COLORADO | 2015

crosswalk

IMPROVING MEDICAID FINANCING
of Supportive Housing Services

CSH
The Source for Housing Solutions

INTRODUCTION

In partnership with the Colorado Governor's office and the State Department of Health Care Policy and Financing (the Department), CSH conducted a Medicaid supportive housing services Crosswalk to examine the extent to which Colorado's Medicaid program covers supportive housing services for people with significant housing and service needs.

This report consists of four parts:

- Part One – General Background and Definitions for Supportive Housing and Medicaid.
- Part Two – Brief overview of key aspects of the state's Medicaid program and reimbursable supportive housing services.
- Part Three – Interview results from local provider agencies about Medicaid reimbursement for the services they deliver. Interviews and surveys CSH conducted with 13 behavioral health and human service organizations is reflected in the information contained in Part Three.
- Part Four– CSH recommendations for the steps Colorado can take to more fully use Medicaid to pay for supportive housing services.

The World Health Organization identifies housing as a social determinant of health, which means it is an underlying, contributing factor to health outcomes.

PART I – BACKGROUND

A small subset of Colorado residents has critical housing and healthcare needs. They have extremely low incomes and complex health conditions that contribute to housing instability and/or unnecessary institutionalization. They are highly vulnerable people and often cycle between homelessness, emergency rooms, jails, hospitals, and long-term care facilities. They tend to have high rates of behavioral health problems, including severe mental illness and substance use disorders, and many have chronic physical health conditions. Infrequent access to healthcare for individuals with chronic health conditions can result in care that is often extremely high cost. For example, *The Business Case for Supportive Housing in Colorado* shows that in Fiscal Year 2013 – 2014 the most expensive 10% of Colorado's residents who are homeless[1] have health care costs in excess of $74 million. That represents almost half of the $161 million spent on the entire homeless, Medicaid eligible population. The top 5% most expensive from this cohort spent almost $57 million.

Permanent supportive housing is a solution for this group of people with high needs and a lack of housing stability. The World Health Organization identifies housing as a social determinant of health, which means it is an underlying, contributing factor to health outcomes. Without housing, these individuals lack access to the medical and behavioral health care they need.

Supportive housing combines affordable housing with intensive tenancy support services to help people who face the most complex challenges to live with stability, autonomy, and dignity. Research demonstrates that supportive housing provides housing stability and reduces public system costs. Supportive housing is not affordable housing with resident services. It is a specific intervention that uses a housing first approach to eliminate barriers to housing, employs harm reduction principles in service delivery, and provides specialized case management with low client-to-staff ratios (generally one-to-fifteen and not more than one-to-twenty-five). The housing in supportive housing is affordable and requires a lease. It is not time-limited or transitional. It is a platform from which tenants can engage in services, as they choose, with guidance from case managers. The core services in supportive housing are pre-tenancy (such as - outreach, engagement, housing search, application assistance, and move in assistance) and tenancy supports (such as – landlord relationship management, tenancy rights and responsibilities education, eviction prevention, crisis intervention, and subsidy program adherence) that help people access and remain in housing. In addition, case managers link tenants to clinical primary and behavioral health care services. Finally, services such as counseling, peer supports, independent living skills, end of life planning and crisis supports are also routinely provided for supportive housing residents. While people with high needs and high costs are often eligible for these services, especially in a state that has expanded Medicaid, health care service providers are not often able to reach them because they do not have stable housing. Also, lack of sustainable services funding can delay creation of new supportive housing units. Housing providers, who either do not bill Medicaid or are not properly billing Medicaid, use a significant amount of resources that could be used for housing or non-Medicaid eligible services to deliver Medicaid reimbursable services. Proper Medicaid reimbursement for services can allow providers to reallocate their more flexible resources to housing related activities (rental assistance and capital costs) and create more supportive housing units.

[1] Housing status is self-reported by clients when receiving services and claims are filed.

Medicaid is public health insurance that pays for essential medical and medically-related services for people with low-incomes. Statutorily, Medicaid insurance cannot pay for room and board directly. Medicaid's ability to reimburse for services starts with a determination as to whether the services are medically necessary.

States and the federal government jointly finance the Medicaid program. The Centers for Medicare and Medicaid Services (CMS) oversee all state Medicaid plans. A state Medicaid plan is the agreement between that state and the federal government that determines which services are covered and how much each entity will pay for the program. All state plans cover certain mandatory benefits as determined by federal statute. States and CMS can also agree to cover additional benefits designated as 'optional' in federal statute[2]. For example, Medicaid's rehabilitative services option, which Colorado uses to reimburse many supportive housing services, is an optional benefit that states use to cover a fairly broad range of recovery-oriented mental health and substance use disorder services to individuals. States can receive permission from CMS to add this service to their Medicaid plan. For CMS to approve optional benefits, states must meet CMS rules. For the example, for the rehabilitation option, the service must meet the purposes of "reducing disability and restoring function.[3][4]"

States can also apply to CMS to amend or waive certain provisions in the state plan for specific populations by adopting state plan amendments and waivers. Waivers are commonly known by their federal statute section number. 1115 Medicaid waivers allow for state demonstration programs for new services, populations or payment structures. 1915 (c) waivers and 1915 (i) state plan amendments help states target Home and Community Based Services (HCBS) for specific populations (seniors, mental health, developmental disabilities, children with special health care needs, people with traumatic brain injuries, etc). These services are designed to serve people in their own homes and communities rather than in institutions. Colorado has several 1915(c) waivers and analysis shows they include many benefits appropriate for those living in supportive housing.

Medicaid Reimbursement payments can be delivered in a variety of ways. States can pay providers directly for services or contract with managed care organizations to negotiate services and payment structures with providers. In some cases, managed care organizations also deliver services directly. States and managed care organizations establish agency licensing/credentialing requirements and staff

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[2] For more detail on mandatory and optional Medicaid benefits - http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Medicaid-Benefits.html

[3] Wilkins, C., Burt, M, and Locke, G. (July 2014). *A Primer on Using Medicaid for People Experiencing Chronic Homelessness and Tenants in Permanent Supportive Housing.* Page 32. Available at: http://aspe.hhs.gov/daltcp/reports/2014/PSHPrimer.cfm.

[4] Medicaid makes an important distinction between rehabilitative services and habilitative services. Services provided through the rehabilitative option must "involve the treatment or remediation of a condition that results in an individual's loss of functioning." Habilitative services are services generally designed to assist individuals in acquiring, retaining, and improving the self-help, socialization, and adaptive skills necessary to reside successfully in home and community-based settings. Habilitative services can be covered by Medicaid through a HCBS waiver or optional HCBS State Plan services. Habilitation is one of the Essential Health Benefits that must be offered when a state adopts an "Alternative Benefit Plan" to provide coverage to people who are newly eligible for Medicaid beginning in 2014. States have some flexibility to determine how to design and implement these benefits and plans, consistent with rules established by the Federal Government. On July 15, 2013, HHS and CMS issued a Final Rule that includes several changes in the Medicaid program, including requirements to ensure that Medicaid benefit packages include Essential Health Benefits and meet certain other minimum standards. This Final Rule can be found at https://www.federalregister.gov/articles/2013/07/15/2013-16271/medicaid-and-childrens-health-insurance-programs-essential-health-benefits-in-alternative-benefit#h-14.

qualifications that determine which providers can receive Medicaid reimbursement. Colorado currently uses a mix of fee for service and capitated payment structures. Over the next 2 years, Colorado will integrate regional primary and behavioral health care coordination. Under this new construct, Colorado will begin a 5-year transition during which payment structures will ultimately incentivize value and quality of care.

PART II – COLORADO'S STATE MEDICAID PLAN

On January 1, 2014, Colorado adopted Medicaid expansion. As a result, nearly all people with extremely low-incomes qualify for Medicaid health insurance, which covers the standard benefits required by the federal government. Colorado's Medicaid program has many constructs through which the state pays for services. A matrix of supportive housing services and the means through which they are covered in Colorado is provided as an attachment to this report. Following is an overview of key aspects of the state plan that most relate to supportive housing services.

Primary Care and the Accountable Care Collaborative

The Accountable Care Collaborative (ACC) is Colorado's platform for Medicaid delivery system redesign. The ACC is designed to improve health outcomes, reduce costs, and improve the provider and client experience. Medicaid clients choose a Primary Care Medical Provider (PCMP) and receive the regular Medicaid benefit package. Primary care is paid on a fee-for-service (FFS) basis directly from the state to providers. PCMPs are also affiliated with a Regional Care Collaborative Organization (RCCO) and act as a "medical home" for clients. As a provider within the medical home, the PCMP coordinates and manages a client's health needs across specialties and along the continuum of care. RCCOs provide:

- Medical management and care coordination, particularly for clients with complex medical and behavioral health needs, to ensure they receive the right care, at the right time, and in the right setting.
- Coordination among providers and with other services such as behavioral health, long-term supports and services, single entry point programs and other government social services such as food, transportation and nutrition.
- Provider support such as assistance with care coordination, referrals, clinical performance and practice improvement and redesign.

Managed Behavioral Health Care

Behavioral Health Organizations (BHOs) are managed care entities that pay for behavioral health services. BHOs only cover behavioral health services, which include the additional (b)(3) services that can only be offered by BHOs. The state negotiates contracts with BHOs and pays them on a per-member per-month basis. BHOs use the funds they receive from the state to negotiate contracts with appropriately credentialed providers to deliver services. BHOs have flexibility in reimbursement methods to providers.

Colorado's 1915[5][6] Medicaid Waiver Authorities Included in Analysis

There are three 1915 waivers in Colorado[7] that most directly serve people who need supportive housing.

1. The Community Behavioral Health Services Program is authorized by a 1915(b)(3) waiver. The state contracts with BHOs to manage this program. The 1915(b)(3) waiver gives the state the authority to offer additional services to Medicaid clients as long as the state can show that doing so produces cost savings. The BHOs offer a wide range of behavioral health state plan and waiver services.

2. The HCBS Community Mental Health Supports waiver provides a home or community-based alternative to nursing facility or hospital care for persons with a major mental illness.

3. The HCBS waiver for Elderly, Blind, and Disabled persons provides a home or community-based alternative to nursing facility or hospital care for people who are elderly, blind, and/or disabled.

There are efforts at the Department to redesign the HCBS waivers in order to streamline care and better serve this population in the right setting.

Provider Roles

Direct service providers must be approved to provide services under the state plan or a specific waiver. Waivers may require different provider qualifications depending upon the type of services offered.

Future Changes for the Accountable Care Collaborative

Beginning in July 2017, the Department will contract with one administrative entity in each ACC region of the state to be responsible for the duties traditionally performed by the Regional Care Collaborative Organizations (RCCO) and Behavioral Health Organizations (BHO). This change will improve the client experience by creating one point of contact (integrating primary and behavioral health care management) and clear accountability for whole person care. The payment model for the ACC will be redesigned to support the delivery system transformation, and over the course of the five-year contract the Department will create a glide path to better align payment structures to incent value and quality of care. The new ACC model will provide new opportunities for Colorado to create a more efficient approach to paying for and delivering Medicaid services for its residents with the most significant housing and service needs. The recommendations in the final section of this report take these changes into account as providers and clients prepare for the new system.

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[5] Explanation of Medicaid 1915 (b) Waivers - http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Managed-Care-1915-b-Waivers.html

[6] Explanation of Medicaid 1915 Home and Community-Based Waivers - https://www.cms.gov/Outreach-and-Education/American-Indian-Alaska-Native/AIAN/LTSS-Roadmap/Resources/State-Federal-Relationships/State-Medicaid-Policies.html

[7] We recognize there are other HCBS waivers that include supportive housing services. CSH selected these three due to the size of the population they reach and the allowable benefits are representative of other Colorado HCBS waivers, especially the HCBS waiver serving those with Traumatic Brain Injuries.

Overview of Supportive Housing Services Currently Allowable for Medicaid Reimbursement

Overall, Colorado Medicaid covers many of the services necessary for individuals eligible for supportive housing, particularly for those with mental health needs. Addendum A of this report lists the services necessary to supportive housing and indicates if they are covered by Colorado Medicaid. Examples of services not reimbursable by Medicaid include move in-costs, tenancy rights education, legal assistance, furnishings, emergency financial assistance, and credit counseling. Generally, non-medical services are not reimbursable by Medicaid; a trend that is consistent with other state Medicaid plans. However, there are other mechanisms by which these services can be funded, including other state, local and philanthropic resources.

The services that are available through Medicaid and not exclusive to the BHOs or HCBS waivers are the most universally accessible to all supportive housing residents. The only barrier might be provider qualifications to be able to bill Medicaid. These services include:

- General Case Management and Service Coordination
- Service Plan Development
- Non-Emergency Medical Transportation to and from a Medicaid Service
- Nutritional Care
- Communication Skills (if diagnosed with a speech impairment)
- Health and Wellness
- HIV/AIDS services
- Pain Management
- Assistance Accessing Entitlements

Case management is one of the fundamental services needed by supportive housing residents. Colorado Medicaid is uniquely positioned because it currently provides case management and service coordination to Medicaid clients through the RCCOs, BHOs and the HCBS waivers. Colorado has the opportunity to maximize Medicaid resources in a meaningful way to serve populations with housing needs. Supportive housing residents are a diverse and vulnerable population with complex needs; there are a few gaps that should be addressed in order to more adequately serve this population.

Currently, there is a gap in supportive housing services for individuals who are not eligible, or do not meet the level of need to receive services through the HCBS waivers or BHOs. For example, an individual who is homeless and does not have a behavioral health diagnosis would not necessarily be eligible to receive peer support services, which is an important component to supportive housing.

This analysis illustrates that Medicaid covers key supportive housing services if the individual receives services through the RCCO, or through a certified BHO or HCBS provider. However, there are significant gaps in covered services for providers that are not properly certified, or for individuals who do not meet eligibility standards or level of need for waiver services. This report concludes with recommendations for Colorado Medicaid to consider when looking at supportive housing services for vulnerable populations.

Part III: Provider Perceptions about Medicaid Coverage of Supportive Housing Services

In addition to analyzing gaps in coverage for supportive housing services, it is also important to identify gaps in provider understanding of the Medicaid program. The following is a summary of information gathered through interviews and surveys with providers about their understanding of Medicaid reimbursement of supportive housing services. The information gained during the provider interviews is valuable because it highlights the inconsistencies between Medicaid reimbursable services, and provider perceptions of Medicaid reimbursable services. Each section describes interview responses from providers, and then reconciles those responses with Colorado's Medicaid plan (further detailed in Addendum A).

Services Identified as Clearly and Sufficiently Covered by Medicaid

Most providers identified the following services as clearly and fully covered by Medicaid when delivered by licensed agencies and credentialed staff. In this section, the services identified as being covered are consistent with covered services in the state plan.

1. Assessment
2. Service plan development
3. Relapse services
4. Assertive community treatment (ACT) teams that are in-part paid for by Medicaid

Services Identified Through Provider Interviews as Not Covered by Medicaid

Providers identified the following services they deliver as not covered by Medicaid:

1. Housing intake
2. Landlord negotiations /eviction prevention
3. Administrative actions directly related to client advocacy
4. Days for which a service plan is not "active" but services are being provided
5. Services provided by non-credentialed staff
6. Services delivered by agencies that are not licensed
   Providers interviewed included some providers that do not currently bill Medicaid. This is significant because these providers deliver similar services with the same staffing level as their Medicaid licensed counterparts.
7. Administrative tasks directly related to supporting a client's health and access to services
   For example, providers perceive the following services as not reimbursable by Medicaid: phone calls, e-mails, note writing, documentation time, case consultation, resource supervision, scheduling, updating data management systems, nurse meetings, and medical meetings.
8. Outreach and initial engagement for new clients
9. Housing search assistance
10. Administrative actions related to administering the Medicaid program
11. Transporting clients to appointments

Medicaid Plan Analysis Results

The state reports that items seven, eight, and nine above are, in fact, covered by Medicaid within the ACC, BHO and HCBS service provisions. Additionally providers that do case management for clients often perform administrative actions related to administering Medicaid (item ten). Regarding item - eleven,

transporting clients - the state contracts with transportation providers to provide Non-Emergent Medical Transportation (NEMT) to and from Medicaid appointments. In addition to NEMT, which is available for all Medicaid clients, HCBS waivers cover additional transportation to and from community services for those receiving HCBS services.

Some of the discrepancy between provider experience and what is allowable in the state plan is likely a result of providers engaged in supportive housing not being certified to deliver Home and Community-Based waiver services. In addition, not all supportive housing clients are eligible for HCBS waiver services.

Services that Garnered an Inconsistent Interview Response about Medicaid Coverage

For the following services, some providers report successfully billing for these services, while others found billing problematic.

1. Case management, counseling, advocacy, and referrals/linkages
   Most understand case management to be very narrowly limited to referring clients to other services and believe Medicaid reimburses only in certain situations. Other providers feel coordination of services and providing referrals are not Medicaid reimbursable, and report their claims are often denied.

2. Independent living skills such as nutrition, cooking, meal prep, personal hygiene, housekeeping, apartment safety, and education about public transportation. Some providers have found ways to bill for these services and other providers have not.

3. Medication management
   There is a wide range of understanding about what services related to medication management are covered. Provider responses varied as to whether medication packing and distribution are covered services. One provider reported that coordination with pharmacies, talking to drug company representatives, and medication order reviews are not covered.

4. Peer counseling
   One licensed agency reported they do not believe they can bill for Medicaid for peer counseling.

Medicaid Plan Analysis Results

ACC, BHO, and HCBS providers cover case management and provide assistance in finding community resources. BHO and HCBS providers can bill for medication management. Additionally, nutrition services are covered in FFS Medicaid and through the BHOs Independent living skills, as outlined in item two, peer counseling (item four) are covered through the BHOs if it is related to a behavioral health diagnosis.

Other Issues Highlighted by Providers

This section includes provider comments about services they understand are covered by Medicaid but for which reimbursement levels do not align with the amount of time needed to deliver the services.

1. One provider said that they would like to provide an ACT level of care to more high need clients that do not currently qualify for ACT because they do not have serious and persistent mental illness. Team oriented care can be an effective service delivery practice for high need, high cost clients but only ACT level of care is reimbursed as a team delivered service.

2. While Medicaid covers many supportive housing services, reimbursement rates do not always capture the time-intensity devoted by staff to their clients who have the most significant needs. An example includes service plan development. For clients with the greatest need, the amount of time it takes to complete a service plan often does not align with the reimbursement rate.

3. Providers who serve people over large geographic distances would like to provide telephonic services, but some believe that direct supportive services delivered virtually are not covered because they are not performed face-to-face.

Medicaid Plan Analysis Results

Regarding item three, telemedicine needs to have two components – audio and visual. Services via telephone only without a video component are generally not covered, but services with both components may be reimbursed depending upon the service being provided.

Structural Barriers to Streamlining the use of Medicaid

In some cases the state plan or waivers allow for specific services to be paid for by Medicaid, but there are structural barriers that prevent these payments from reaching providers that offer these services.

1. Encounter-tracking within capitation
   Providers report that even when their services are paid for as per member, per month arrangements, documentation requirements are no less burdensome than in a fee for service payment structure. One provider shared that the idea of a case rate payment structure suggests that providers can be trusted to deliver services and spend resources appropriately, but the requirement to document each individual encounter and code it according to day services, per diems, services delivered, and times of services, etc., restricts creativity in service delivery. Accountability is still service-based rather than outcome-based.

2. Lack of understanding about Medicaid billing and rate setting
   One agency reported that they are not sure why they do not bill Medicaid other than they are not sure if services they deliver are Medicaid reimbursable, but they know that most of their clientele is Medicaid eligible. They do not know what it would take to become a Medicaid agency. This agency spends a lot of time trying to figure out how to pay for services and has to cut services when they have had insufficient funding. Agencies that are directly connected to BHOs have a greater understanding of how to bill Medicaid for services they deliver. Those that are further removed from the managed care providers have the least understanding.

3. Multiple sets of codes
   The state has two sets of billing codes, CPT and HCPCS. This leads to confusion among providers because these codes are not aligned with supportive housing language. Additionally, many providers feel these codes do not align with the way they talk about services internally, and thus create a third set of codes for clinicians to uses. These codes then have to be "translated" to the state billing codes. Many providers noted that they have "back office staff" whose primary roles are to align codes. One agency has an entire staff person dedicated to handling rejected claims and resubmitting them. It is not clear to agencies what is acceptable for billing and what is not.

4. Lack of understanding about licensing for substance abuse services
   One agency is considering becoming a substance abuse-licensed agency, but they do not know how that part of the system works and or whether it will be an enhancement to their current services. Another agency provides a large amount of services to people in affordable housing and would like to explore becoming licensed to provide substance abuse services. This agency has not pursued becoming licensed because they are uncertain whether they can do so without becoming a mental health provider. They do not want to be a mental health provider because this would be duplicative of services provided by another agency.

5. Lack of agencies specifically providing permanent supportive housing
   Few agencies mentioned work they are doing specifically in permanent supportive housing, which indicates either a lack of capacity for supportive housing services or a lack of understanding of those services. It is our understanding that the Pathways Home Permanent Supportive Housing Toolkit will continue to be provided and address these issues.

6. Challenges in capturing cost-savings where they are produced.
   One provider noted that a challenge to payment efficiency is that many of the people who need a higher level of services have behavioral health needs. If these individuals receive more effective care, cost-savings will be realized through reduced hospital emergency room and in-patient use along with reduced nursing home stays. This is of concern to some behavioral health providers who feel that cost savings should be directed back to the behavioral health system because that is the part of the system that is delivering the supportive housing services.

7. Geographic coverage gaps

   Providers sometimes serve clients that are living within their catchment areas but who are not enrolled with the BHO to which they bill. They are permitted to bill for these clients on a fee-for-service basis. While this provides access for clients, it sets up parallel coding and billing systems for providers, which reduces efficiency.

8. Lack of clarity between RCCO and BHO duties

Medicaid Plan Analysis Results

Encounter tracking (item one) is only for BHO contracted providers, and it is a federal requirement.

Non-Medicaid Fund Sources Identified to Serve People with High Needs

Nearly all providers interviewed reported that they use non-Medicaid funds to support Medicaid clients. Following are a list of sources:

- Federal Department of Housing and Urban Development Support
  - Project-based housing choice vouchers
  - Homeless Continuum of Care funding
- Federal Substance Abuse and Mental Health Services Administration Support
  - Cooperative Agreement to Benefit Homeless Individuals Grant
  - Programs for Assistance in Transition from Homelessness (PATH) Grants
- State of Colorado Support
  - Indigent population's fund: The state pays providers to deliver Medicaid-like services for people who have extremely low incomes but are not on Medicaid. One agency reported that 49% of the people it serves serve fall into this category. While the number of people that qualify for indigent services is declining since Medicaid expansion, providers identified characteristics of people who continue to qualify as those who are not well enough to complete Medicaid eligibility paperwork and those who exceed the Medicaid income threshold but cannot afford private insurance.
  - State funded Assertive Community Treatment Teams (may include some Medicaid)
  - State General Fund Resources
- Local government: In some cases, small local government contracts cover tenancy supports and other services not directly paid for by Medicaid. (Only county contracts were mentioned specifically)
- Agency budgets
  - Some providers reported efficiencies within their own business approaches that allow them to cover uncovered services.
  - Client fees
  - Fundraising

Part IV: CSH Recommendations

The state of Colorado is engaging in transformative changes to its Medicaid delivery system. The next iteration of the Accountable Care Collaborative (ACC) will support greater integration of care at the local service system and provider levels, and greater integration of health care systems at the regional and state levels. Additionally, the Office of Community Living (OCL) is redesigning its waiver programs and implementing new recommendations made by its Community Living Advisory Group (CLAG). Recommendations from the CLAG seek to provide solutions for gaps in services for our clients and streamline access to care through waiver redesign. Part of this work will be to focus on ensuring case management agencies and other entities are seeking to find appropriate sources of affordable accommodations. These new innovations to the state's Medicaid delivery system should serve to optimize health for Medicaid clients and improve care for clients with critical housing and healthcare needs.

The recommendations below should be implemented to support the evolution of the state's Medicaid delivery system to a whole-person model and ensure Medicaid clients with chronic health conditions and housing instability receive the support they need to thrive. The Regional Care Collaborative Organizations (RCCOs), Behavioral Health Organizations (BHOs), Long Term Service and Support (LTSS), and Supportive Housing stakeholders are key partners in supporting the evolution of the Medicaid delivery system and ensuring housing stability for the state's most vulnerable Medicaid clients.

1. Integrate supportive housing services into the Medicaid delivery system to support the evolution to a whole-person model of care. RCCOs, BHOs and LTSS case management agencies should be informed of the housing services available for Medicaid clients and partner with the community-based agencies providing housing and supporting housing services in their communities.

    a. Provide training to inform RCCOs, BHOs and LTSS case management agencies of housing services available to Medicaid clients. The Pathways Home Permanent Supportive Housing Toolkit can be used to ensure the state's Medicaid partners are aware of the services and providers available in their region.

    b. Provide Medicaid training to housing and supportive housing service providers. Help the providers understand the role of the RCCOs, BHOs and LTSS case management agencies; and how to partner to assist their clients in achieving housing stability. Provide an explanation of Medicaid covered benefits, those benefits not covered, and opportunities to partner with RCCOs, BHOs, LTSS and other health services providers to improve housing services delivery and financing.

    c. Establish a standard process for Medicaid to connect clients to housing services and for referring clients to community agencies for housing services when appropriate. Develop a tracking system and a feedback loop to ensure all parties are aware of the final outcome for the client and remain engaged in the client's care well after the client is placed in housing.

    d. RCCOs, BHOs and LTSS case management agencies should establish working agreements with their local housing authorities, the Colorado Division of Housing, Colorado Housing Finance Authority, and local homeless continuum of care networks to share client information and connect clients with housing services.

2. Establish new accountability in Medicaid to ensure housing stability for Medicaid clients with extremely low incomes and complex medical conditions. A housing stability outcome measure could be added as an ACC and OCL key performance indicator

3. Increase awareness and improve the quality of supportive housing services provided in Colorado. Continue delivering training on quality supportive housing throughout the state using the Pathways Home Permanent Supportive Housing Toolkit and expand toolkit curriculum to provide information the benefits available to Medicaid clients through the Medicaid delivery system.

4. Explore new ways to maximize Medicaid and leverage other funding, such as behavioral health, corrections, social service and public health resources, to cover new types of non-traditional services including pre-tenancy and tenancy supports for people with the most complex needs and housing instability.

Addendum A

Colorado Medicaid Supportive Housing Services Crosswalk Summary

Service	**Fee-For Service** (incl. Rehab Option; not tied to a behavioral health diagnosis)	Coverage Details	**Behavioral Health** (Supplemental to FFS benefits. Must have a behavioral health diagnosis; services are covered by BHOs)	Coverage Details	**EBD Waiver** (Supplemental to FFS benefits)	Coverage Details	**CMHS Waiver** (Supplemental to FFS benefits)	Coverage details
1. General Support Services								
a. New tenant orientation/move-in assistance	No		No	-	No		No	
b. Tenant's rights education/tenants council	No		No	-	No		No	
c. Case management or service coordination	No	ACC- Yes; RCCOs provide care coordination for ACC clients	Yes	Only for behavioral health related use, not general case management.	Yes	The EBD waiver offers Case Management services, which is governed by the Single Entry Point (SEP). Case managers manage intake, assessments, care plans, etc.	Yes	The CMHS waiver offers Case Management services, which is governed by the Single Entry Point (SEP). Case managers manage intake, assessments, care plans, etc.
d. Psychosocial assessment	No		Yes	Only for behavioral health related diagnosis	No		No	
e. Individualized service planning	No	RCCOs provide care coordination for ACC clients	Yes	Only for behavioral health related use, not general case management.	Yes	Case managers creates individual service plans for clients on HCBS waivers.	Yes	Case managers creates individual service plans for clients on HCBS waivers.
f. Individual counseling and support	Yes	Not clear whether primary care physicians are doing counseling. If the diagnosis/issue that requires counseling is not covered in the State Plan, 208 units per service plan year.	Yes	Only for behavioral health related diagnosis	No		No	
g. Referrals to other services and programs	No	RCCOs and primary care doctors contracted to the ACC provide referrals to other services and programs.	Yes	Only for behavioral health related diagnosis. Case managers refer clients to other services and programs.	Yes	Case managers refer clients to other services and programs.	Yes	Case managers refer clients to other services and programs.
h. Crisis intervention	No		Yes	Only for behavioral health related diagnosis	No		No	
i. Peer mentoring	No		Yes	Only for behavioral health related diagnosis	No		No	
j. Support groups (list below)	No		Yes	Only for behavioral health related diagnosis. Can be referred to as "clubhouse/drop in"	No		No	
k. Recreational/socialization opportunities	No		Yes	Only for behavioral health related diagnosis. Can be referred to as "clubhouse/drop in"	Yes	There are services available under HCBS waivers that allow a client recreational and social opportunities.	Yes	There are services available under HCBS waivers that allow a client recreational and social opportunities.
l. Legal assistance	No		Yes	Only for behavioral health related diagnosis, part of case management, does not reimburse for the services of a lawyer but provides guidance for gaining access to legal services	No		No	

Service	Fee-For Service (incl. Rehab Option; not tied to a behavioral health diagnosis)	Coverage Details	Behavioral Health (Supplemental to FFS benefits. Must have a behavioral health diagnosis; services are covered by BHOs)	Coverage Details	EBD Waiver (Supplemental to FFS benefits)	Coverage Details	CMHS Waiver (Supplemental to FFS benefits)	Coverage details
m. Transportation	Yes	Non Emergency Medical Transportation benefit, must be to/from a Medicaid covered service. RCCO possible activity	No		Yes	Yes. Non-medical transportation is a service covered by the waiver. This service enables the client to gain access to non-medical community services and resources, as required by the care plan to prevent institutionalization.	Yes	Yes. Non-medical transportation is a service covered by the waiver. This service enables the client to gain access to non-medical community services and resources, as required by the care plan to prevent institutionalization.
n. Nutritional services	Yes	"nutritional counseling", primary care physician, yearly unit limits	Yes	Only for behavioral health related diagnosis	No		No	
o. Meals	No		Yes	Only for behavioral health related diagnosis. Related to the provision of nutrition during social/ambulatory detox. Not for the purchase of regular meals. Meals are not covered as a standalone benefit	Yes	Meals are not covered as a standalone benefit. Meal preparation can be a part of personal care services.	Yes	Meals are not covered as a standalone benefit. Meal preparation can be a part of personal care services.
p. Emergency financial assistance (specify)	No		No		No		No	
q. Furnishings	No		No		No		No	
2. Independent Living Skills								
a. Communication skills	Yes	Speech therapy benefit, must have a medical diagnosis of speech deficit.	Yes	Only for behavioral health related diagnosis. Could be considered psychosocial rehab- which is covered as a b(3) service by the BHOs	No		No	
b. Conflict resolution/mediation training	No		Yes	Only for behavioral health related diagnosis	No		No	
c. Personal financial management and budgeting	No		Yes	Only for behavioral health related diagnosis. The BHO's providers run groups on financial management, budgeting, etc. but it must be in the client's tx plan, and related to their behavioral health diagnosis.	No		No	
d. Credit counseling	No		No		No		No	
e. Representative payee	No		Yes	Only for behavioral health related diagnosis. Some of the CMHCs will be the payee for clients and case managers will manage their finances for them. Must be in the client's tx plan, and must be tied to their dx.	No		No	
f. Entitlement assistance/benefits counseling	No	County human service case managers will assist with entitlement assistance.	Yes	Only for behavioral health related diagnosis, related to coordination of Medicaid benefits	No		No	
g. Training in cooking/meal preparation	No		Yes	Only for behavioral health related diagnosis. This could be considered psych rehab, a b(3) through the BHOs.	No		No	

Service	Fee-For Service (incl. Rehab Option; not tied to a behavioral health diagnosis)	Coverage Details	Behavioral Health (Supplemental to FFS benefits. Must have a behavioral health diagnosis; services are covered by BHOs)	Coverage Details	EBD Waiver (Supplemental to FFS benefits)	Coverage Details	CMHS Waiver (Supplemental to FFS benefits)	Coverage details
h. Training in personal hygiene and self-care	No		Yes	Only for behavioral health related diagnosis. This could be considered psych rehab, a b(3) through the BHOs.	No		No	
i. Training in housekeeping	No		Yes	Only for behavioral health related diagnosis. This could be considered psych rehab, a b(3) through the BHOs.	No		No	
j. Training in use of public transportation	No		Yes	Only for behavioral health related diagnosis. This could be considered psych rehab, a b(3) through the BHOs.	No		No	
k. Assistance with activities of daily living	Yes	Occupational therapy benefit, must have a medical diagnosis, PAR required.	Yes	Only for behavioral health related diagnosis. This could be considered psych rehab, a b(3) through the BHOs.	Yes	Clients receive assistance with ADLs through unskilled personal care services	Yes	Clients receive assistance with ADLs through unskilled personal care services
3. Health/Medical Services								
a. Routine medical care	Yes	No limit, primary care physician	No		No		No	
b. Medication management or monitoring	No	RCCO possible activity	Yes	Only for behavioral health related diagnosis	Yes	The EBD waiver includes Medication Monitoring as a waiver service. This service is used to assist individuals with medication reminders in the form of an purchase and installation of the device, and monthly monitoring of device.	Yes	The CMHS waiver includes Medication Monitoring as a waiver service. This service is used to assist individuals with medication reminders in the form of an purchase and installation of the device, and monthly monitoring of device.
c. Health and wellness education	Yes	"nutritional counseling", primary care physician, yearly unit limits. RCCO possible activity	Yes	Only for behavioral health related diagnosis	No		No	
d. Nursing/visiting nurse care	Yes	Private duty nursing or long term home health, PAR required	No		No		No	
e. Home health aide services	Yes	Acute home health must follow a hospital visit, 60 day limit, no PAR. Long Term home health, PAR required.	No		No		No	
f. Personal care	Yes*	Benefit still being constructed	No		Yes	Personal care services shall include unskilled personal care to assist with ADLs	Yes	Personal care services shall include unskilled personal care to assist with ADLs.
g. HIV/AIDS services	Yes	Outpatient hospital benefit, pharmacy benefit, PAR maybe.	No		Yes	While the EBD waiver now includes the Persons Living with Aids (PLWA) waiver, there are no specific HIV/AIDS services provided. Any skilled care medical needs would be a state plan benefit.	No	
h. Pain management	Yes	Physical therapy, PAR required. Pharmacy benefit.	No	-	No		No	
4. Mental Health Services								
a. Individual psychosocial assessment	Yes		Yes	Only for behavioral health related diagnosis	No		No	
b. Individual counseling	No		Yes	Only for behavioral health related diagnosis	No		No	
c. Group therapy	No		Yes	Only for behavioral health related diagnosis	No		No	

Service	Fee-For Service (incl. Rehab Option; not tied to a behavioral health diagnosis)	Coverage Details	Behavioral Health (Supplemental to FFS benefits. Must have a behavioral health diagnosis; services are covered by BHOs)	Coverage Details	EBD Waiver (Supplemental to FFS benefits)	Coverage Details	CMHS Waiver (Supplemental to FFS benefits)	Coverage details
d. Support groups (specify below)	No		Yes	Only for behavioral health related diagnosis	No		No	
e. Peer mentoring/support (describe below)	No		Yes	Only for behavioral health related diagnosis. "Peer advocacy"	No		No	
f. Medication management/monitoring (specify below)	No		Yes	Only for behavioral health related diagnosis	Yes	The EBD waiver includes Medication Monitoring as a waiver service. This service is used to assist individuals with medication reminders in the form of an purchase and installation of the device, and monthly monitoring of device.	Yes	The CMHS waiver includes Medication Monitoring as a waiver service. This service is used to assist individuals with medication reminders in the form of an purchase and installation of the device, and monthly monitoring of device.
g. Education about mental illness	Yes	Primary care as part of a medical visit.	Yes	Only for behavioral health related diagnosis	No		No	
h. Education about psychotropic medication	Yes	Primary care as part of a medical visit.	Yes	Only for behavioral health related diagnosis	No		No	
i. Psychiatric services (specify below)	No		Yes	Only for behavioral health related diagnosis	No		No	
j. Liaison with psychiatrist (describe)	No		No		No		No	
k. Psychiatric Nurse	No		Yes	Only for behavioral health related diagnosis	No		No	
5. Substance Abuse Services								
a. Recovery readiness services (tenants with active addictions)	No		Yes	Only for behavioral health related diagnosis	No		No	
b. Relapse prevention and recovery planning	No		Yes	Only for behavioral health related diagnosis	No		No	
c. Substance abuse counseling (individual)	No		Yes	Only for behavioral health related diagnosis	No		No	
d. Substance abuse counseling (group)	No		Yes	Only for behavioral health related diagnosis	No		No	
e. Methadone maintenance	No		Yes	Only for behavioral health related diagnosis	No		No	
f. Harm-reduction services (specify)	No		Yes	Only for behavioral health related diagnosis	No		No	
g. AA/NA/CA	No		No		No		No	
h. Substance use case management	No		Yes	Only for behavioral health related diagnosis; considered targeted case management for substance use disorder				
i. Sober recreational activities	No		No		No		No	
6. Employment Services								
a. Job skills training	No		Yes	Only for behavioral health related diagnosis. The BHOs provide vocational rehab, a b(3), must be related to dx and tx plan	No		No	
b. Education	No		No		No		No	
c. Job readiness training — resumes, interviewing skills	No		Yes	Only for behavioral health related diagnosis. The BHOs provide vocational rehab, a b(3), must be related to dx and tx plan	No		No	
d. Job retention services — support, coaching	No		Yes	Only for behavioral health related diagnosis. The BHOs provide vocational rehab, a b(3), must be related to dx and tx plan	No		No	

Service	Fee-For Service (incl. Rehab Option; not tied to a behavioral health diagnosis)	Coverage Details	Behavioral Health (Supplemental to FFS benefits. Must have a behavioral health diagnosis; services are covered by BHOs)	Coverage Details	EBD Waiver (Supplemental to FFS benefits)	Coverage Details	CMHS Waiver (Supplemental to FFS benefits)	Coverage details
e. Job development/job placement services	No		Yes	Only for behavioral health related diagnosis	No		No	
f. Opportunities for tenants to volunteer	No		No		No		No	
7. Services for Families								
a. Support group for parents	No		Grey	Depends on what they mean by this. Parents are often involved in groups which involve children.	No		No	
b. Support group for children	No		Grey	This could be part of family therapy	No		No	
c. Support group for families	No		Yes	Only for behavioral health related diagnosis. "Family therapy", BHO only, managed limits, must include the client during session.	No		No	
d. Parenting classes	No		No		No		No	
e. Classes on child development	No		No		No		No	
f. Child care or day care	No		No		No		No	
g. After-school care	No		No		No		No	
h. Children's services (specify)	Yes	only those medically related	No		No		No	
i. Domestic violence services	No		No		No		No	
j. Child care in the event of parent illness/hospitalization/detox	No		No		No		No	
k. Family advocacy (specify)	No		Grey	Depends on what they mean by this. Peer support services is a b(3), also called "family navigators," etc. Medicaid clients in managed care also have access to the Ombudsman.	No		No	
l. Family reunification (specify)	No		No		No		No	
m. Assistance with accessing services for children (specify)	No		No		No		No	
n. Assistance with accessing entitlements	Yes*	RCCO possibility. County human services will assist with this activity.	Yes	Only for behavioral health related diagnosis	No		No	

*Individuals who are 18-64 with a physical disability or 65+ who meet the functional and targeted criteria are eligible for this service through the adult waivers.