

Tenancy Services and Medicaid Billing: Assistance in Community Integration Services Pilot

2018

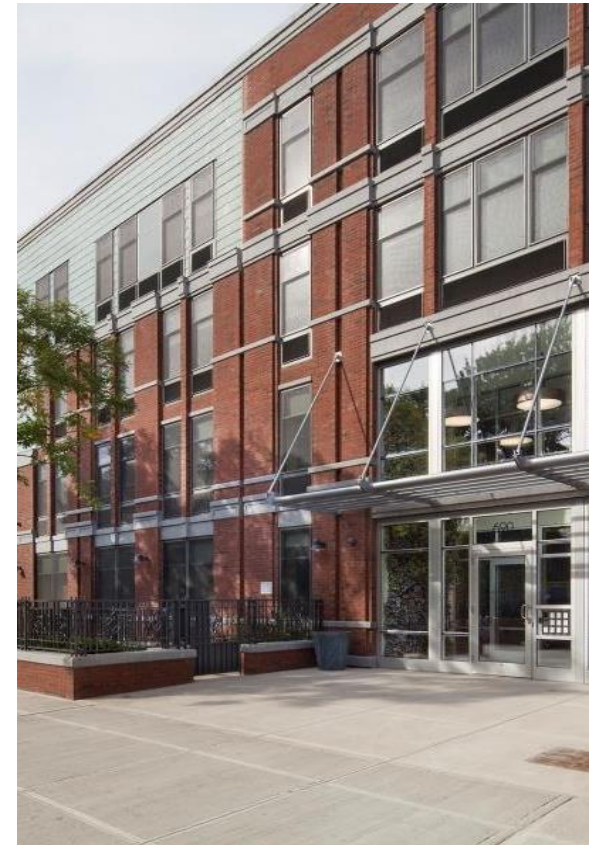
Advancing Solutions That



Improve lives of
vulnerable people



Maximize
public resources



Build strong,
healthy communities

Overview

Assistance in Community Integration Services Pilot

- Pre-tenancy and tenancy supports
- May be implemented less than state-wide
- Annual enrollment limits
- services provided to a defined population by a set of eligible providers (does not provide housing/subsidy)
- Eligibility will be based on the recipient, not on geographic location
- Cost neutral
- Planned implementation timeline: July 2019

Why?

Expected Results/Outcomes:

- Increased rates of identification, initiation, and engagement in treatment
- Increased adherence to and retention in treatment
- Reductions in overdose deaths
- Reduced utilization of emergency departments and inpatient hospital settings
- Fewer readmissions to the same or higher level of care
- Improved access to care for physical and behavioral health conditions

Eligibility

Health criteria (at least one)

- Repeated incidents of emergency department (ED) use (defined as more than 4 visits/year) or hospital admissions; *OR*
- Two or more chronic conditions as defined in Section 1945(h)(2) of the Act.
 - Included but not limited to: mental health condition, substance use disorder, asthma, diabetes, heart disease, being overweight

Housing criteria (at least one)

- Individuals who will experience homelessness upon release from the settings defined in 24 CFR 578.3; *OR*
- Those are imminent risk of institutional placement

Enrollment

Demonstration Year (DY) 1	N/A
DY 2	2,250
DY 3	2,800
DY 4	3,375
DY 5	3,750

PMPM

DY 1	DY 2	DY 3	DY 4	DY 5
N/A	\$416.62	\$423.71	\$430.91	\$438.24

Provider Qualifications

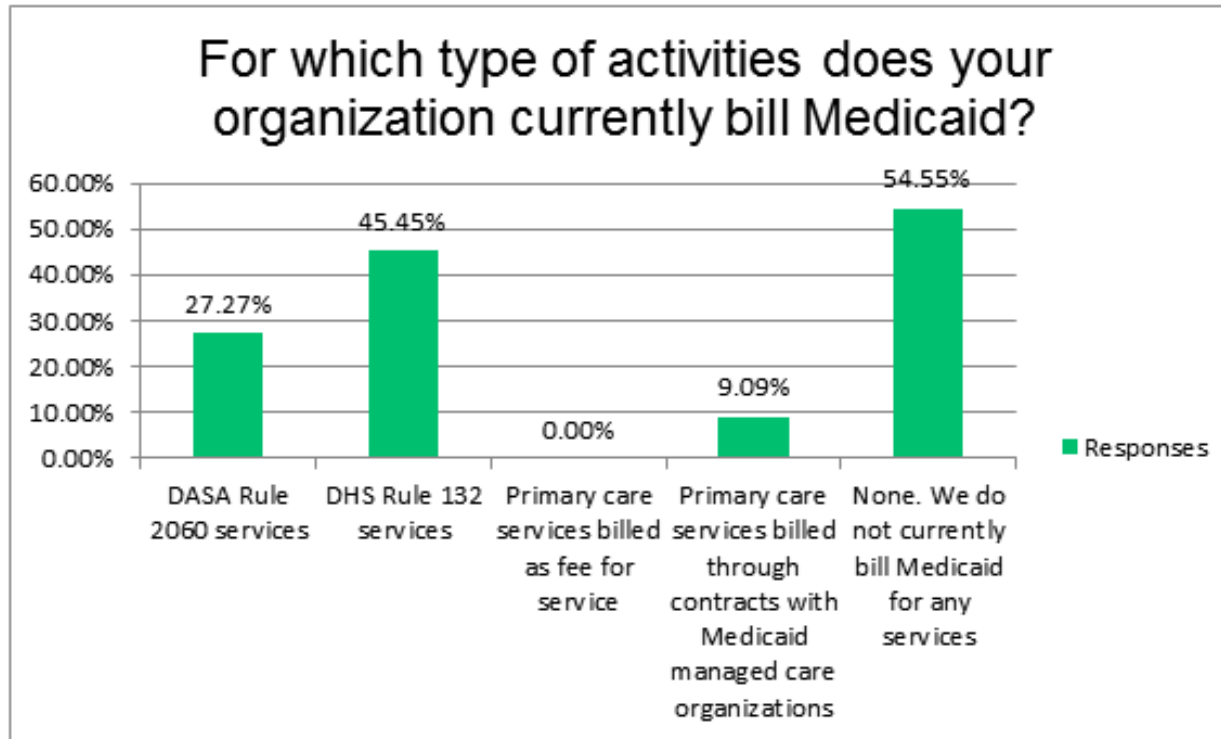
- **Education (minimum):** Bachelor's degree in human/social services field; Associates degree in relevant field with experience
- **Experience (minimum):** 1-year case management experience, or Bachelor's degree in related field and field experience
- **Skills (preferred):** Knowledge of principles, methods and procedures of services included under ACIS meant to support the client's ability to obtain and maintain residence in independent community settings

Stakeholder Recommendations

- The creation of a State lead working group comprised of supportive housing stakeholders, MCOs, Integrated Health Homes, and representatives from HFS and DHS.
- Ensure services are available for eligible individuals who may be accessing a variety of housing resources.
- Test benefit implementation processes and mechanisms that include supportive housing providers that are not currently Medicaid billers.
- Implement ACIS provider qualifications, ensuring providers are connected to local continuums of care and are experienced in supporting individuals in navigating the many housing application processes. Ensure provider qualifications align with existing best practices and standards for quality supportive housing providers, such as the CSH Dimensions of Quality.
- Align ACIS with initiatives focused on individuals who are frequently utilizing crisis systems. This limited regional focus allows for comprehensive testing and evaluation in regions that are already working to align housing resources (subsidies) for this population.
- Utilize best practices as identified in a nationwide review of existing models:

Rate Analysis Report

Survey Findings



(Above chart: DASA Rule 2060 services are Alcoholism and Substance Abuse Treatment & Interventions, DHS Rule 132 services are Mental Health Community Based Services)

- 25 respondent agencies, primarily from the northern 1/3 of the state (although survey was distributed statewide) representing approximately 10% of the supportive housing stock

	Rhode Island*, \$141.12 pre- tenancy/\$145.84 home stabilization (monthly rates)	Los Angeles County, \$450 per month	Massachusetts, \$526/month for direct billers**	Washington State, \$577/month
Direct service staff	17% yes 17% unsure 67% no	46% yes 23% unsure 31% no	71% yes 21% unsure 7% no	84% yes 16% unsure 0% no
Direct service staff + supervisor	8% yes 17% unsure 75% no	23% yes 23% unsure 54% no	53% yes 36% unsure 21% no	68% yes 26% unsure 5% no
Direct service, supervisor and administrative overhead	17% yes 8% unsure 69% no	8% yes 23% unsure 69% no	14% yes 21% unsure 64% no	32% yes 32% unsure 37% no

**Rhode Island rate were presented to respondents in the online version only. Due to the low interest rate in this rate structure, these rates were not tested in the manual version of the survey with the in-person workgroup.*

***Massachusetts utilizes a third-party administrator (TPA) option for Medicaid billing. Those utilizing the TPA pay a percentage of the gross billing rate for the TPA's services.*

Resources

SUPPORTIVE HOUSING SERVICES IN ILLINOIS: Positioning For Long-Term Impact: A Report on Capacity and Funding

Staffing and Budget Template

Email Julie to request either.

Contact

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THANK YOU!



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