Health & Housing Innovation

Health & Housing Efforts Nationwide

Sharon Rapport, CSH
CSH advances housing solutions that:

- Improve lives of vulnerable people
- Maximize public resources
- Build strong, healthy communities

Building Strong, Healthy Communities

Locations where CSH has staff stationed
Locations where CSH has helped build strong communities
Evidence Matters: Randomized, Control Group

Housing Satisfies “Triple Aim”

Improving Quality of Care
- Continuity of care from hospital to community: patients get care they need
- More appropriate use of emergency rooms, hospital space and staff

Reducing Costs
- Reduced readmissions to hospitals
- Cost avoidance in inpatient care

Improving Health Outcomes
- Stabilizes fragile individuals
Housing as a “Social Determinant of Health”

Residents of Institutions who Prefer to Live in the Community

Charginly Homeless People

Health Relies on Housing Vulnerable Populations Can Afford

People Exiting Jail or Prison with Chronic Health Conditions (esp. mental health)

Disabling conditions coupled with housing need

Medicaid Funding for Housing? For Services in Housing?

Traditional Affordable Housing

Supportive Housing

Capital Operating

Capital Operating Services
Getting Health Systems to See Housing as Healthcare

CMS Informational Bulletin

✓ Medicaid Can Pay for Housing-Related Activities & Services
✓ Housing specialists,
✓ One-time moving expenses
✗ Medicaid Can’t Pay for Long-Term Housing Costs
Funding for Services in Housing: ACA Health Home Option

2 Chronic Conditions, 1 Condition & Risk of 2nd, 1 SMI

2 Years: 90% Federal, 10% State

“Health Homes” Bill (Mitchell): California

AB 361 uses an option under Affordable Care Act to create a new health home benefit for Medi-Cal beneficiaries who are FREQUENT HOSPITAL USERS or who are CHRONICALLY HOMELESS.

Services Funded by Health Home Option

Section 2703 of ACA: Health Homes Option

AB 361 Health Homes

Frequent Hospital User Beneficiaries

Chronically Homeless Beneficiaries

COMPREHENSIVE CARE MANAGEMENT

COORDINATION and HEALTH PROMOTION

COMPREHENSIVE TRANSITIONAL CARE

REFERRAL TO COMMUNITY and SOCIAL SERVICES

INDIVIDUAL AND FAMILY SUPPORTS

HEALTH IT, DATA

OUTREACH & ENGAGEMENT
### Flexibility to Innovate Beyond State’s Medicaid Plan

![Image of light bulb and money bag]

### Must Achieve Federal Budget Neutrality

### Washington’s 1115 Medicaid Waiver Proposal: to Fund Services

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- Proposal for a Medicaid “supportive housing benefit”
- Services in supportive housing
  - For people who are chronically homeless or people in long-term institutional care
New York’s 1115 Medicaid Proposal to Funding Housing

- $750 million: reinvestment of projected Medicaid cost savings from creating supportive housing for chronically homeless beneficiaries. Reinvestment in—
  - Capital to build new apartments
  - Operating to fund operations of buildings

- Centers for Medicare & Medicaid Services
  - Denied use of federal dollars for capital & operating
  - Approved use of state Medicaid savings for capital & operating

- State Medicaid Savings Investment: $256 million in capital & operating support for supportive housing FY2012/13 to 2014/15

California 1115 Waiver Proposal: Whole Person Care Pilots

- $300 Million/Year in Federal $:
  - Counties Can Access to Achieve Specific Outcomes, Can Use to Fund Rental Subsidies
Medicaid Managed Care Health Plans

Managed Care Specific Initiatives

**Massachusetts Behavioral Health Partnership**
- Chronically Homeless Beneficiaries
- Uses behavioral health benefit
- Pays $17 per day, per member
- Supportive housing providers must place beneficiary in housing w/in 60 days

**Medica in Minnesota**
- Demonstration Project: 85 high-cost users
- MCO funds services and operating costs of supportive housing (i.e., rental assistance)
- Coordinated by Hearth Connection, Inc

**Others**
- Philadelphia: City-Run MCO funds operating through projected savings & uses Medicaid for services
- LA Care, Anthem in LA investing in pilots
- UnitedHealth Care/OptumHealth & WellPoint/Amerigroup exploring
Sharon.Rapport@csh.org
(323) 243-7424 (c)
(213) 623-4342, x18 (o)