Project Initiation
Hearth Connection reached out to Medica and proposed partnering with them to help lower costs of their high utilizers that were experiencing homelessness. Hearth Connection sold Medica on the partnership by using data regarding the cost savings shown by housing high utilizers of healthcare.

Program Description
Hearth Connection and Medica partner together to address the housing, social service and medical needs of high cost health system clients who are experiencing long-term or chronic homelessness. Medica has created an algorithm to identify their members who are experiencing homelessness; they use this algorithm to choose members to refer to Hearth Connection. When Hearth Connection is referred a Medica member they work with their direct service partners to find, engage, house and provide housing stability services to that member.

Hearth Connection contracts with a provider network which offers (a) intensive support services (care coordination and case management services) and (b) rental assistance to participants. Hearth Connection’s database on all participants allows the ability to monitor and report progress on maintaining stability in supportive housing and improvements in individual functioning.

Program Overview
Location
Minneapolis, St. Paul & Duluth, MN

Year Started
2012

Target Population
Long term homeless Medica Health Plan members

Funding Sources for Housing
HUD Continuum of Care and Minnesota Housing

Funding Sources for Services
Medica

Type of housing use
Scattered site

Working Together
Partner Relationships
Challenges

_Member Coverage Termination_
There have been several challenges in the first year for tenants to maintain their Medica coverage. Retaining Medica coverage is a necessity for the payment of their services, without it their housing is at risk. Members lost coverage for mostly simple reasons, their failure to renew paperwork, which was solved by better training the housing case managers on the issue. A larger issue is that when a member moves to a county that Medica does not offer coverage in. Since the vouchers are portable this is allowed by HUD, member education around their options to either stay in a Medica and receive coverage and housing or to move and lose that benefit is needed.

_Care Coordination vs Case Management Duties_
There has been much discussion about whether or not there is duplication of services between care coordination from the health care side as compared to intensive case management from the human services side. Currently they are considered separate services that are billed separately. The care coordination focuses solely on connecting the members to appropriate providers and the case managers handle all other areas necessary to maintain housing, including talking to members about their health problems, medications and attending doctor appointments if needed.

Rewards

_Improving Participant Interaction with the Health Plan_
Intensive case managers work with participants in a wide variety of ways, depending on the need of the participant. Frequently this work involves helping the participant improve their interactions with health systems. This may include:

- Facilitating enrollment in health insurance;
- Decreasing use of emergency rooms;
- Linking participant to a primary care provider conveniently located to them. The care provider may be part of a FQHC or clinic depending on the geographical restraints.
- Helping participants learn how to use health insurance and health care providers appropriately;
- Ensuring participants have transportation and show up for health care appointments;

Partners

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<thead>
<tr>
<th>Partner Name</th>
<th>Type of Organization/ Role in Program</th>
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<tbody>
<tr>
<td>Hearth Connection</td>
<td>Nonprofit intermediary that brokers rental assistance and services</td>
</tr>
<tr>
<td>Medica</td>
<td>Managed care organization</td>
</tr>
</tbody>
</table>

Contacts

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Phone</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Charlie Cook</td>
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