

The Connecticut Housing Engagement and Support Services (CHES) Initiative

Overview

We are proud to announce that Governor Lamont’s proposed coverage of a supportive housing benefit in Connecticut Medicaid was included in the biennial budget enacted by the legislature.

A multi-disciplinary team composed of state agencies (the Departments of Social Services, Mental Health & Addiction Services, Housing, and Developmental Services, as well as the Connecticut Housing Finance Authority) and private partners (the Connecticut Coalition to End Homelessness, the Corporation for Supportive Housing, and the Partnership for Strong Communities) is working on model design and will be seeking feedback from a broad array of stakeholders, in anticipation of implementing this new benefit later this year. This effort is called the Connecticut Housing Engagement and Support Services (CHES) initiative.

The intent of the evidence-based Medicaid supportive housing benefit is to improve housing stability and health outcomes for an identified group of Medicaid members who have complex health conditions, have experienced homelessness, and tend to cycle through use of the hospital emergency department, inpatient admission and, in some cases, short-term nursing home stays, resulting in high Medicaid costs. Implementing the benefit under the Medicaid State Plan will enable Connecticut to gain federal Medicaid matching funds and to achieve cost savings in the state budget.

This initiative reflects the fact that Connecticut has historically had the benefit of a significant portfolio of state-funded supportive housing, two privately-funded supportive housing pilots, and experience with a “housing plus supports” model used for many years under the state’s Money Follows the Person initiative. The clear learning from past efforts is that transition and tenancy-sustaining supports have been found to be effective at achieving housing stability as well as improved health, community integration and life satisfaction for people served by Medicaid.



Background

→ The Challenge for People

Too often, we have observed that people who are unstably housed, or experience homelessness, and are served by Connecticut Medicaid, have poor health outcomes and rely almost exclusively on the emergency department for their medical needs. Lack of stable housing and access to preventative care often entirely intercepts their ability to effectively manage chronic conditions such as diabetes, and fails to address co-occurring medical and behavioral health needs.

→ A Call to Action from the Federal Government

The Center for Medicaid and CHIP Services (CMCS) has become increasingly conscious over time of the need to meaningfully address social determinants of health (notably, housing stability) and to clarify what services can be covered under Medicaid. CMCS was motivated both by progress under, but also need for sustainability planning in support of, the federal Money Follows the Person program. It was also influenced by state-funded work in supportive housing.

In June, 2015, CMCS issued new policy guidance on Medicaid coverage of “transition services” and “tenancy-sustaining services,” which is available at this link:

<https://www.medicaid.gov/federal-policy-guidance/downloads/CIB-06-26-2015.pdf>

The CMS guidance outlined a range of Medicaid authorities (e.g. State Plan, waiver) under which these services may be covered.

Transition services are defined as:

- Conducting a tenant screening and housing assessment that identifies the participant’s preferences and barriers related to successful tenancy.
- Developing an individualized housing support plan based upon the housing assessment that addresses identified barriers and participant goals.
- Assisting with the housing application process.
- Assisting with the housing search process.
- Identifying resources to cover expenses such as security deposit, moving costs, furnishings, adaptive aids, environmental modifications, moving costs and other one-time expenses.
- Ensuring that the living environment is safe and ready for move-in.
- Assisting in arranging for and supporting the details of the move.
- Developing a housing support crisis plan that includes prevention and early intervention services when housing is jeopardized.

Tenancy-sustaining services are defined as:

- Providing early identification and intervention for behaviors that may jeopardize housing, such as late rental payment and other lease violations.
- Education and training on the role, rights and responsibilities of the tenant and landlord.

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- Coaching on developing and maintaining key relationships with landlords/property managers with a goal of fostering successful tenancy.
- Assistance in resolving disputes with landlords and/or neighbors to reduce risk of eviction or other adverse action.
- Advocacy and linkage with community resources to prevent eviction when housing is, or may potentially become, jeopardized.
- Assistance with the housing recertification process.

The CHES team will be conducting outreach to providers to gather input on the types of services to be provided. Proposed services fall into the categories of 1) pre-tenancy and tenancy supports; and 2) rehabilitative, life skills and care coordination services, as detailed below:

Pre-Tenancy and Tenancy Supports

- Targeted Outreach and Engagement
- Independent Assessment
- Case Management and Care Plan Development
- Housing Coordination and Tenancy Supports

Rehabilitative, Life Skills and Care Coordination Services

- Crisis Intervention
- Therapeutic Rehabilitative Skills Development
- Medical Care Services Coordination
- Behavioral Health Services Support
- Income, Employment, Education and Vocational Activities
- Transportation
- Support Groups
- Peer Supports

➔ **Connecticut's Response**

In 2016, Connecticut was one of eight states selected through a competitive process to participate in the Centers for Medicare and Medicaid Services (CMS) Medicaid-Housing Partnership Innovation Accelerator Program (IAP). Through this competitively selected initiative, technical assistance was provided to help states design ways to support individuals served by Medicaid in accessing and retaining stable housing and meaningfully engaging with their health goals. Connecticut's team included representatives from the Departments of Social Services, Mental Health & Addiction Services, and Housing, as well as the Corporation for Supportive Housing and the Partnership for Strong Communities.

Following on participation in the IAP, the above group expanded for the purpose of modeling the potential benefits to Medicaid members, and associated savings to the state, from covering supportive housing services under the Connecticut Medicaid State Plan. The group was also able to partner with the Coalition to End Homelessness and New York University to match Medicaid claims data and Homeless Management Information System data, to identify a specific group of people who would most benefit from intervention. To our knowledge, this is the first such statewide match in the country.

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Based on the above preparatory work, Governor Lamont proposed, and the legislature included, the supportive housing benefit in the state's biennial budget. Specifically, a Medicaid state plan home and community-based services benefit is being developed that will serve up to 850 individuals who experience homelessness and whose average Medicaid costs exceed \$40,000 per year. Savings figures under DSS (\$580,000 in FY 2020 and \$3.1 million in FY 2021) include the state's share of Medicaid expenditures. After factoring in the federal share, this proposal is expected to reduce total Medicaid expenditures by \$2.7 million in FY 2020 and \$13.9 million in FY 2021. Funding is also included in the Department of Housing (approximately \$460,000 in FY 2020 and \$2.3 million in FY 2021) to support housing vouchers associated with this effort.

DSS has elected to cover these services using a Medicaid 1915(i) State Plan Amendment (SPA) because:

- This is a timely means of implementing services for people with complex and urgent needs;
- This will permit the state to build on efforts that have historically been funded by federal grants and state dollars by including these services under the Medicaid State Plan and gaining federal Medicaid match;
- This will permit coverage under Medicaid, but also enable the state to limit eligibility for services based on targeting criteria;
- This will enable the state to contract with supportive housing providers as Medicaid-enrolled providers and to process claims for their services through the Medicaid Management Information System;
- The state has already successfully used a 1915(i) SPA to target, and gain federal match, for a small number of older adults who were financially, but not functionally, eligible for the Medicaid waiver component of the Connecticut Home Care Program for Elders (elder waiver); and
- The 1915(i) is an efficient SPA vehicle that uses a template and does not typically require extensive negotiation with CMS.

For more information:

For an overview of this initiative, please see this link to material presented to the Medical Assistance Program Oversight Council on June 14, 2019:

https://www.cga.ct.gov/ph/med/related/20190106_Council%20Meetings%20&%20Presentations/20190614/MAPOC%206-14-19%20Medicaid%20Supportive%20Housing%20Benefit.pdf

The Department of Social Services has also established a central webpage for all information related to the Medicaid Supportive Housing Benefit:

www.ct.gov/dss/medicaidhousingbenefit

Check the above webpage frequently for detail on how you can get involved in, and offer feedback on, this important work!