

Steve Sisolak
Governor



Richard Whitley
Director

State of Nevada Department of Health and Human Services

Presentation on Tenancy Support Service Proposal

Division of Health Care Financing and Policy

Stacie Weeks, Deputy Administrator

Kirsten Coulombe, Social Services Chief III



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Agenda

1. Historical efforts to stand up Tenancy Supports
2. Proposed draft of In Lieu of Services (ILOS) through a Managed Care Organization
 - a. Target Population
 - b. Summary of the four proposed benefits under ILOS including:
 - Benefit Limitations
 - Qualified Providers
3. Additional Medicaid authorities under consideration for Fee-For-Service population
4. Next Steps



Historical Efforts Related to Tenancy Supports

- Nevada Medicaid recognizes the importance of expanding services aimed at addressing social determinants of health and has been invested in developing tenancy support services for several years.
- In 2019, the Division received funding for the Fee-For-Service (FFS) population.
 - The funding did not include infrastructure resources to implement the program.
- Additionally, SB425 of the 2021 legislative session mandated a 1915(i) Medicaid authority to implement Tenancy Supports.

Historical Efforts Related to Tenancy Supports- contd.

- Challenges with a Home and Community Based 1915(i) State Plan Option include:
 - Program eligibility determinations must be conducted by a government entity
 - Must have an operating entity to perform State Plan functions
 - Conflict of interest provisions prohibit an entity from being both an operational entity and a provider of service
 - Designed for individuals who needs assistance with two or more activities of daily living



Historical Efforts Related to Tenancy Supports- contd.

- Since local counties are often the single points of entry for individuals needing housing, the Division began conversations with Clark and Washoe County to discuss being operational entities for their respective counties.
- While representatives from both counties participated in bi-weekly meetings with the Division for a 10-month period, the conflict of interest provisions within a 1915(i) authority proved difficult to overcome.
- Additionally, the State is also not funded to support in an operational capacity.





In Lieu of Services

- In Lieu of Services (ILOS) are available through state Medicaid managed care as a new optional benefit for members
- ILOS must be cost-effective and therefore are covered at no cost to the state (unlike other benefits)
- California was first state to utilize this authority to cover housing supports and services; argued cheaper than ER and other high-cost services for this population
- Today, all Nevada Medicaid managed care plans offer some form of housing supports and services that are paid for with plan profits because in end it saves money in terms of the cost of care for this population
- By covering it with Medicaid dollars via ILOS, these services can be offered in a more robust manner to all eligible members in Medicaid managed care



Target Population for ILOS

- Medicaid recipient must be: (1) experiencing homelessness; or (2) at risk of experiencing homelessness as defined under [24 CFR 91.5](#) and have **at least one** or more of the following conditions or circumstances:
 1. Has a Serious Mental Illness (SMI) designation or in need of behavioral health services and/or substance use treatment;
 2. Is at high risk of repeated avoidable emergency department visits or crisis utilization;
 3. Is pregnant or has delivered a live birth within the last 60 days;
 4. Has a chronic health condition and/or co-occurring conditions;
 5. Is at high risk of homelessness due to being discharged from a correctional or medical facility;
 6. Is at high risk of institutionalization without housing supports; or
 7. Is transitioning from an institutional setting to a home- or community-based setting and is at high risk of homelessness without housing supports.





Screening and Referrals

To screen and refer members for housing supports, the Division is proposing to allow managed care plans to utilize:

1. Their current case management teams which have a new focus on the homeless population under the new state-MCO contracts;
2. “Qualified providers” under contract with the MCO for screening and assessing members for eligibility for ILOS housing supports. Qualified providers can be any provider qualified to screen and refer members for these services (i.e., county case manager or social worker) that is under contract with MCO to provide these services

Under option #1, referral for ILOS housing supports to a qualified housing supports provider must be signed by a licensed case manager and determined to be medically necessary and cost effective.

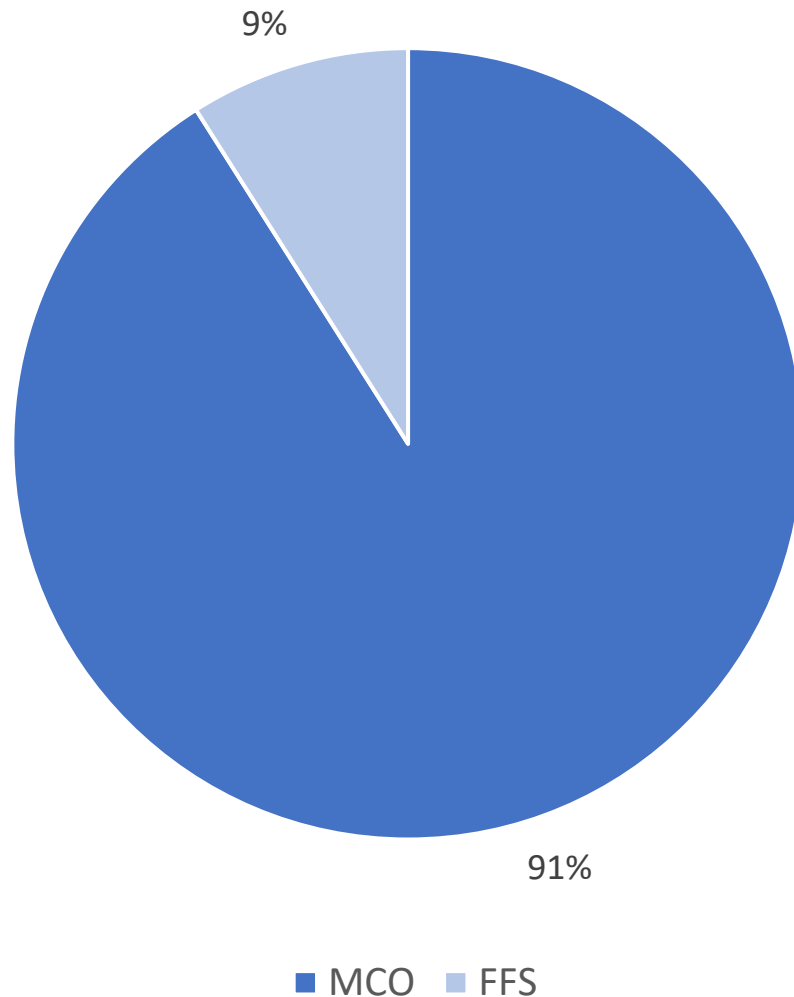
For referrals from other contracted qualified providers, a prior authorization request must be sent to the MCO from the qualified provider for review and approval and determined to be medically necessary and cost effective.



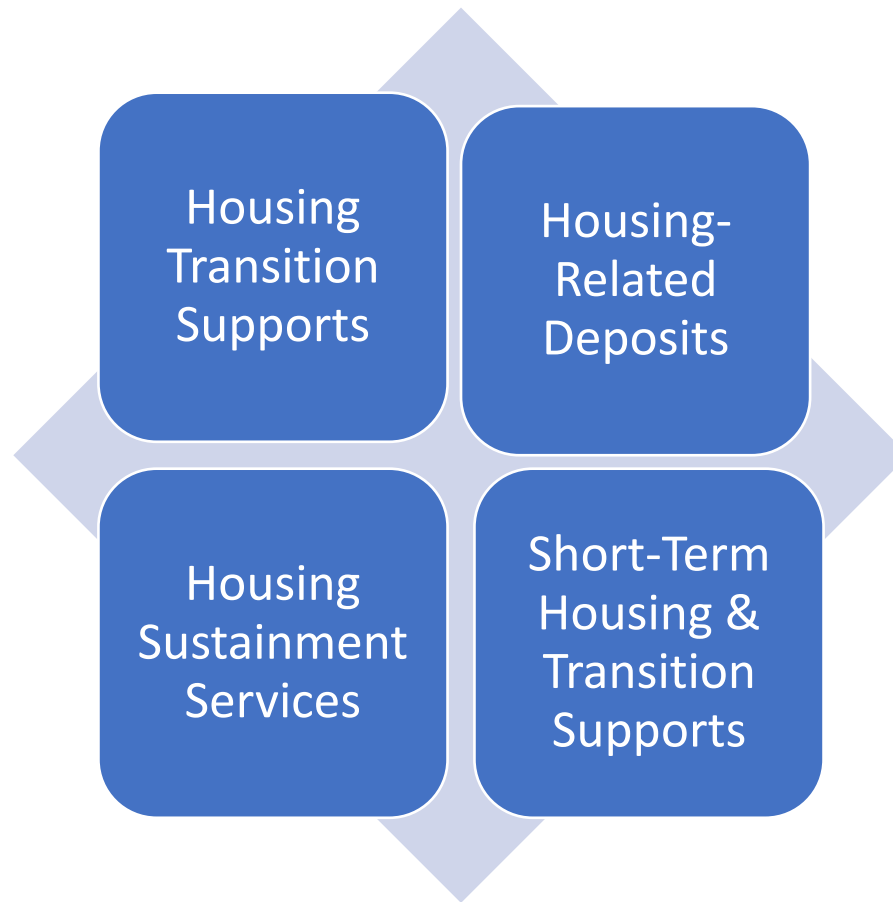


Overview of Data on Population

- 91% enrolled in Managed Care Organization (MCO) for Medicaid benefits
- 78% of members live in Clark County
- 14% of members live in Washoe County
- 90% of members who are adult Medicaid expansion population



Benefits Proposed through ILOS





Provider and Network Requirements

- Nevada Medicaid managed care network providers that have a state-level enrollment pathway must enroll in the Nevada Medicaid to receive reimbursement.
- If there is no state-level enrollment pathway in Medicaid (e.g., community-based organizations), MCOs must have a process for vetting the provider, which may extend to individuals employed by or delivering services on behalf of the provider, to ensure it can meet the capabilities and standards required to be a provider of housing supports. This includes ensuring appropriate licenses, background checks, and other standards have been met with respect to safe, quality providers.
- If the managed care plan case manager or care coordinator is providing the service, that individual must have demonstrated experiencing working with individuals experiencing homelessness or with the provision of housing-related services and supports to vulnerable populations. MCOs should coordinate with county homelessness entities to provide these services.



Housing Transition Supports

Service Definition

- Tenant screening and housing assessment
- Developing individualized housing support plan
- Searching for housing and presenting options
- Assisting in securing housing
- Assisting with benefits advocacy
- Identifying and securing available resources to assist with subsidizing rent
- Identifying and securing resources to cover moving expenses
- Assisting with requests for reasonable accommodation, if necessary



Housing Transition Supports- Contd.

Service Definition

- Landlord education and engagement
- Ensuring that the living environment is safe and ready for move-in
- Communicating and advocating on behalf of the member and landlords
- Assisting in arranging for and supporting the details of the move
- Establishing procedures and contracts to retain housing
- Identifying, coordinating, securing, or funding environmental modifications

Housing Transition Supports

Benefit Limitations

- Must be identified as reasonable and necessary in the member's individualized housing support plan based on the benefit eligibility criteria listed above.
- Service duration can be as long as needed.
- Shall supplement and not supplant services received by members through other State, local, or federally funded programs.
- MCOs must ensure coordination occurs with local entities so that available options for room and board or rental payments are also coordinated with housing services and supports.
- Do not include the provision of room and board or payment of rental costs.



Housing Transition Supports

Qualified Providers

Providers must have demonstrated experience and expertise with providing these unique housing-related supports and services in a culturally and linguistically appropriate manner. These providers may include:

- Community-based organizations providing services for individuals experiencing homelessness
- County agencies
- Behavioral health, mental health or substance use disorder treatment providers, including county behavioral health agencies, behavioral health outpatient treatment, rehabilitative mental health service provider, Substance Abuse Agency Model provider, Certified Community Behavioral Health Centers (CCBHCs)
- Social services agencies
- Hospitals with programs for individuals experiencing homelessness
- Affordable housing providers
- Supportive housing providers
- Legal aid entities providing services for individuals experiencing homelessness
- Federally qualified health centers
- Rural health clinics



Housing Related Deposits

Service Definition

Housing-related deposits are one-time services or necessary modifications such as:

- Security deposits needed to obtain a lease
- Setting up fees or deposits for utilities or service access and utility arrearages
- The cost of first month of utilities
- The cost of the first and last month of rent
- Services necessary to protect member's health and safety, such as pest eradication and one-time cleaning
- Goods designed to preserve a member's health and safety upon moving into the home.

Housing Related Deposits

Benefit Limitations

- Does not include the provision of room and board or payment of ongoing rental costs beyond the first and last month's coverage as noted above.
- Are available once in an individual's lifetime and can only be approved on additional time with documentation as to conditions have changed to show why covering these services a second time will be more successful.
- MCOs may place limits on the amounts provided as housing-related deposits that are necessary to ensure the benefit is cost-effective.
- Only available when the Member is unable to meet such expense.
- Individuals must also receive housing transition services in conjunction with this service.
- Supports supplement and not supplant services received by the member through other State, local, or federally funded programs.
- Nothing prohibits the MCO from contracting these services to a third-party provider as needed to ensure members have access to these services.



Housing Related Deposits

Qualified Providers

- The qualified provider that is coordinating a member's housing transition services, or the managed care plan case manager or care coordinator may coordinate these services and pay for them directly (e.g., to the landlord, utility company, pest control company, etc.) or subcontract the services with a qualified provider.
- Same list and requirement for qualified providers of Housing Transition services

Housing Sustainment Services

Service Definition

- Conducting assessment of needs and developing a plan with the recipient
- Providing early identification and intervention for behaviors that may jeopardize housing
- Education/training on the role, rights, and responsibilities of the tenant and landlord
- Coordination to identify issues that could impact housing stability
- Coaching on key relationships 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

Housing Sustainment Services- Contd.

Service Definition

- Assisting with benefits advocacy, including assistance with obtaining identification and documentation for SSI eligibility and supporting the SSI application process. Such service can be subcontracted out to retain needed specialized skillset
- Coordinating with the tenant to review, update and modify their housing support and crisis plan on a regular basis to reflect current needs and address existing or recurring housing retention barriers
- Health and safety visits, including unit habitability inspections (not housing quality inspections)
- Providing independent living and life skills including assistance with and training on budgeting, including financial literacy and connection to community resource

Housing Sustainment Services

Benefit Limitations

- Does not include the provision of room and board or payment of rental costs.
- Available from the initiation of services through the time when the individual's housing support plan determines they are no longer needed. They are only available for a single duration in the individual's lifetime and can be approved one additional time with documentation as to what conditions have changed to demonstrate why providing these services would be more successful on the second attempt.
- MCOs are expected to make a good faith effort to review information available to them to determine if individual has previously received services. Service duration can be as long as necessary. These services must be identified as reasonable and necessary in the individual's individualized housing support plan and made available only when the enrollee is unable to successfully maintain longer-term housing without such assistance.

Housing Sustainment Services- Contd.

Benefit Limitations

- Many individuals will have also received housing transition services (at a minimum, the associated tenant screening, housing assessment, and individualized housing support plan) in conjunction with this service, but it is not a prerequisite for eligibility for this benefit.
- The services provided under this benefit shall supplement and not supplant services received by the beneficiary through other State, local, or federally-funded programs, in accordance with the STCs and federal and state guidance.

Housing Sustainment Services

Qualified Providers

Providers must have demonstrated experience and expertise with providing these unique housing-related supports and services in a culturally and linguistically appropriate manner. These providers may include:

- Community-based organizations providing services for individuals experiencing homelessness
- County agencies
- Behavioral health, mental health or substance use disorder treatment providers, including county behavioral health agencies, behavioral health outpatient treatment (PT 14), rehabilitative mental health service provider (PT 14), Substance Abuse Agency Model (SAAM) provider (PT 17)
- Certified Community Behavioral Health Centers (CCBHCs)
- Social services agencies
- Hospitals with programs for individuals experiencing homelessness
- Affordable housing providers
- Supportive housing providers
- Legal aid entities providing services for individuals experiencing homelessness
- Federally qualified health centers
- Rural health clinics

Short-Term Housing and Community Transition Supports

Service Definition

- **Short-Term Post-Hospitalization Housing** provides members who do not have a residence and who have high medical or behavioral health needs with the opportunity to continue their medical/psychiatric/substance use disorder recovery immediately after exiting an inpatient hospital (either acute or psychiatric or Chemical Dependency and Recovery hospital), residential substance use disorder treatment or recovery facility, residential mental health treatment facility, correctional facility, nursing facility, or recuperative care and avoid further utilization of State plan services)
- **Short-term Recuperative Care**, also referred to as medical respite care, is short-term residential care for individuals who no longer require hospitalization, but still need to heal from an injury or illness (including behavioral health conditions) and whose condition would be exacerbated by an unstable living environment
- **Adult Clubhouse Services** are evidence-based models of psychiatric rehabilitation, one-stop places that help people with serious behavioral health disorders by providing peer support, access to services, employment, housing and educational opportunities, socialization, and recreation in safe, restorative and structured setting



Short-Term Housing and Community Transition Supports- Contd.

Service Definition

- Re-entry transition and short-term housing supports for justice-involved population
- Meals delivered to member at home immediately following discharge from a hospital, nursing facility, or other care facility when members are most vulnerable to readmission
- Medically tailored meals provided to members at home that meet the unique dietary needs of those with chronic diseases
- Medically supportive food, nutrition services and education, including medically tailored groceries, healthy food vouchers, food pharmacies, cooking classes



Short-Term Housing and Community Transition Supports

Benefit Limitations

Services must not include the provision of room and board or payment of rental costs without necessary medical and recuperative care as further to be defined by state. Services must be determined to be medically necessary and cost effective by the MCO.

- **Short-Term Post-Hospitalization services**, specifically, are available once in an individual's lifetime and are not to exceed a duration of six (6) months (but may be authorized for a shorter period based on individual needs). MCOs are expected to make a good faith effort to review information available to them to determine if individual has previously received this service. The service is only available if enrollee is unable to meet such an expense.

Short-Term Housing and Community Transition Supports- Contd.

Benefit Limitations

- **Short-term recuperative care/medical respite** is an allowable service if it is 1) necessary to achieve or maintain medical stability and prevent hospital admission or readmission, which may require behavioral health interventions; 2) not more than 90 days in continuous duration; and 3) does not include funding for building modification or building rehabilitation. At a minimum, this service must include interim housing with a bed and meals and monitoring of the member's ongoing medical or behavioral health condition.
- This service may also include: (1) limited or short-term assistance with activities of daily living; (2) coordination of transportation to post-discharge appointments; (3) connection to any other on-going services an individual may require including mental health and substance use disorder services; and (4) support in accessing benefits and housing.



Short-Term Housing and Community Transition Supports- Contd.

Benefit Limitations

- **For services related to nutrition and meal delivery**, MCOs must limit these services to two (2) meals per day and/or medically supportive food and nutrition services for up to 12 weeks, or longer if medically necessary and determined to still be cost effective by MCO and state. Meals that are eligible for or reimbursed by alternate programs are not eligible. Meals are not covered to respond solely to food insecurities.
- Short-term housing and community transition supports shall supplement and not supplant services received by the member through other State, local, or federally funded programs.



Short-Term Housing and Community Transition Supports

Qualified Providers

- Providers must have demonstrated experience and expertise with providing these unique housing-related supports and services in a culturally and linguistically appropriate manner. These providers may include:

Short-term post-hospitalization housing may include:

- Interim housing facilities with additional on-site support
- Shelter beds with additional on-site support
- Converted homes with additional on-site support
- County directly operated or contracted recuperative care facilities
- Supportive Housing providers
- County agencies
- Hospitals
- Social service agencies
- Providers of services for individuals experiencing homelessness

Short-Term Housing and Community Transition Supports

Qualified Providers

Providers of recuperative care may include:

- Interim housing facilities with additional on-site support
- Shelter beds with additional on-site support
- Converted homes with additional on-site support
- County directly operated or contracted recuperative care facilities

Providers of adult clubhouse services may include:

- Provider of adult clubhouse services accredited by Clubhouse International

Providers of short-term housing supports and community transition services for justice involved population may include:

- Vocational services agencies
- Providers of services for individuals experiencing homelessness
- Life skills training and education providers
- CCBHCs
- County agencies
- Mental health or substance use disorder treatment providers, including county behavioral health agencies

Short-Term Housing and Community Transition Supports

Qualified Providers

Providers of short-term housing supports and community transition services for justice involved population may include:

- Federally qualified health centers
- Rural health clinics
- Community-based organizations providing services for individuals experiencing homelessness
- Legal aid entities providing services related to preventing homelessness

Providers of meal or nutrition-related services as community transition supports may include:

- Home delivered meal providers, including community-based organizations
- Nutritional Education Service providers
- Meals on Wheels Providers
- Medically Supportive Food & Nutrition Providers



Potential Medicaid Authorities for FFS Population

- While the Division seeks authority for ILOS in managed care, there are concurrent efforts within the Division to determine an appropriate authority for any Fee-For-Services (FFS) population who would not be eligible through an MCO.
- Two federal Medicaid authorities that may better align with the target population and services as well as the state's capacity limitations to administer and provide the services:
 - 1115 Demonstration Waiver – Statewideness, freedom of choice (Illinois)
 - 1915b – Freedom of Choice in Provider Waiver (New York)
 - 1932a – State Plan authority under “rehabilitation” services authority (North Carolina)



Next Steps

- Upon review of stakeholder input, the Division will update the proposal, send to the Centers for Medicare and Medicaid Services (CMS) for review, and post on the DHCFP website.
- Provide quarterly updates to stakeholders on progress of ILOS request.
- Schedule future meeting to walk through other federal Medicaid authorities to cover similar services for FFS population.



Questions?





Contact Information

Stacie Weeks

Deputy Administrator

Kirsten Coulombe

Social Services Chief III

Follow up questions or feedback can be sent to

dhcfp@dhcfp.nv.gov

www.dhcfp.nv.gov

