



SEPTEMBER 2015

# Improving Care for Medicaid Beneficiaries Experiencing Homelessness: Handout #1 - for state agencies, health plans, and health care providers

## THE BASICS OF PERMANENT SUPPORTIVE HOUSING

Nationwide, many thousands of Medicaid beneficiaries are living in permanent supportive housing.<sup>1</sup> State Medicaid officials and their partners, including health plans and providers of health care and behavioral health services, are looking for ways to get involved with making permanent supportive housing more widely available for people with complex health needs experiencing homelessness or living in institutional settings that would benefit from more stable housing and supportive services enabling them to obtain and maintain housing.

### What is permanent supportive housing (PSH) and how does it work?

Permanent supportive housing (PSH or “supportive housing”) is affordable, community-based housing, linked to flexible supports and services for people with disabilities who are experiencing homelessness. Some supportive housing programs serve people who have been living in institutional settings and need affordable housing and supportive services in order to return to living in the community. Participation in support services is strongly encouraged but it is voluntary and not required as a condition of tenancy.

In some states and regions of the country there are many different providers of PSH, and many different types of housing options, including apartment buildings with on-site support services available (site-based PSH), and housing subsidies (often called vouchers) that can be used to help pay rent in privately owned apartments (scattered-site PSH). In some areas of the country there may be very few providers of PSH, fewer housing options, and PSH programs may be small.

Service providers, including many providers of Medicaid health care and behavioral health services, often collaborate with public housing authorities (PHAs) that administer housing vouchers or similar rental assistance programs, or with non-profit affordable housing developers willing to build supportive housing or “set aside” some apartments for people with special needs. PHAs and affordable housing developers can use other sources of funding from federal, state, and local government programs to pay for the costs of creating and operating housing that is affordable to people who have very limited incomes.

PSH providers and their service partners may look to Medicaid to pay for some supportive services that help people with complex health needs live successfully in community settings and reduce avoidable costs for emergency, inpatient, and institutional care. In general, Medicaid cannot pay for the costs

### ABOUT STATE HEALTH AND VALUE STRATEGIES

State Health and Value Strategies, a program funded by the Robert Wood Johnson Foundation, provides technical assistance to support state efforts to enhance the value of health care by improving population health and reforming the delivery of health care services. The program is directed by Heather Howard at the Woodrow Wilson School of Public and International Affairs at Princeton University. For more information, visit [statenetwork.org](http://statenetwork.org).

### ABOUT THE ROBERT WOOD JOHNSON FOUNDATION

For more than 40 years the Robert Wood Johnson Foundation has worked to improve the health and health care of all Americans. We are striving to build a national Culture of Health that will enable all Americans to live longer, healthier lives now and for generations to come. For more information visit [www.rwjf.org](http://www.rwjf.org). Follow the Foundation on Twitter at [www.rwjf.org/twitter](http://www.rwjf.org/twitter) or on Facebook at [www.rwjf.org/facebook](http://www.rwjf.org/facebook).

**Carol Wilkins, MPP** is a nationally recognized expert on integrating health care, social services, and housing assistance for persons with disabilities, with a focus on persons who experience homelessness. She conducts research and provides technical assistance to develop and support the implementation of evidence-based policy solutions for people with complex health needs and vulnerabilities. She has worked with several states to support the use of Medicaid financing and delivery systems to provide the services and supports needed for homeless people with complex health needs to get and keep housing, and to reduce avoidable hospitalizations and other costs.

of housing itself (“room and board”) because of restrictions in federal law, but Medicaid can pay for many services and supports provided to supportive housing tenants with disabilities, as well as services that connect homeless Medicaid beneficiaries to housing assistance.<sup>2</sup>

Supportive services in PSH are often available from mobile teams or case managers that make frequent home visits to help people with the skills they need to get and keep their housing, manage challenges related to their health and behavioral health conditions, and access appropriate health services and other resources in the community. Some supportive housing programs have nurses and other health workers who make home visits, primary care providers who work in multi-disciplinary teams with behavioral health services providers or small health clinics on-site in apartment buildings. In scattered site supportive housing programs, service providers often help clients with applying for housing subsidies (vouchers), searching for housing, and communicating with landlords.

Some PSH service providers are Federally Qualified Health Centers (FQHCs), including community clinics and/or Health Care for the Homeless programs and some are providers of Medicaid mental health services. Many of the organizations that have created PSH and/or deliver supportive services in PSH programs do not currently provide Medicaid services, and they may have limited experience partnering with health plans.

### Why should health plans be interested in permanent supportive housing?

PSH reduces utilization and costs of emergency room visits, hospitalizations, and nursing home care for homeless people with disabilities or complex health needs, particularly for people who have experienced chronic homelessness and those who have used inpatient and crisis services in ways that are frequent and avoidable. When homeless people move into PSH they can better manage chronic and complex health conditions, take medications, follow through on recommendations of health care providers, and make changes that reduce health-related risks.

To learn more about permanent supportive housing see:

[http://usich.gov/usich\\_resources/solutions/explore/permanent\\_supportive\\_housing](http://usich.gov/usich_resources/solutions/explore/permanent_supportive_housing)

<http://www.commonwealthfund.org/publications/newsletters/quality-matters/2014/october-november/in-focus>

### What does Housing First mean?

Housing First is an approach that offers permanent housing as quickly as possible for people experiencing homelessness, especially for people with long histories of homelessness and co-occurring health and behavioral health challenges, while providing the supportive services people need to keep their housing and avoid returning to homelessness. Sobriety or participation in treatment or other services are not required as a condition for getting or keeping housing. Housing is offered as a foundation for engaging people in the health care and services they need, including services that support recovery.

Supportive service providers anticipate that people will experience challenges, and may be distrustful of or disconnected from the systems that deliver health care and treatment services. They make frequent visits to meet with consumers face-to-face in their homes or in other community settings, and they work to establish trust and motivate changes that will lead to better health and greater stability. This makes Housing First particularly appropriate for vulnerable homeless people who are unable or unwilling to comply with the requirements of treatment programs, and those who find it very difficult to get to appointments with health care providers.

To learn more about Housing First see:

[http://usich.gov/usich\\_resources/solutions/explore/housing\\_first/](http://usich.gov/usich_resources/solutions/explore/housing_first/)

### For whom is permanent supportive housing appropriate and most likely to be available?

Permanent Supportive Housing is for people who need long-term housing assistance and supportive services in order to stay housed. PSH is most appropriate for people who have been homeless for a long time and those who face significant challenges because of mental illness, substance use disorders, or other health conditions. PSH is also appropriate for some people who have been living in institutional settings such as nursing homes, if they are unable to return to living in the community without affordable housing and supportive services.

Medicaid beneficiaries who are experiencing homelessness are most likely to be eligible and have priority for access to PSH if they meet one or more of these criteria:

- **Chronically homeless:** a person with a disability has been homeless and living on the streets or in shelters for at least a year, or at least 4 times over the past 3 years.<sup>3</sup>

- **Veterans:** a person experiencing homelessness who has served in the U.S. military may be eligible for housing assistance through federally funded programs.
- **Serious mental illness:** including people with co-occurring mental illness and substance use disorder. Many units of PSH have been created with funding that is limited to serving people with serious mental illness, and some local public housing authorities have provided housing vouchers that are connected to mental health services for homeless people.
- **Other disabilities:** people with HIV/AIDS, or a physical disability and/or a substance use disorder that interferes with their ability to get and keep housing may qualify for some PSH.
- **High levels of vulnerability:** often assessed with a standardized triage tool such as the Vulnerability Index & Service Prioritization Tool (VI-SPDAT). There are two tools—the Individual VI-SPDAT and the Family VI-SPDAT, which are being used in many communities. These tools can be found at: <http://www.orgcode.com/product/vi-spdatt/><sup>4</sup>
- Frequent users of high cost hospital inpatient and emergency room services, and other public services. For example, some hospitals are using a tool developed by the Economic Roundtable in Los Angeles CA to identify and link these homeless patients to programs that offer services linked to housing opportunities: <http://www.economicrt.org/summaries/10th-Decile-Triage-Tool-v2.html>

Permanent supportive housing options are available in many communities for homeless people who have disabling health and/or behavioral health conditions, particularly for people who are chronically homeless and/or highly vulnerable. In many communities permanent supportive housing programs have been created for multiple target populations that may include:

- Homeless adults or older adults with disabilities
- Homeless transition aged youth with disabilities
- Homeless families that include an adult with a disability
- People with disabilities who are returning to the community after incarceration

- Parents who are seeking to reunify with children who have been in foster care

A person is considered to be chronically homeless if they have a disability and they have been living in a shelter, on the streets, or in other places not meant for human habitation (such as a car, abandoned building, shed, or encampment) for more than a year, or for more than four episodes over the past three years. If a person was chronically homeless before entering a hospital or other institutional setting where they have been for less than 90 days, they are still considered to be chronically homeless when they leave the hospital or institution.

For purposes of defining eligibility for permanent supportive housing, a disability is “a disabling condition (that) limits an individual’s ability to work or perform one or more activities of daily living,” and it can be related to a health condition, serious mental illness, substance use disorder, or a combination of co-occurring disorders.

### How can a Medicaid provider or health plan help a homeless member get supportive housing?

Because there are many different supportive housing providers and programs across the country, and the availability and types of supportive housing programs vary from one state or community to another, it can be challenging to know where to start.

*For more information see: Handout #2*

### Understanding the Homeless Assistance System

Start by contacting the local Continuum of Care (CoC). The CoC is a regional or local planning body that coordinates housing programs and other assistance for people who experience homelessness. Each Continuum of Care is responsible for maintaining an inventory of permanent supportive housing, as well as emergency shelters and transitional housing programs that serve homeless people.

- For more information see <https://www.budexchange.info/coc>

**For homeless people with serious mental illness,** contact the state (or in some states, County) Mental Health (or Behavioral Health) Department and ask if there is a housing coordinator or a contact person for housing. Some publicly

funded mental health services may be connected to housing resources.

### **For homeless people who have served in the U.S. military,**

call the National Call Center for Homeless Veterans 1-877-4AID VET (1-877-424-3838). Because federal funding has supported a major expansion in programs for homeless veterans over the past few years, housing assistance is likely to be available for eligible veterans.

**Coordinated Entry Systems** streamline the process of connecting homeless people to supportive housing and other types of assistance, and prioritize housing for those who are most vulnerable. Some of the most vulnerable and high-cost Medicaid beneficiaries are likely to be among the homeless people who will be prioritized for housing through coordinated entry systems. In most communities these entry systems are very new or still in the planning stage.

### **Other housing resources and supportive housing programs:**

In some communities, public housing authorities (PHAs) have established wait list preferences for people who are homeless. Some PHAs administer housing vouchers or programs that are designated for people with special needs, including people experiencing homelessness. Health plans may be able to leverage these housing resources through collaborations with PHAs and community-based service providers.

### **How can we help Medicaid beneficiaries who have been homeless, if they live in supportive housing? How can health plans and other Medicaid providers collaborate with supportive housing providers to better serve our members?**

1. Get to know the PSH providers in your community and share information with them about the services the health plan and other providers of health care and care management services can provide to members who have complex health and social needs.

2. Ask to visit a PSH project and meet with the staff who provide services to PSH tenants to get a better understanding of who they serve and the supports they offer to tenants. PSH service providers can be particularly helpful in coaching a member to take medications or follow through through on other recommendations from their health care providers, including reducing risky or harmful behavior. They can also help members understand how to use benefits and services available from their health plan and Medicaid service providers and how to manage chronic health conditions.
3. Ask Medicaid patients and health plan members about where they live and the services and supports available if they are living in supportive housing. The range and intensity of services, including the level of medical care and mental health services available, varies from one PSH program to another. Often supportive housing case managers can collaborate with health plans or other care managers to help arrange some care and supports these members need. This is particularly important during care transitions, such as when a person is returning home after a hospitalization.

Since some PSH programs have partnerships with clinics that offer mobile or on-site primary care services, Medicaid members living in supportive housing may request to change their medical home to allow access to care from that clinic.

Health plans and other Medicaid service providers may ask their members if they will give consent for the plan or provider to share certain information with other providers who deliver services in (or connected to) their supportive housing. If so, clinicians and case managers who work with the member in PSH may be able to share information with the health plan and Medicaid providers about their client's needs, and together work to solve problems such as those related to access to care, pharmacy requests, care transitions, durable medical equipment, and transportation.

## **Endnotes**

<sup>1</sup> In 2014 there were 186,623 beds of permanent supportive housing for individuals, and 113,487 beds in supportive housing for families with children. These figures include permanent supportive housing beds in programs that are primarily intended to serve people who have experienced or are at risk of homelessness. Source: *The 2014 Annual Homeless Assessment Report (AHAR) to Congress* <https://www.hudexchange.info/resources/documents/2014-AHAR-Part1.pdf>

<sup>2</sup> See Wilkins, C., Burt, M. R., & Locke, G. (2014). A Primer on Using Medicaid for People Experiencing Chronic Homelessness and Tenants in Permanent Supportive Housing. *Washington, DC: Assistant Secretary for Planning and Evaluation, Department of Health and Human Services*. Accessed on August 12, 2015 at <http://aspe.hhs.gov/daltcp/reports/2014/PSHprimer.pdf>

<sup>3</sup> In 2014, there were 94,282 PSH beds dedicated to people experiencing chronic homelessness, representing 31 percent of all PSH beds in the nation.

<sup>4</sup> Many of the communities that are using the VI-SPDAT and Family VI-SPDAT are participating in national initiatives to reduce homelessness. Some of the technical support for these initiatives is provided by Community Solutions, a non-profit organization that works to develop systems-level solutions to complex social problems. For more information see <http://cmtysolutions.org>