CSPECH Community Support Program for People Experiencing Chronic Homelessness

Using Medicaid for Tenancy Support Services in Massachusetts

CSPECH is a nationally recognized model of Medicaid reimbursement used to fund permanent supportive housing for chronic and high need homeless individuals in Massachusetts.

CSPECH helps stabilize and improve the lives of a high-risk, high-cost population; reduce the use of high-cost health services; and contribute to the state effort to reduce homelessness.

How does it work?

1 Innovation and Partnerships



CSPECH is an innovation of the Massachusetts Housing and Shelter Alliance (MHSA) and the Massachusetts Behavioral Health Partnership (MBHP).

MHSA is the state's leading adocate for supportive housing and Housing First approaches to ending homelessness.

MBHP is the state's managed care entity (MCE) behavioral health carve-out.

CSPECH was built on the existing Community Support benefit through the state's $1115\ \text{waiver}$.

CSPECH was supported by the state administrator of Medicaid, MassHealth, which substituted MBHP's traditional contract requirements with the achievement of performance incentives, one of which was CSPECH.

In 2015, coverage for CSPECH expanded to all MCEs in Massachusetts through the stat's Pay For Success initiative.



CSPECH services are available through local partnerships of community-based providers of behavioral health and housing services. CSPECH service providers use care coordination teams and partner with other agencies to ensure all of the tenant's needs are met.

2 Housing First

CSPECH was designed to provide wrap around Housing First services to single adults who were experiencing chronic homelessness. Services were designed to prevent hospitalization and other in-patient treatments that drive up health costs. Housing is the primary intervention.

Services must be community based, mobile, and delivered through a team approach. Services are voluntary and delivered in a person centered approach.

Covered Services

- Outreach and engagement
-Service coordination and
linkage
-Connection to benefits, housing,
and healthcare
-Treatment and crisis planning
-Peer supports and specialists
-Assisting with daily living skills
-Fostering empowerment and
recovery

3 CSPECH By the Numbers

15

\$17

1,250

H uses a bundled rate Mi it structure. The existing \$15 inute CSP benefit was pro to allow for a day rate I date range billing.

\$17.30 per day per person to provide any mix of services MHBP has provided
CSPECH services to more than
1,250 beneficiaries (update
stat)



Reimbursement

CSPECH services are reimbursed up to 90 days prior to an individual being housed. CSPEC

4 Cost Savings



Analysis of medical costs per person pre and post enrollment in CSPECH shows an estimated

net savings of over \$10,000 per person annually

CSPECH shifts costs to housing from managing medical conditions on the street or in shelter.

5 Growth

As a result of MHSA's continued advocacy, CSPECH was expanded to all MCE's in Massacusetts in 2015 through the first-in-thenation Pay For Success initiative focused on reducing individuals experiencing chronic homelessness.

The Pay For Success initiative, launched in 2015, is based on the MHSA administered and highly successful, Home & Healthy for Good statewide permanent supportive housing program

Home & Healthy for Food and Pay For Success have demonstrated that providing low-threshold housing and supportive services to chronically homeless individuals is more effective and less costly-especially when services are funded via CSPECH



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Keys to Success



The keys to the success of CSPECH, and any other Medicaid reimbursement model for housing and services include:

- -Vision and support of state leadership
- -Brokering effective partnerships between behavioral health and housing agencies
- -Active involvement of providers and consumers of housing and homeless services

For More Information:

