CLE: Understanding Medicaid's Role in Creating Housing and Ending Homelessness:

ABA Commission on Homelessness and Poverty
Rich Hooks Wayman, Hearth Connection
ABA Commission on Homelessness and Poverty

• The Commission is committed to educating the bar and the public about homelessness and poverty and the ways in which the legal community and advocates can assist those in need.

• Amy Horton-Newell, Director

• [http://www.americanbar.org/groups/public_services/homelessness_poverty.html](http://www.americanbar.org/groups/public_services/homelessness_poverty.html)
Federal Plan to End Homelessness

- U.S. Interagency Council on Homelessness
- Opening Doors – federal plan to end homelessness (2010)-

“The most successful intervention for ending chronic homelessness is permanent supportive housing...”
GOALS OF CLE:

* TO BUILD SKILLS,
* OFFER OPPORTUNITIES FOR LAWYERS TO INVOLVE THEMSELVES IN LOCAL PLANNING EFFORTS TO EXPAND MEDICIAID RESOURCES, AND
* IMPLEMENT OLMSTEAD TO INCREASE THE SUPPLY OF SUPPORTIVE HOUSING

ABA COMMISSION ON HOMELESSNESS AND POVERTY
Hearth Connection
www.hearthconnection.org

• Hearth Connection is an innovative nonprofit dedicated to ending long-term homelessness in Minnesota.
• 3 Regional Collaboratives
• Intermediary Role- securing resources
• Serve over 1,300 children, adults, and youth each year
• PSH - Break the cycle of homelessness and achieve housing stability and health recovery.
• Data focused on outcomes – CoPilot Data Base (HMIS)
Supportive Housing Model – Intermediary Resource Development

• **Supportive Services** Funding (ICM)
  - State LTHSSF
  - HUD SHP
  - Medicaid TCM

• **Rental Assistance**
  - HUD SHP
  - HUD S+C
  - State Housing Trust Fund

  (services + rent assistance)
LINKING HEALTH SYSTEMS WITH SUPPORTIVE HOUSING

• Target chronic homeless
• Hardest to serve— involvement with multiple, costly public systems.
• Voluntary & Harm Reduction
• Focus on Housing Stability and Health Recovery/Dignity

• **The Hook:**
  Reduce Health Care Costs

**Hospital to Home Pilot:**
• Emergency department use decreased (81% decline in 2 years).
• Clinic use has decreased and rebounded overall (varied/person).
• Participants accessed medications more consistently, including stabilizing pharmacy claims overall.
• 5 participants experienced at least one inpatient hospital stay prior, only 2 had hospital stays after enrollment.
MEET BILL – Participant

- Adult Male (late 40s)
- Homeless for 2 years
- Sleeping on street on trash bag full of clothes
- Chemical Addiction & Mental Health disabilities
- Frequent user of Emergency Room and hospitalization.
- Enrolled in Hospital to Home

OUTCOMES
- Has lived in stable housing for over three years
- Visits a primary care physician monthly
- Reduced his Emergency Department visits from 18 in 2009 to 4 in 2011
- Working personal goals to maintain sobriety and reduce weight
- Working as a part-time sales representative for over a year.
Medicaid Targeted Case Management Services (Funding)

• We use TCM services to pull down federal Medicaid funds

• Minnesota allows MH-TCM – requires 50% local match

• Examples:
  - $1,000/month/participant service cost
    • $800 TCM (50% local match - $400 State funds)
    • $200 State LTH services funding
Limitations of TCM billing

• Requires SPMI (diagnosis)
• Local County Cap – limit on numbers enrolled
• Requires special reporting
• Doesn’t cover some services delivered
• Administratively burdensome – financial record keeping.
• Doesn’t cover entire cost of case management.
MN Medicaid Expansion 2012

MN ‘Early Adopter’ under ACA

• The Affordable Care Act’s goal: decrease the number of uninsured persons and expand Medicaid to people with incomes up to 133% of the federal poverty level.

• ACA allows states to receive additional federal Medicaid matching funds to get an early start on this expansion.

• A BIG CHANGE – before this change in state law, homeless persons could only get Medicaid if they were poor AND disabled. Now we only have to show that homeless people are poor.

• The additional persons = MN subcontracts with MCOs / Health Plans.
Managed Care Option – Minnesota Health Plans
New Opportunities....
Enrollment of Medicaid Members - MCOs

• Minnesota uses managed care organizations to finance and deliver health care to Medicaid members.
• Medicaid members enrolled (can opt out) of MCO coverage – expansion = large influx
• MN contracts with Health Plan – capitated rate – incentive to decrease hospitalization.

• Hearth Connection’s pitch – PSH cheaper than continued frequent use of ED’s and hospital care!
MEDICA SUPPORTIVE HOUSING PROJECT (Twin Cities, MN)
MEDICA SUPPORTIVE HOUSING

• This initiative will offer participants supportive housing designed to achieve housing stability, improved well-being, and decreased reliance on emergency and inpatient medical care.

• 85 individuals in the Twin Cities

• 5 individuals in Duluth
Frequent Health Care Users & Long-term Homeless

• Very low-income;
• Have a chronic health condition
• Are long-term homeless;
• Are high utilizers (frequent users) of crisis health care or treatment centers;
• Are either single adults, parents with children, or unaccompanied homeless youth; and
• Are individuals who require support to maintain stable housing and achieve health or functional recovery.
Permanent Supportive Services Model

Essential components of this service approach are:

• Intensive Case Management
• Housing First
• Harm Reduction
• Trauma-Informed Services
• Mobile Collaborative Teams

DISTINCT from Health Plans delivery of CARE COORDINATION Services.
ROLES: Hearth Connection

• Securing and distributing funding for services;
• Securing and distributing funding for rental assistance;
• Offering financial oversight;
• Programmatic administration of the project;
• Implementing orientation and training;
• Maintaining Co-Pilot database;
• Collecting and analyzing data;
• Ensuring fidelity to service model (audits)
ROLE: Community Service Agency

• Offer participants intensive case management services (comprehensive, wrap-around);
• Partner with participants to achieve results in rapid access to affordable housing; improved well-being; and lower utilization of crisis, emergency health treatment;
• Commitment to the collection and entry of data;
• Fidelity to Hearth Connection's service model
ROLE: Medica Health Plan

• Identify potential participants from health plan members (algorithm);
• Deliver Care Coordination Services;
• Share data on participants regarding utilization of health systems/care;
• Provide data analysis and research (outcome measures);
• PURCHASE SERVICES – pay for services and project operational costs.
PROJECT GOALS – Medica Supportive Housing

• Achieve housing stability (end Homelessness)
• Improve individual health and well-being
• Improve access to preventative and primary health care services – decrease reliance on crisis and emergency care, and hospitalizations
• Decrease health care cost of participants (frequent users)

• Research and data analysis staff dedicated by Hearth Connection and Medica Health Plan.
• 3 year initiative.
1115i State Medicaid Plan waiver
1915i State Medicaid Plan Amendment
Behavioral Health Home
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