

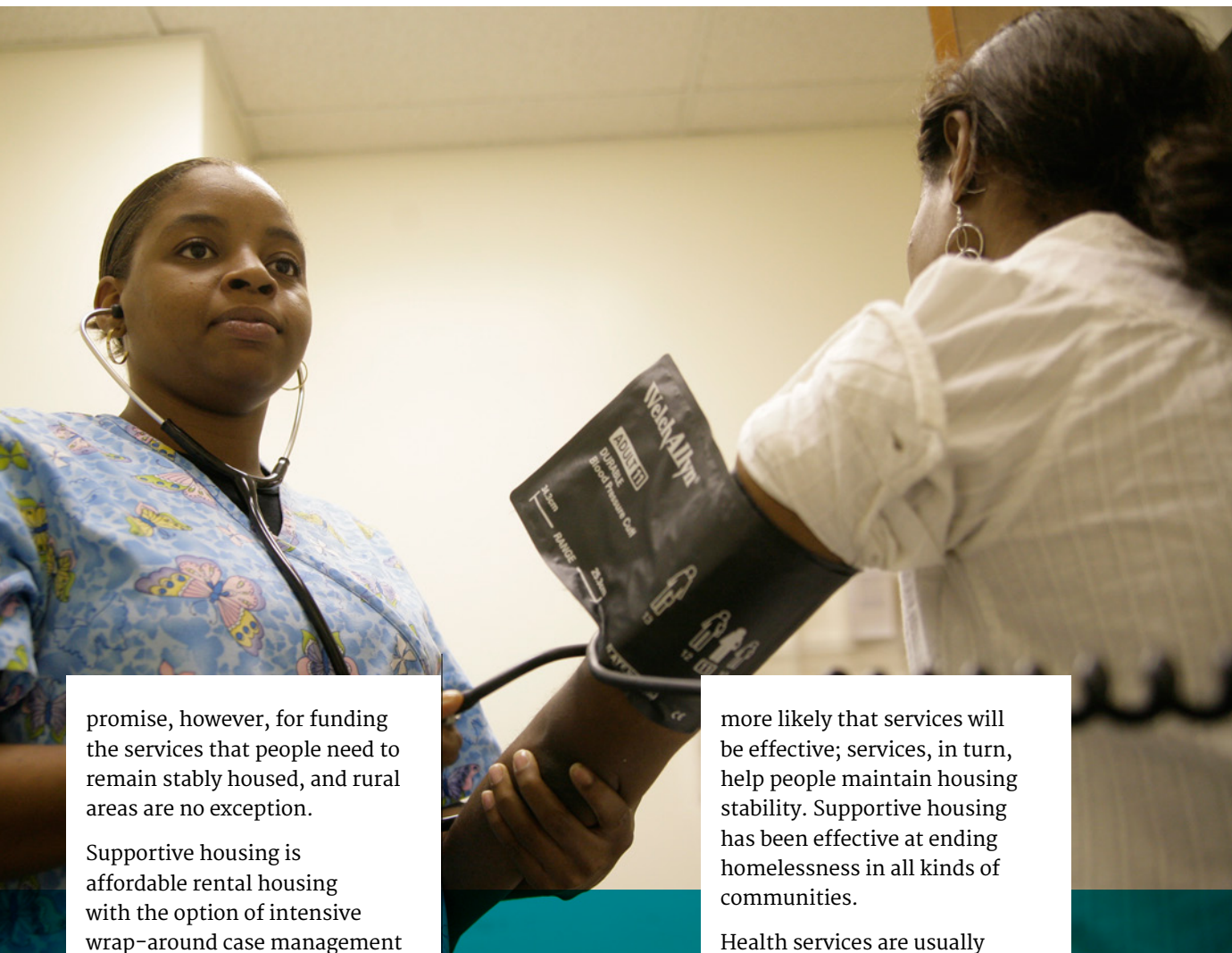
Expanding Healthcare Services for Supportive Housing Residents in Rural Areas



By Eva Wingren and Brian Byrd

The Affordable Care Act can help fund services that assist people in remaining stably housed.

Supportive housing proponents are fond of the phrase “meet people where they are.” One challenge that rural service providers face is how to do exactly that. Low population densities, linguistic and cultural isolation, lack of public transportation, and a shortage of service providers mean that rural homeless service providers have had to get creative in going to their clients. Expansions in coverage under the Affordable Care Act hold



promise, however, for funding the services that people need to remain stably housed, and rural areas are no exception.

Supportive housing is affordable rental housing with the option of intensive wrap-around case management and services designed to help people stabilize their lives despite complicated, interacting factors such as health issues, criminal justice backgrounds, lack of knowledge of healthy and productive behaviors, substance abuse disorders, and more. The services are tailored to the individuals' needs and are available when they want to seek them out. Ideally, the barriers to housing are as low as possible, rather than providers deciding when clients are "ready" or keeping housing as a reward to be "earned." Housing is the foundational anchor that makes it much

more likely that services will be effective; services, in turn, help people maintain housing stability. Supportive housing has been effective at ending homelessness in all kinds of communities.

Health services are usually a major need for supportive housing clients. Rural communities tend to have fewer health care providers, which can be a hurdle to proper care since supportive housing residents sometimes require frequent visits to manage chronic conditions, substance abuse disorders, or permanent disabilities. Several recent innovations make it easier to address the health care needs of people in supportive housing.

Thanks to improvements in mobile technology and rural internet connectivity, mobile

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health vans and tele-health programs can bring health care providers right to people's doorsteps or even into their homes. In addition to reducing transportation burdens for low-income people, tele-health saves providers money because it allows for more effective use of specialists' time and reduces transportation and office visit costs borne by health systems. The Center for Medicare and Medicaid Services sees telemedicine as a cost-effective alternative to face-to-face care and is encouraging states to pursue innovative payment methodologies that take advantage of tele-medicine technologies.

Veterans in North Louisiana have seen that distance does not have to be a barrier to the medical, mental health, and social service assistance they need. Volunteers of America North Louisiana promised to bring the VA to them. Through a grant from the VA's Office of Rural Health, Volunteers of America North Louisiana operates a Rural Vets Mobile Clinic, which provides tele-health connectivity to VA providers. A registered nurse travels with the clinic to provide health assessments, patient education, and other medical services, while case managers provide in-home visits and intensive case management, including resource management and referrals for veterans. The case managers and nurse work together to offer a holistic approach to ensure each client's physical, social, and mental needs are met. The mobile clinic's coverage area includes 22 parishes (the equivalent



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of counties) encompassing approximately 31,400 square miles and reaching 154,000 veterans living in rural communities.

Volunteers of America has expanded the mobile clinic idea to the other populations the organization serves in northern Louisiana, such as those with chronic mental illness. Volunteers of America already passed one major hurdle, becoming a Medicaid biller. States can reimburse equipment costs by incorporating them into the fee-for-service rates or covering them separately as administrative costs; however, they must be linked to approved Medicaid services. Since the mobile clinic can visit multiple affordable housing providers, residents can get health services without transportation challenges and each provider



does not need to go through the complicated process of becoming a Medicaid biller.

Medicaid can cover and pay for many of the services in supportive housing, including case management, services coordination, and rehabilitative services. And with the state option to expand Medicaid eligibility under the Affordable Care Act, more people experiencing homelessness will be eligible for Medicaid, making it a viable option to cover services for many more people. Because it is a state-administered program, however, states have significant discretion over what services to cover under Medicaid. It is therefore critical that state Medicaid agencies be fully educated about the benefits and outcomes of supportive housing and the options they have to

cover services in supportive housing. Usually, states that are interested in funding supportive housing services with Medicaid pursue one or more special authorities:

- 1115 Waivers offer broad flexibility for states to explore innovations and demonstration projects in the delivery of care and to pay for services not typically covered by Medicaid, in order to test their impact on health outcomes and costs.
- 1915 Home and Community Based Services Waivers and State Plan Amendments allow Medicaid beneficiaries with disabilities to receive services in their own home or community as an alternative to costly institutional care such as nursing homes, intermediate care facilities, and hospitals.
- 1915b Waivers allow states to use managed care to administer and deliver services for the Medicaid program, usually in conjunction with one of the other waivers.
- Health homes are comprehensive systems of care coordination for Medicaid beneficiaries with chronic conditions. States can receive a 90 percent federal match for the first two years of the program, and receive higher payments for participants with more severe or complex health conditions.
- Rehabilitative services options focus on restoring, improving, and/or preserving a person's individual and community functioning in ways that are consistent with goals related to recovery, resiliency, independent living, and enhanced self-sufficiency. All 50 states and the District of Columbia cover behavioral health services to some extent under the rehabilitation benefit.
- Targeted Case Management options can include tenancy supports, comprehensive assessment, periodic reassessment, service plans, referrals and linkages, and monitoring.



The waivers are available to states that have not adopted Medicaid expansion, and some state waivers provide alternative paths to coverage for people experiencing homelessness. For example, Louisiana has a managed care system and offers behavioral health services. Supportive housing providers may find it more difficult to build Medicaid into their service plans, however, in non-Medicaid

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expansion states where they cannot count on most residents being enrolled in Medicaid.

Expanded health care coverage for people experiencing homelessness, flexibility in coverage of supportive housing services, and technology facilitating the reach of health care into rural areas is a powerful combination for supportive housing.

The Corporation for Supportive Housing (CSH) works with communities all over the country, including those in rural areas, to make sure that they are taking advantage of the new opportunities created by the Affordable Care Act.

A stable stream of funding for health services eliminates a major challenge faced by supportive housing providers: how to pay for and then sustain services. Bringing consistent, high-quality health care and case management to scale, as Volunteers of America is doing with mobile health, is a way of ensuring that those in supportive housing in rural communities have the access to healthcare they need.



Rutherford House, a 16-unit apartment complex in Lancaster, Ohio, houses families that include at least one person with a disability and that previously experienced homelessness. Families pay 30 percent of their income for rent and are able to access voluntary services such as financial and job counseling and referrals for healthcare, as well as services for people with mental health and substance use conditions. Utilizing a housing first approach, this supportive housing program connects families with the appropriate level of support after they have been housed. The Corporation for Supportive Housing provided technical assistance and a \$50,000 loan for pre-development support of this project. This is the second supportive housing development to open in Lancaster, both developed by the Lancaster-Fairfield Community Action Agency. Once used as the Fairfield County Children's Home, this historic building was first developed in 1886 and was rehabbed with a capital budget of \$2.9 million, financed through the Ohio Housing Finance Agency.

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