

Policy Brief

CORPORATION FOR SUPPORTIVE HOUSING



SUMMARY OF STATE ACTIONS

Medicaid & Housing Services

Updated August, 2021

INTRODUCTION

States have recognized that supportive housing targeting low-income people with complex care needs can improve both individual health outcomes and the health of communities while still reducing Medicaid spending. Given the overrepresentation of Black, Indigenous and People of Color (BIPOC) among those experiencing homelessness, those families involved with the child welfare system, those impacted by mass incarceration, those forced to live in congregate care settings, and other systemic and structural racism indicators, supportive housing can be a strategy to build equitable communities. States are looking to both increase supportive housing capacity and supportive housing quality. One component of improving quality could be developing more intensive supportive services. However, the primary barrier to increasing supportive housing capacity for most communities is the lack of funding to operate and deliver services over the long term.

At the federal level, the Center for Medicaid and Medicare Services (CMS) has supported these efforts under both Democratic and Republican Administrations. CMS, in a January 2021 State Health Official Letter, clarified the role of Medicaid in addressing the Social Determinants of Health (SDOH), including housing.¹ In addition, the influential Medicaid and CHIP Payment and Access Commission (MACPAC) recently issued a report summarizing the role Medicaid plays in addressing housing needs, specifically that states can choose to offer Housing Support Services through a variety of Medicaid authorities.² CMS has been clear that the services in supportive housing are Home and Community Based Services (HCBS).³

States have also recognized the need to bring supportive housing to scale, to address homelessness and housing instability, to rebalance their aging services and other institutional systems, and to address deep historical inequities in their communities. CSH's national supportive housing needs assessment estimates an additional 1.1 million units are needed nationwide. Health care system financing for the services in supportive

¹ <https://www.medicaid.gov/federal-policy-guidance/downloads/sho21001.pdf>

² <https://www.macpac.gov/wp-content/uploads/2021/06/Medicoids-Role-in-Housing-1.pdf>

³ <https://www.medicaid.gov/medicaid/home-community-based-services/index.html>

housing promises to bring the model to scale. States, localities, and health services payers such as Managed Care Organizations (MCOs) are experimenting with options to finance outreach and engagement, tenancy supports, and other housing related services. In a report from earlier this year, the National Association of Medicaid Directors (NAMD), encouraged states to better serve populations experiencing homelessness and housing instability by expanding “supportive housing services.”⁴

This brief summarizes state activities that offer many populations the services needed for them to obtain and maintain community housing. Some of these programs are statewide (HI, OR, WA), while others are smaller in scale (FL, MA, MD). Some programs focus broadly on housing support services for households struggling with housing costs (MA), or those with behavioral health challenges (OR, VA). Others are directly focused on homelessness and increasing supportive housing capacity (CA, HI, WA). Other states are using the HCBS 1915(i) authority (MN, ND). CSH consults with a number of these programs and is closely watching for lessons learned that could be applied to other states. Rutgers Center for State Health Policy has summarized the implementation of these services in California, Maryland, and Washington in depth.⁵

Whether states are using the 1115 authority or the 1915(i) authority, CMS has been straightforward in both the previous (FL, HI) and current (OR) administrations, that these services are part of the HCBS program. In approvals of waivers and State Plan Amendments (SPAs), CMS requires that services are administered as a component of the states’ current, active HCBS program. For the 22 states with Managed Long Term Services and Supports (LTSS) programs, this commonly means providers are billing Managed Care Organizations (MCOs) for services. In states that do not have Managed LTSS, this means tenancy support services are added into the state’s current HCBS system. In either model, supportive housing providers will need technical assistance AND funding to make this shift with distinctive administrative implications for agencies.

Other states are taking a broader “Social Determinants of Health”⁶ approach. This approach includes housing-related assistance and working to address other social needs of their residents, including food access, transportation, interpersonal violence, and addressing the digital divide. Oregon and North Carolina are two example states in this category. NC, in particular, bears watching as NC has invested in both a technology platform, NC Cares 360, that gathers information around referral sources in communities and in pilot programs. The goal is to facilitate access to referrals for the health care industry. While better information will not address resource gaps, the hope is that better information can quantify gaps and inform budgets to include allocations to address those gaps. CSH expects to see other states step up activities in this space as well.

Of interest, a number of states have pending requests to CMS that include funding for housing related costs that will be time limited. This includes Arizona’s 1115 waiver, and [North Carolina](#) and [Washington State](#)’s plans to use the HCBS enhanced funding from the American Rescue Plan Act.

Also of interest, for those working with the Medicare program, CMS has expanded its definition of “primarily health-related” to include in-home supports or services that prevent avoidable utilization of emergency and acute health care systems. A benefit package under this guidance could include supportive housing services. Medicare Advantage programs, (Managed Care for Medicare Benefits) will have the option to offer their beneficiaries expanded non-medical benefits.⁷ CSH believes this means that these MCOs can include needed tenancy support services for targeted individuals. The most recent approvals of these services have called them ACIS or Access to Community Integration Services.

The table below highlights actions states and other entities have taken to improve service delivery and financing of the services delivered by supportive housing providers.

⁴ https://medicaiddirectors.org/wp-content/uploads/2021/02/NAMD_MedicaidForwardReport_FEB2021.pdf

⁵ <http://www.cshp.rutgers.edu/publications/medicaid-demonstration-waivers-with-housing-supports-an-interim-assessment>

⁶ <https://www.cdc.gov/socialdeterminants/index.htm>

⁷ <https://khn.org/news/medicare-advantage-plans-cleared-to-go-beyond-medical-coverage-even-groceries/>

SUMMARY OF STATE ACTIVITY

State/City	Program Model	Medicaid Mechanism	Target Population	Status
Arizona	Outreach, Transitional Housing and Tenancy Supports Services	1115	Homeless and at risk of homelessness or unnecessary institutionalization.	<p>Negotiating with CMS</p> <p>State has submitted a draft Waiver proposal on 5/26/21</p>
California	Whole Person Care Pilots managed through county health departments: can fund outreach and engagement, formation of partnerships to integrate care, and tenancy support/sustaining services. Whole Person Care ends December, 2021	1115 Medicaid Waiver (Whole Person Care pilot)	High cost/ High need populations. In most counties, residents experiencing homelessness are among the target populations. Also includes persons moving into supportive housing and some existing tenants as long as they meet county defined criteria. Those county criteria must be within state parameters eligibility criteria.	<p>Operating</p> <p>Mid-Point Status Review Report by County</p> <p>DHCS Mid-Point Lessons Learned</p>
	Health Homes Programs (HHPS) administered by Managed Care Organizations (MCOs). New Medicaid benefit created by the ACA. The HHP provides 6 core services including referrals to community services and housing. In CA, services are defined to provide outreach, engagement, housing navigation, tenancy support and tenancy sustaining services.	Health Home State Plan Amendment SPA Known as the Health Home Program or HHP	People with two specific chronic conditions as identified by the state in the SPA, or one serious mental illness or documented risk of developing specific chronic conditions. Additionally, beneficiaries must have either frequent hospitalization usage (defined as one inpatient admission or three emergency department visits) or be experiencing chronic homelessness.	<p>Operating</p> <p>Health Home Programs have been implemented in 7 counties in 2019, with an additional 7 in January, 2020.</p> <p>Program Implementation Update</p> <p>Comparison of WPC, HHP and additional care coordination activities</p>

California (Cont'd)	Sustainability Plan: CAL AIM	1115 Waiver	Housing Support Services are included in a list of services that the state encourages Managed Care to offer. The state envisions that counties will be able to sustain and expand WPC activities but the program will transition to administration by the MCOs as “ In Lieu of Services ”	Negotiating with CMS Waiver proposal submitted to CMS 6/30/21. Current 1115 waiver expired 12/31/2020.
Connecticut	Tenancy Support Services for High Cost/ High Need complex care population The Connecticut Housing Engagement and Support Services (CHESS) Initiative	1915 (i) State Plan Amendment or SPA.	Age 18 and over, HUD defined homelessness, particular diagnoses and a risk score as defined by the Healthcare Effectiveness Data and Information Set (HEDIS) Plan All-Cause Readmissions measure, and that the individual is experiencing more significant inpatient services than would be predicted based on the individual's risk score.	Negotiating with CMS SPA Submitted to CMS. State submission to CMS State Initiative website
Florida	Pilot Program in 5 Central Florida Counties: Brevard, Pasco, Pinellas, Osceola and Seminole. This geography corresponds to HHS regions 5 and 7.	1115 Waiver Amendment though some HCBS like requirements	21 and Older with significant Behavioral Health needs and Homeless or at risk of homelessness. Start date July, 2020	Operating Implementation starting. CMS Approved Waiver amendment approved 3/26/2019. Each health plan has a process for referrals. Providers contact the health plan directly to facilitate referrals to housing and services. State Snapshot of MCOs
	Services include Pre-Tenancy, Tenancy Sustaining Services and Mobile Crisis Management and Peer Support.		Noted as a pilot program, Program cap is noted as “42,500 member months”.	Health Plans & Community Mental Health Centers are the lead. The Health Plans include Humana, Staywell, Simply Healthcare and Sunshine Health.

	Waiver amendment focused on services to increase supportive housing capacity for the state.	1115 waiver though some HCBS-like requirements	Behavioral Health, physical illness or a substance use diagnosis and chronically homeless.	Operating Waiver approved by CMS 10/31/2018.
Hawaii Hawaii (Cont'd)			<p>Persons experiencing homelessness.</p> <p>Persons living in institutions who cannot be discharged due to a lack of appropriate housing plan for discharge.</p> <p>Persons identified by Queen's Hospital Homeless Project. Had been state only funded and goal is to shift services to Medicaid.</p> <p>Living in Public Housing and at Risk of eviction AND has a qualifying condition/ diagnosis.</p>	<p>After health plan assignments, people eligible for the service, will be assigned a service coordinator from the health plan that will work with them to obtain services and housing. Face to Face interview with the service coordination and beneficiary is required.</p> <p>Benefit to be managed by the state's Managed Care delivery system which at the start of 2020 includes Aloha Care, HMSA Ohana Health Plan and United Healthcare.</p> <p>State MCO listing</p>
Illinois	Housing Support Services	1915(i) State Plan Amendment	Be at risk of homelessness upon release from a publicly funded congregate setting; Demonstrate a functional impairment, that is essential for independence; or be at imminent risk of institutional placement.	Negotiating with CMS Proposed State Plan Amendment submitted to CMS 1/25/21.

Maryland	Use Medicaid for Tenancy Support Services per 6/26/15 IB	1115 Waiver	<p>Housing Status criteria: Persons who are either experiencing homelessness or transitioning to the community from an institution or at high risk of institutional placement; In a Nursing Home for at least 60 days.</p> <p>Health Status Criteria- 4 or more hospital visits in a year (can be ED or Inpatient) OR two or more chronic conditions.</p>	<p>Operating</p> <p>County driven, as counties are required to put up what has historically been 'state match' funding as well as the aligned housing resources.</p> <p>State Web site for ACIS project.</p>
			<p>State has awarded funds to serve 400 households. CMS has approved a statewide cap of 600 persons.</p>	<p>Communities awarded include Cecil, Montgomery, Prince Georges and Baltimore City. Current program has capacity to serve 600 people and is only serving approximately 420.</p>
			<p>Persons served will need to be determined eligible for Home and Community Based Waiver Services and ready to leave nursing home if institutionalized.</p>	<p>Negotiating with CMS</p> <p>Current 1115 waiver expires in 2021. State has submitted a Waiver Renewal proposal as of July 13, 2021 with a January, 2022 start date.</p>

Massachusetts	<p>Flexible Services to expand housing and nutritional supports for vulnerable members identified by their Accountable Care Organizations or ACOs.</p>	<p>2016 1115 Waivers set the systems foundational structure as ACOs. ACOs have an allocation for “Flexible Services” and can include nutrition services as well as housing assistance. ACOs can deliver these services themselves OR contract with a provider network to deliver these services.</p>	<p>TBD by each ACO and their community partners.</p> <p>MA ACO and MCO listing</p>	<p>Operating</p> <p>Began in January, 2020 ACOs or their Community Based Organization partners can deliver housing support services to targeted members. The state calls these Flexible Services</p> <p>DSRIP Year 3 Guidance</p>
	<p>Medicaid funds used for tenancy support services, billed monthly on a per diem rate. Project is called CSPECH or Community Support Program for people Experiencing Chronic Homelessness. Pays supportive housing providers to deliver housing-based case management (\$17 per day, per person)</p> <p>Provider can bill up to 60 days prior to lease up for services.</p>	<p>1115 waiver</p>	<p>Members who are chronically homeless or high utilizers of homeless and healthcare services. Initial cap of 50 was expanded to 500-800 individuals through 2022. Limited to Medicaid recipients who are members of an MCO or a Primary Care Clinician Plan.</p>	<p>Operating</p> <p>CSH Project Profile</p> <p>Outcomes report Outcomes Report</p> <p>Negotiating with CMS</p> <p>Current 1115 expires in 2022. State has submitted a waiver amendment proposal that includes services for justice involved individuals.</p>

Michigan	Community Support Services including Housing Assistance, Skill Building Assistance and Supportive/ Integrated Employment	1115 Behavioral Health Transformation waiver through 2022. 1915I State Plan Amendment after 2022.	Persons with Serious Mental Illness, Serious Emotional Disturbance and/or Intellectual/ Developmental Disabilities.	<p>Planning</p> <p>These services are a component of the state's Behavioral Health Transformation Plan which was approved under an 1115 waiver. The state is focusing on the development of the PrePaid Inpatient Health Plans or PHIPs that manage a network of community behavioral health providers.</p> <p>CMS approved 1915(i) SPA</p>
Minnesota	Housing Stabilization Services	1915I State Plan Amendment	People with disabilities, including mental illness, who are homeless or at risk of becoming homeless, are living in institutions or other segregated settings, or are at risk of living in those settings and adults who are 65 years or older who are homeless or at risk of becoming homeless.	<p>Operating</p> <p>Housing Stabilization Services</p> <p>Services began July 20, 2020. MN is the first state approved to use a 1915(i) State Plan Amendment or SPA.</p> <p>Rate is \$17.17 per 15-minute increment. Code is H2015 U8.</p> <p>State reports that 7,203 people were served in the first year of services.</p>
Nevada	Housing Support Services	1915(i) State Plan Amendment	TBD	<p>Planning</p> <p>NV has legislative approval to develop a 1915(i) SPA. State is also developing Standards of Care and materials to support provider capacity building.</p>

New Hampshire	Housing Support Services	1915(i) State Plan Amendment	Homeless or at Risk of Homeless and needing assistance for community living.	Negotiating with CMS State and CMS in negotiation on the draft State Plan Amendment
North Dakota	Housing Support Services to 3 new affordable housing projects being developed by Housing Authorities	1915I State Plan Amendment	People with behavioral health challenges who are experiencing homelessness and housing instability.	Operating State has an approved 1915(i) State Plan Amendment . Services began 2/2021. Rate is \$10.49 per 15-minute increment. Code is H2021 U4.
Oregon	Health Related Services can include Housing services. Housing services are optional for Coordinated Care Organizations (CCOs) to fund.	1115 Medicaid Waiver	Not specified in the waiver. Communities can choose to include as an optional benefit under 'health related services.	Operating State is working to incentivize CCOS to offer tenancy supports to pair with new housing related resources that are coming on line. State Health Related Services Overview
	Housing support services for persons with Substance Use Disorders	1115 Medicaid Waiver	Persons with SUD	Planning Waiver approved April, 2021 as part of the state's SUD services demonstration.

Pennsylvania	Tenancy Support Services for IDD/DD population	1915I State Plan Amendment	Those already eligible for IDD waivers. Process remains the same as prior to the waiver.	<p>Operating</p> <p>Tenancy support services are now added to the menu of services available for persons eligible for the IDD waiver. No new funding attached, education of providers on best practices in supportive housing or alignment with housing resources.</p>
Rhode Island	Home Stabilization Services	1115 Medicaid Waiver	Persons with Behavioral Health or Intellectual Disabilities. Those institutionalized or at risk of institutionalization	<p>Operating</p> <p>Waiver approval at CMS approved waiver</p> <p>State Project Website</p> <p>State is accepting applications for providers as of 7/15/20.</p> <p>State has created Certification Standards to guide the program</p>
Utah	Housing Support Services for certain Medicaid enrollees	Not clear at this time	TBD	<p>Planning</p> <p>Legislature approved state Medicaid office to develop tenancy support services.</p>
Virginia	High Needs Support Benefit	1115 Waiver	State to develop target criteria that includes health related needs based criteria & Risk Factors such as chronic homelessness, institutionalization, criminal justice system involvement, and/or significant housing instability. Benefit includes supportive employment services.	<p>Planning</p> <p>CMS approved Waiver approved as of 7/9/20.</p> <p>State planning for implementation in FY22.</p>

Washington State	Foundational Community Supports for supportive housing and supportive employment services.	1115 Waiver	People experiencing chronic homelessness, individuals with frequent or lengthy adult residential care stays, individuals with frequent turnover of in-home caregivers and those at highest risk for expensive care and negative outcomes	<p>Operating Waiver approved and implementing as of 1/1/2018.</p> <p>State Program website</p>
				<p>Using Billing Codes H0043 Community Support services: daily rate of \$112 with a benefit limitation of 30 days over a 180-day period.</p> <p>Reimbursement is based on monthly service delivery and for a caseload of 15 is approximately \$100,000 annually.</p> <p>State reports over 12,000 people served.</p>
				<p>Amerigroup is the third party administrator. Their Provider Manual for these services outlines key program details.</p>
Vermont	Permanent Supportive Housing Pilot	1115 waiver	Persons with behavioral health, traumatic brain injury, intellectual and developmental disabilities and physical disabilities that need assistance to maintain community living.	<p>Negotiating with CMS</p> <p>State has submitted an 1115 waiver renewal request that includes a PSH pilot.</p>

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The Corporation for Supportive Housing (CSH) is the national champion for supportive housing, demonstrating its potential to improve the lives of very vulnerable individuals and families by helping communities create more than 385,000 real homes for people who desperately need them. CSH funding, expertise and advocacy have provided \$1 billion in direct loans and grants for supportive housing across the country. Building on 30 years of success developing multiple and cross-sector partnerships, CSH engages broader systems to fully invest in solutions that drive equity, help people thrive, and harness data to generate concrete and sustainable results. By aligning affordable housing with services and other sectors, CSH helps communities move away from crisis, optimize their public resources, and ensure a better future for everyone. Visit us at www.csh.org.

