

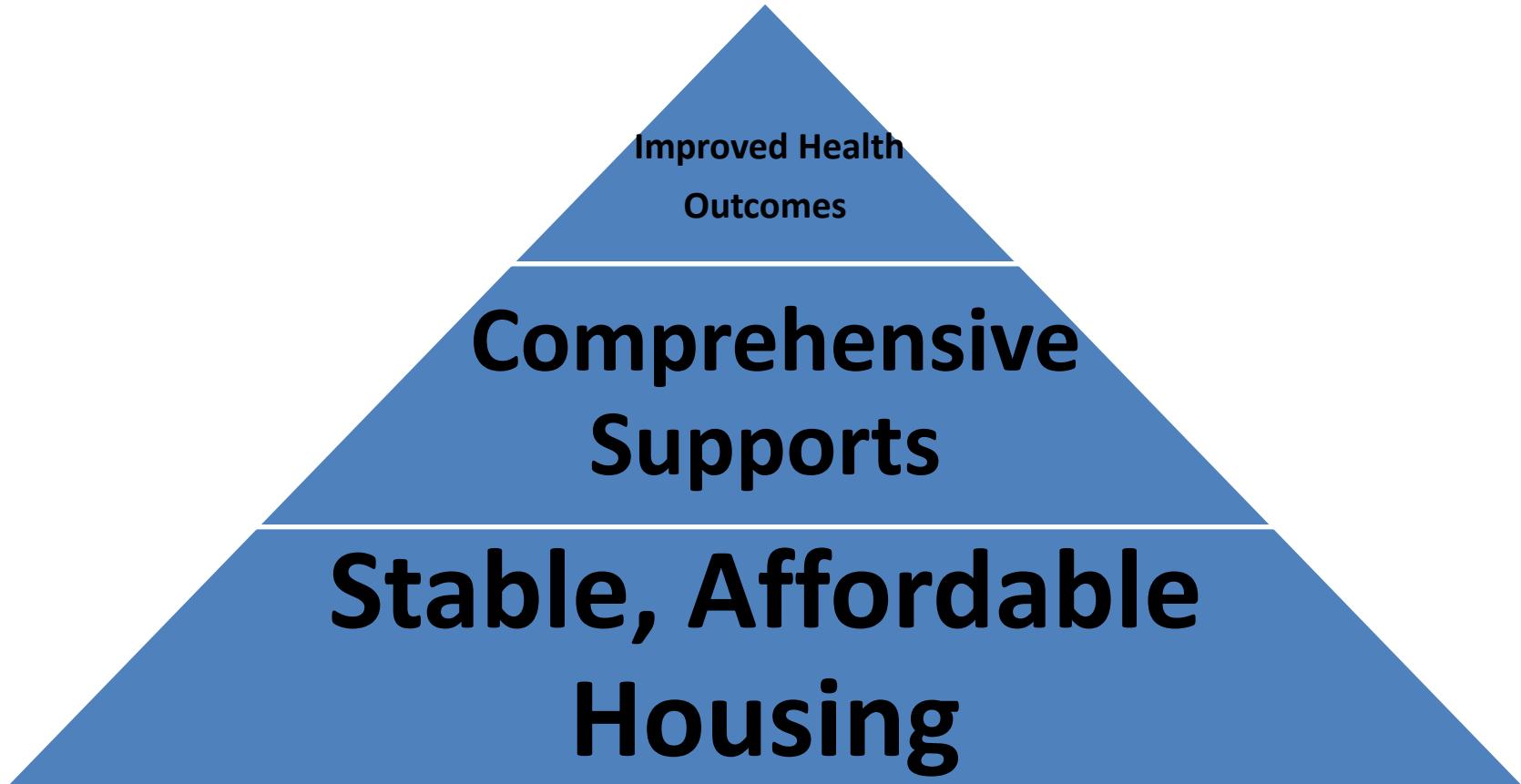
Medicaid and Supportive Housing: Establishing the Partnership

**National Academies Workshop on
Homelessness and Urban Sustainability:
Implications of Changes to the US Health
System on a Vulnerable Population**

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Housing as a Foundation for Health



Evidence on Supportive Housing for Homeless Individuals is Strong

- Substantial body of evidence documenting the impact of supportive housing on:
 - Health Outcomes, e.g., improved health status, better mental health, lower substance abuse rates, higher survival rates for residents of supportive housing.
 - Utilization rates and cost, e.g., lower ED and inpatient hospital admissions, lower detox and psychiatric admissions.
 - Bolsters argument that stable, affordable housing is a foundation for better health outcomes and lower health costs.
- Despite the research and recognition of housing as a key social determinant, the two systems remain “silohed”.

Successful Partnerships Must Address a Number of Barriers

These barriers include:

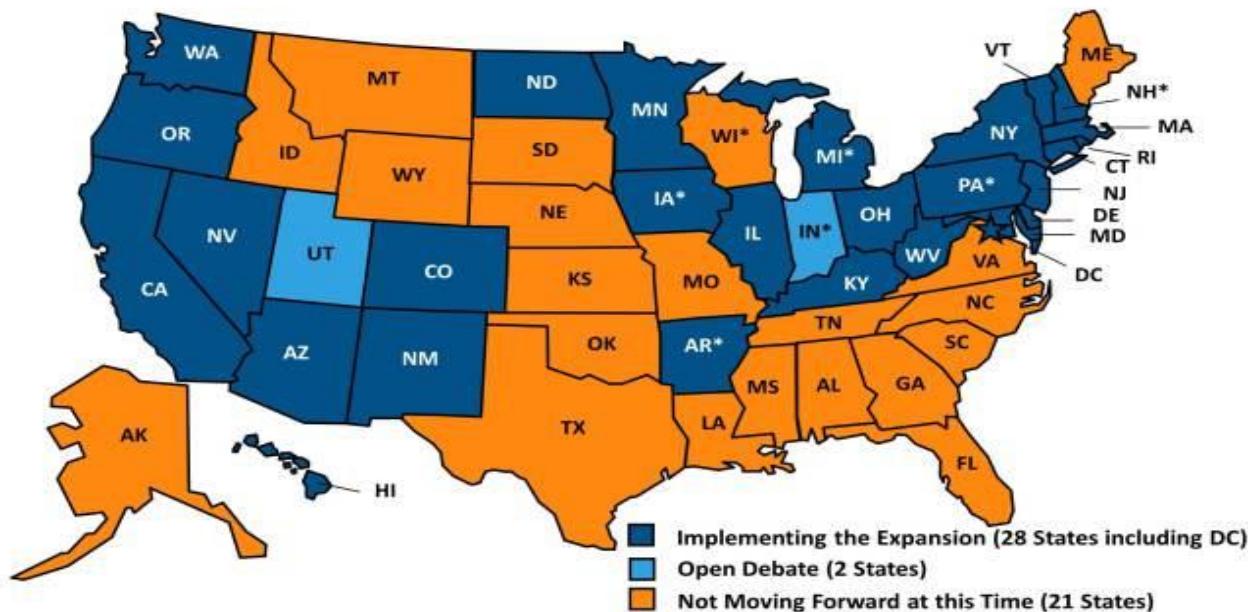
- Housing historically not defined as Medicaid reimburse-able
- Type of services provided not consistent with the medical model
- Capacity of housing organization as service provider
- Pressure on Medicaid Funding

But a necessary first step:

- Bridging the language divide -- Housing providers and healthcare payers will need to interface, understand and speak each others languages, in order to foster effective collaborations

Changing Dynamics of Medicaid: Expansion of Medicaid under the ACA

Current Status of State Medicaid Expansion Decisions

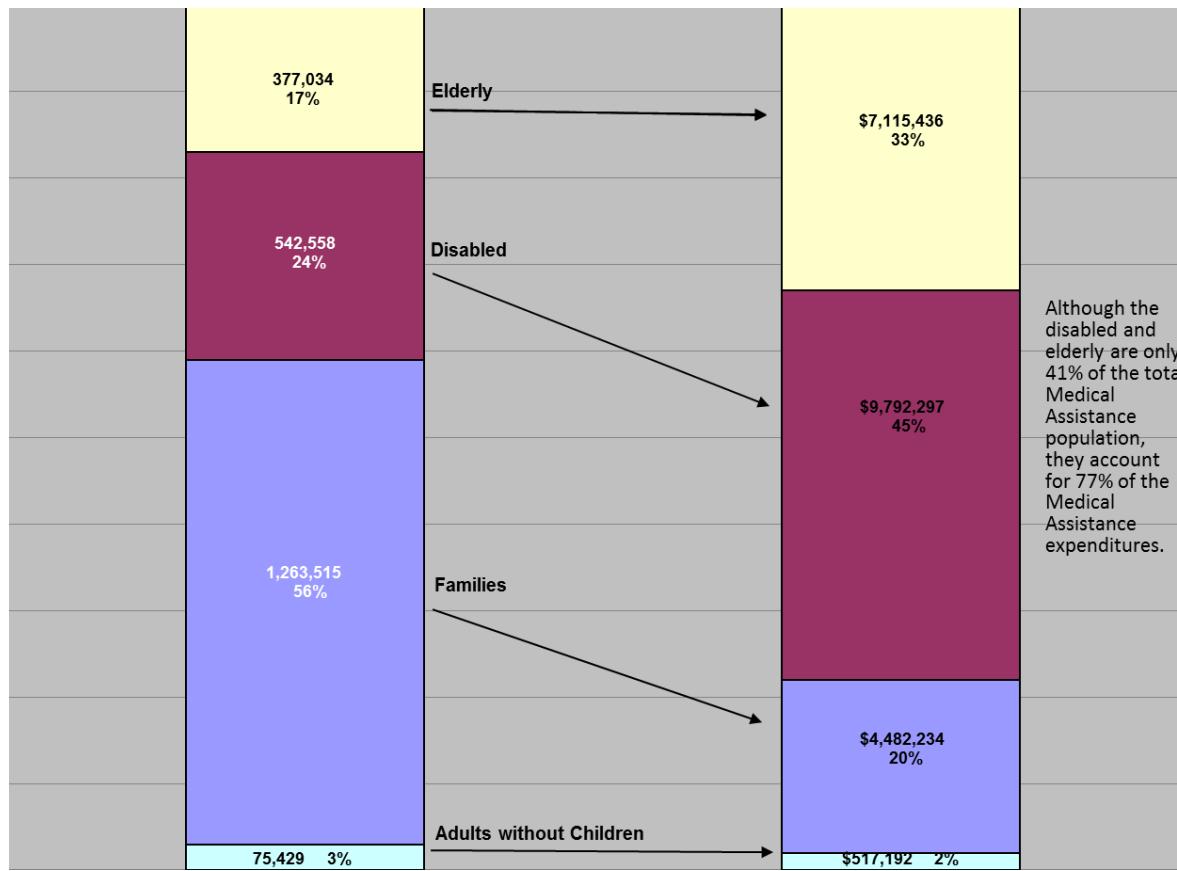


NOTES: Data are as of August 28, 2014. *AR, IA, MI, and PA have approved Section 1115 waivers for Medicaid expansion. In PA, coverage will begin in January 2015. NH is implementing the Medicaid expansion, but the state plans to seek a waiver at a later date. IN has a pending waiver to implement the Medicaid expansion. WI amended its Medicaid state plan and existing Section 1115 waiver to cover adults up to 100% FPL in Medicaid, but did not adopt the expansion.

SOURCES: Current status for each state is based on data from the Centers for Medicare and Medicaid Services, available [here](#), and KCMU analysis of current state activity on Medicaid expansion.

Medicaid Expenditures by Population Group

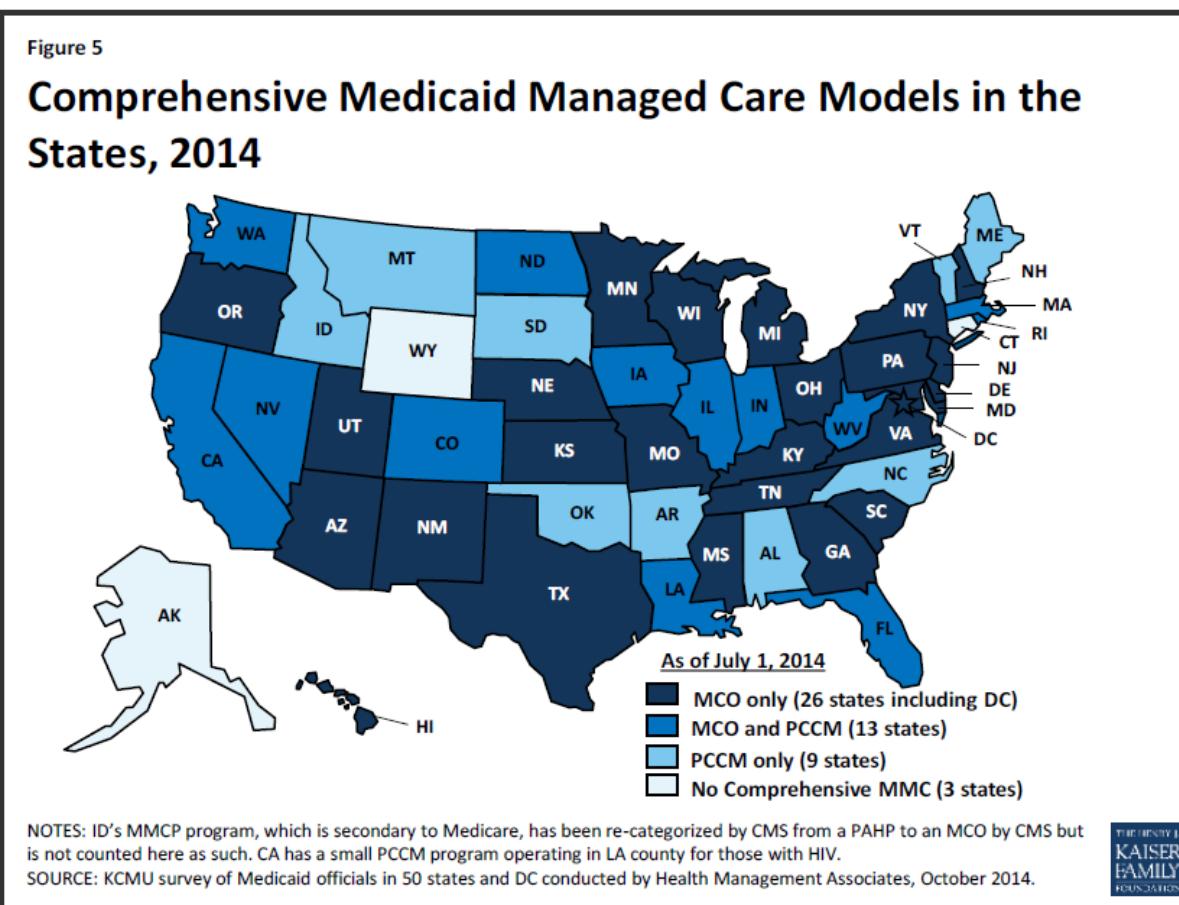
Fiscal Year 2014-2015
(Dollar Amounts in Thousands)



Changing Dynamics of Medicaid (Continued)

- Increased focus on a more holistic approach to care and achievement of the Triple Aim.
- New tools available through the ACA: e.g. Health Homes; 1915 (i); State Innovations Models (SIMs).
- Housing organizations providing service supports on site as natural partners in efforts by payers to achieve health outcomes.
- Housing organizations are becoming more focused on tracking outcomes/ measuring impact on health related metrics.

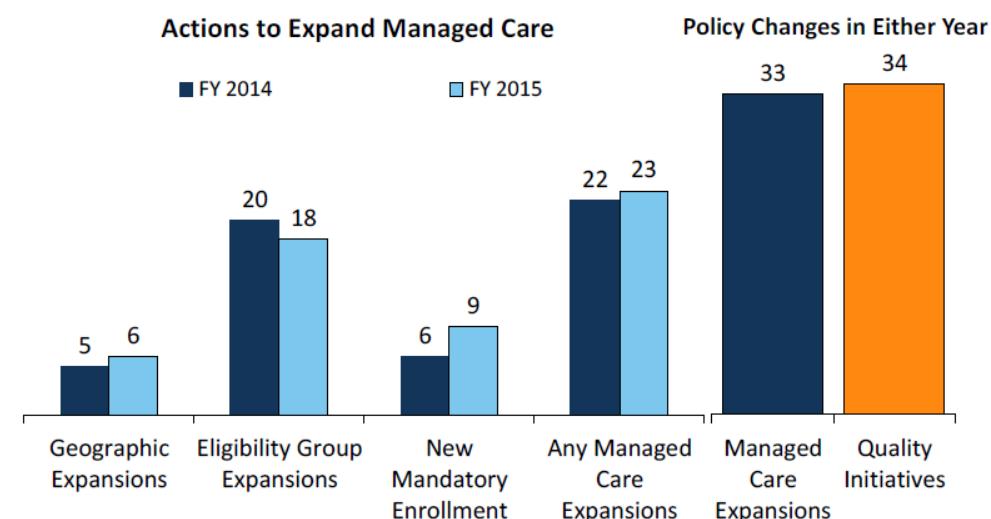
Changing Dynamics of Medicaid: Increased Reliance on Managed Care



Partnership with Medicaid likely to Require Partnership with MCOs

Figure 6

Managed Care Expansions and Quality Initiatives, FYs 2014 and 2015



SOURCE: KCMU survey of Medicaid officials in 50 states and DC conducted by Health Management Associates, October 2014.



Potential Advantages of Managed Care Model

- MCOs paid a capitation rate and are “at risk” for provision of care
- Incentives align for strategies to improve care/reduce costs for homeless population
- More flexibility in MCO model compared to FFS
- Supportive Housing will need to demonstrate/document interventions that move needle on key metrics

MCO Housing and Health Care Roundtable May 2014

- Meeting hosted by Stewards for Affordable Housing for the Future (SAHF) -- included SAHF Members, Medicaid MCOs, representatives from foundations, trade associations, and policy think tanks.
- Agreement on Critical Role of Housing
 - Plans mentioned efforts underway to establish linkages with housing.
- Better Understanding required of each other's Business Models – health plans and housing providers must become “bilingual”.

Key Roundtable Take-Aways

- Recognition of the assets which housing providers can bring:
 - Can be “eyes and ears” for health plans, providing real-time information on life factors that impact health of members.
 - Trusting relationship housing providers have with residents can be a platform to more fully engage them in their health care.
 - Can be an effective partner as plans seek to go beyond health care utilization as way of defining/ understanding needs of beneficiaries.

Potential Roles for Housing Entities

- Examples of specific challenges housing providers could help address:
 - Locating high risk members who are residents.
 - Helping residents maintain insurance eligibility.
 - Addressing medication compliance.
 - Peer programs to help residents manage chronic conditions.
 - Health education efforts to improve health literacy and prepare residents for appointments.

Partnership Building Blocks

- Suggestions for fostering more effective partnerships:
 - Consult early and often with plans to address their pain points.
 - Implement interventions that complement rather than duplicate health plan services and data collection.
 - Technology can be a helpful in fostering real time linkages and increase value of potential linkages.
 - Collaboration on mutual public policy interests.
- All Partnerships are local

One Health Plan's Approach -- UPMC

- UPMC partnering with local housing authority, community housing agency, and local primary care practice.
- Identified Medicaid/SNP Members who were homeless and whose medical spending was in the top 5%.
- Conduct member assessments, arranged for PCP visit and care plan development.
- Assist member in finding fair market housing (1 BR).
- Provide enhanced care coordination including follow-up after ER visits and hospital admissions, medication reconciliation and adherence, transportation assistance.
- 26 individuals served by program to date.
- UPMC reports a 6.6% reduction in total amount paid; 22% reduction in acute inpatient admits (non-BH); 4% reduction in ED visits, and 4% increase in physician office visits.

Forging Effective Partnerships

- Partnerships with MCOs not without challenges
 - Pressure on Medicaid Funding Overall/MCO Administrative Funds.
 - Scale of Potential Collaborations
 - Less of an issue to extent intervention is focused on high utilizers.
 - Housing organization capacity issues
- Increasing the Evidence Base of Successful Models
- Finding the Right Pathway will require:
 - Leadership – at Federal, state, local, MCO, and housing level
 - Collaboration and mutual alignment of goals
 - Increased Flexibility to test targeted approaches

Recommendations

- Increase technical assistance to help housing organizations and MCOs, as well as other care coordinating organizations, forge partnerships.
- Provide similar support to states to help them in navigating existing authorities.
- Increase dissemination of information on best practices
- Explore enhanced flexibility to test new models.

Questions And Answers

For additional information or follow-up questions, contact Mike Nardone at:

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THANK YOU