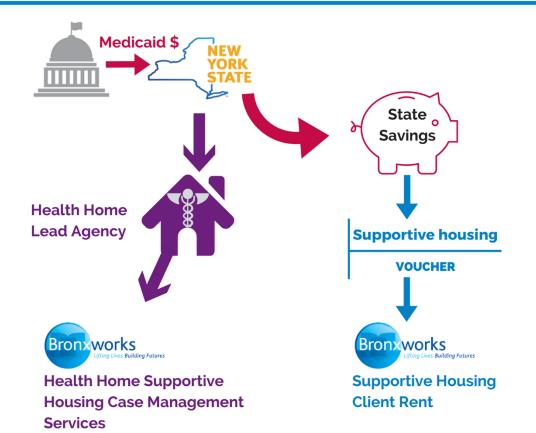
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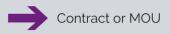


New York









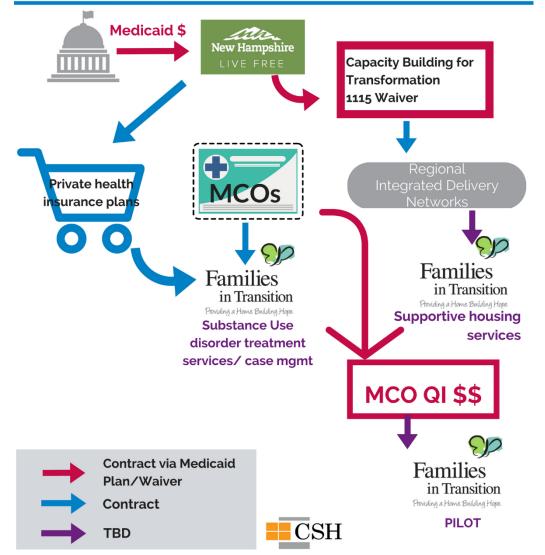


Funding for housing vouchers (excludes Federal Medicaid \$)

Families in Transition Medicaid Funding Model



New Hampshire

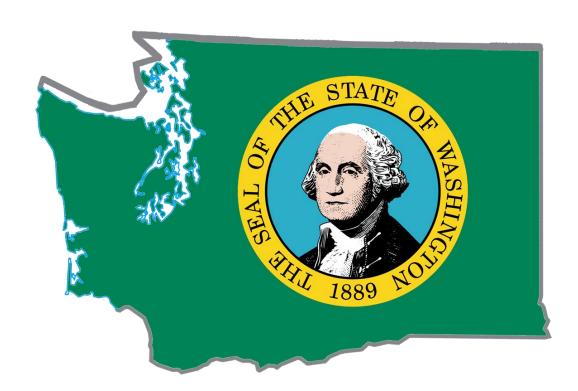


Examples of State & Health Plan Standards



Ensuring Quality in Provider Contracts

CSH is working with the Washington State Department of Long Term Services and Supports: ALTSA Provider Contract





ALTSA Supportive Housing Requirements:



Housing Policies Are Committed to:

- Housing First Principles
- Harm Reduction Principles
- Serving Complex and High Service Needs Individuals



Supportive Service Delivery Will:

- Promote Tenant Choice
- Be Flexible and Voluntary
- Feature Assertive Engagement Approach
- Offer High Degree of Service Coordination



ALTSA Supportive Housing Requirements:

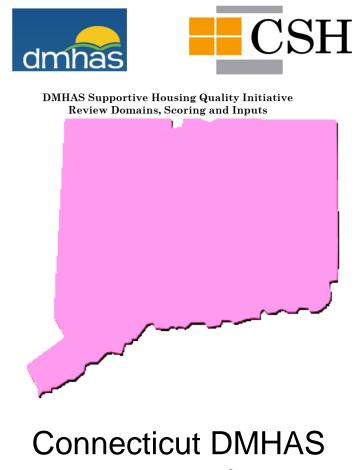
Housing Provider will commit to:

- Tenant Choice
- Access
- Quality
- Integration
- Permanent/Independent Units
- Affordability
- Coordination between Housing and Services
- Delineation of Roles





Approaches to ensuring quality



approach

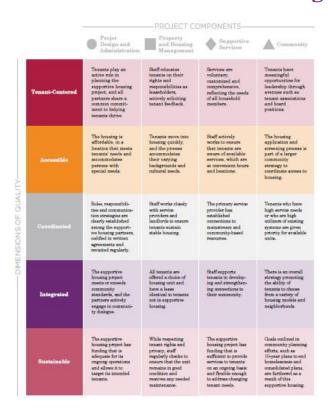


Setting Industry Standards



Dimensions of Quality Supportive Housing Guidebook and Self-Assessment

Learn more at: www.csh.org/quality



Page 5 summary matrix



Tips for Negotiating Contracts



Resources for Next Steps

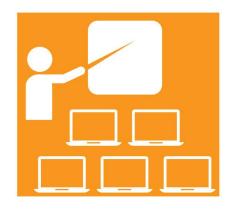
- Medicaid Billing Agency Readiness Assessment
- Services Staffing & Budget Template
- Quality SH Self-Assessment online
- Additional Training:
 - Online Medicaid Academy
 - Medicaid 101 Series
 - CSH Summit 2018





Supportive Housing TRAINING CENTER

Your Source for Professional Development



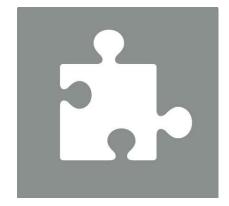




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THANK YOU!



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