

POLICY BRIEF



SUMMARY OF STATE ACTIONS

Medicaid & Housing Services

Updated February, 2022

INTRODUCTION

States recognize 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. Many barriers exist to increasing supportive housing capacity for most communities including lack of a Medicaid Authority in place, administrative capacity of the supportive housing providers, agencies fiscal sustainability in a shift from grants based/ prospective payments to billing/retrospective payments and workforce challenges. Over a dozen states already have in place some type of housing supportive services benefit and [CSH's new MAP](#) can help you find where your state is in the process.

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) 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

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>

(HCBS).³ Many states such as Arizona, California, Colorado, New Jersey and Washington State are using funds from either the ARPA HCBS plans⁴, SAMHSA ARPA funds⁵ or both to fund services aligned with housing.

In making these investments, states have recognized the need to bring supportive housing to scale, to address homelessness and housing instability, to rebalance their aging services and other institutional systems, to ensure community integration opportunities for people and households with disabilities 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 housing offers the promise of bringing 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 2021, the National Association of Medicaid Directors (NAMD), encouraged states to better serve populations experiencing homelessness and housing instability by expanding "supportive housing services."⁶

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 solely for those with behavioral health challenges (OR, VA). Others are directly focused on homelessness and increasing supportive housing capacity (CA, HI, WA). Some states are using the 1115 waiver authority (CA, HI, OR, VA, WA) while other states are using the HCBS 1915(i) authority (CT, 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.⁷

Since CMS views these services as part of the HCBS program states are required to administer the program as a component of the states' current 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"⁸ approach. This approach, the "health related social needs' approach"⁹ 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.

The table below highlights actions states and other entities have taken to improve service delivery and financing of the services that cover

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

⁴ <https://www.medicaid.gov/medicaid/home-community-based-services/guidance/strengthening-and-investing-home-and-community-based-services-for-medicaid-beneficiaries-american-rescue-plan-act-of-2021-section-9817-spending-plans-and-narratives/index.html>

⁵ <https://www.samhsa.gov/newsroom/press-announcements/202105181200>

⁶ https://medicaiddirectors.org/wp-content/uploads/2021/02/NAMD_MedicaidForwardReport_FEB2021.pdf

⁷ <http://www.cshp.rutgers.edu/publications/medicaid-demonstration-waivers-with-housing-supports-an-interim-assessment>

⁸ <https://www.cdc.gov/socialdeterminants/index.htm>

⁹ <https://www.bettercareplaybook.org/health-related-social-needs>

tenancy support services and are now commonly delivered by supportive housing providers.

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.	Negotiating with CMS State has submitted a draft Waiver proposal on 5/26/21
California	Various Funding Options including: - \$1.3 billion of incentives for Managed Care Plans to address Homelessness - \$100 million in capacity building grants for HCBS and homeless providers, called PATH - \$298 million for Community Based Residential Continuum Pilots for Vulnerable, Aging and Disabled Populations-	ARPA HCBS Plan	Persons who are eligible and/or enrolled or should be enrolled in HCBS services	Planning State received conditional approval 1/4/2022 and is proceeding to implement. Managed Care Plans (MCPs) have incentives to address housing and homelessness and providers can apply for PATH funds for capacity building.
	CAL AIM is the sustainability Plan for Whole Person Care services that were offered under the previous 1115 waiver Community Supports can include an array of housing related services include 'post hospitalization short term housing.	1115 Waiver	MediCal recipients with special emphasis on addressing homelessness via new services. New services offered at the discretion of the Managed Care Plans (MCPs).	Approved and Planning Waiver approved. 1/1/2022 start date.

	Whole Person Care Pilots managed through county health departments: ends December, 2021	1115 Medicaid Waiver	High cost/ High need populations.	Transitioning to CAL AIM Mid-Point Status Review Report by County DHCS Mid-Point Lessons Learned
Colorado	Replicating elements of the Denver Social Impact Bond (SIB) program model statewide with rental subsidies and an Intensive Case Management.	ARPA HCBS Plan for services and HUD Emergency Housing Vouchers (EHV) for housing subsidies	Persons experiencing homelessness, multiple disabling conditions and high health/crisis system utilization.	Negotiating with CMS Conditional Approval as of 9/21/21. CMS wanting assurances that HCBS funds will NOT be used to pay for “Room and Board”.
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.	Operating SPA approved by CMS. State Initiative website CMS approved SPA
	Supportive Housing Services	ARPA HCBS Plan	Persons with Intellectual and/or Developmental Disabilities	Negotiating with CMS Partial Approval as of 8/30/21.
District of Columbia	Housing Supportive Services including Housing Stabilization Services and Housing Navigation Services	1915(i) State Plan Amendment	Requires Home and Community Based Services to assist with achieving and maintaining housing. Chronically homeless, have a history of chronic homelessness or at risk of chronic homelessness	Negotiating with CMS Submitted 10-2021

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.
Hawaii	Community Integration Services (CIS)	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.
	Waiver amendment focused on services to increase supportive housing capacity for the state.		Persons experiencing homelessness. Persons living in institutions who cannot be discharged due to a lack of appropriate housing plan for discharge. Persons identified by Queen’s Hospital Homeless Project. Had been state only funded and goal is to shift services to Medicaid. Living in Public Housing and at Risk of eviction AND has a qualifying condition/diagnosis.	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. Benefit to be managed by the state’s Managed Care delivery system. State MCO listing State's initiative web site

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.
Louisiana	Permanent Supportive Housing Initiative	State Plan Services	Low Income populations with disabilities	Operating State PSH Web site
Maryland	Assistance in Community Integration (ACIS) program	1115 Waiver	Original waiver program has served persons who meet the below criteria <u>Housing Status criteria:</u> 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 AND <u>Health Status Criteria-</u> 4 or more hospital visits in a year (can be ED or Inpatient) OR two or more chronic conditions.	Operating Original waiver was county driven, as counties are required to put up what has historically been 'state match' funding as well as the aligned housing resources. State Web site for ACIS project
			County based Lead Entities to determine populations in discussion with the state.	Planning New waiver approved 12/14/21 to take program statewide

Massachusetts	Flexible Services to expand housing and nutritional supports for vulnerable members identified by their Accountable Care Organizations or ACOs.	2016 1115 Waivers set the system's 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.	TBD by each ACO and their community partners. MA ACO and MCO listing	Operating 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 DSRIP Year 3 Guidance
	CSPECH or Community Support Program for people Experiencing Chronic Homelessness. Provider can bill up to 60 days prior to lease up for services.	1115 waiver	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.	Operating CSH Project Profile Outcomes Report Rate is \$17 per day, per person for housing focused case management.
	CSEPCH being expanded to now being called Community Support Program for Homeless Individuals or CSP- HI.		Similar criteria to CSPECH EXCEPT persons who are homeless and coming from institutions or incarceration are now included and no longer have to wait till they have been homeless long enough to be chronically homeless. The new waiver proposal has no enrollment cap.	Negotiating with CMS Current 1115 expires in 2022. State submitted a waiver proposal on 12/22/21.

Michigan	Community Support Services including Housing Assistance, Skill Building Assistance and Supportive/ Integrated Employment	1115 Behavioral Health Transformation waiver through 9/30/2022. 1915I State Plan Amendment after 9/30/2022.	Persons with Serious Mental Illness, Serious Emotional Disturbance and/or Intellectual/ Developmental Disabilities.	<p>Operating</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 298 providers have served 7,203 people were served in the first year of services.</p>
Montana	HEART waiver, including tenancy support services	1115 waiver	Persons with Behavioral health challenges who are experiencing homelessness or housing instability	<p>Negotiating with CMS</p> <p>State Web site for waiver</p>

Nevada	Housing Support Services	1915(i) State Plan Amendment	TBD	Planning NV has legislative approval to develop a 1915(i) SPA. State is also developing Standards of Care and materials to support provider capacity building.
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
New Jersey	Housing Transition and Tenancy Sustaining Services	1115 waiver	Persons with disabilities, formerly incarcerated, formerly homeless or at risk of homelessness, transitioning from institution to the community including those being released from correctional facilities, beneficiaries at risk of institutionalization who require a new housing arrangement to remain in the community, and/or beneficiaries who are transitioning out of high-risk or unstable housing situations.	Planning State has a draft 1115 proposal/ concept paper that proposes a PSH pilot for services
	Development of 100 units of deed restricted subsidized and accessible rental units for Medicaid beneficiaries	ARPA HCBS Plan	Medicaid Beneficiaries	Negotiating with CMS Partial Approval as of 9/29/21
New Mexico	Supportive Housing Units including capital funds	ARPA HCBS Plan	Disabled HCBS recipients	Negotiating with CMS CMS has requested additional information from the state.

North Carolina	Social Determinants of Health Initiatives can include Housing Support Services	1115 waiver	Three regions in the state, all rural were awarded funding to operate Healthy Opportunities Pilots to offer housing and other SDOH related services	Operating State Program website
North Dakota	Housing Support Services	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	Operating 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.	Operating 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.

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 has created Certification Standards and Provider Manual to support providers.</p> <p>Rate is a Per Member, Per Month rate of \$331 and the code is H0044.</p>
Utah	Housing Related Services and Supports	1115 waiver	TBD	<p>Planning</p> <p>Legislature approved state Medicaid office to develop tenancy support services.</p> <p>State submitted a Medicaid Waiver request to CMS.</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>
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, 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 timeline for implementation is TBD.</p> <p>High Needs Support (virginia.gov)</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>
				<p>Planning Original waiver was to end 12/31/21 but CMS approved a one year extension through 2022. State is developing a new 1115 waiver with plans to start in January, 2023.</p>

Wisconsin	Housing Support Services	Children's Health Insurance Program (CHIP) Health Services Initiative	Low-income families experiencing homelessness to address equity issues in both health and homeless assistance systems	Planning CHIP SPA being submitted to CMS 12/31/21
	Housing Support Services	1915(i) Medicaid State Plan Amendment	Medicaid beneficiaries experiencing homelessness and have a substance use disorder, mental health condition, pregnant, or up to 12 months postpartum.	Planning State Medicaid office is developing a Health Services Initiatives proposal <u>as directed by the legislature.</u>

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