



Date: December 16, 2022

To: Suzanne Bierman,
Administrator, Division of Health Care Finance and Policy (DHCFP)

From: Dana Searcy
Division Director, Washoe County Housing and Homeless Services (WCHHS)

Re: 1915i Waiver for Tenancy Supports for the Homeless Population

Dear Ms. Bierman,

Washoe County Housing and Homeless Services would first like to thank the Division of Health Care Finance and Policy for its continued efforts to finding solutions to support the homeless population. There are a few questions and concerns we would like to identify with the change in direction for supporting this population in obtaining housing.

- Data
 - Based on a sample of data that was pulled from the Nevada Cares Campus, 28.6% of the population has no coverage of either Medicaid or Medicare, 12.8% are Fee for Service (FFS) only, and 44.3% is covered under one of the four Managed Care Organizations (MCO).
 - Out of the sample size of 702 participants that were looked up manually in Medicaid's Electronic Verification System (EVS), 598 were between the ages of 22-64, 104 were 65 and older, with no one under the age of 21 or younger. Of the 104 that are 65 and older, 26.9% have no Medicaid or Medicare coverage. Additionally, 14.4% are FFS only, and only 1.9% are covered under an MCO.

There is a gap in the data being utilized to drive the decision for covering only those enrolled in an MCO and that the perception is only approximately 10% of the homeless population is under FFS. This information was provided to DHCFP on October 3, 2022. WCHHS would be happy to assist in additional data upon request.

The intent as we understood it, was that the 1915i was to assist in developing a revenue stream for community agencies providing tenancy supports to the homeless populations to obtain stable housing. Limiting these services to those that would only be covered by an MCO will limit the availability of actual services to all individuals experiencing homelessness.

- Licensed Case Manager
 - It is unclear what the term 'licensed' case manager implies. Case managers qualifications identified under Medicaid Services Manual (MSM) 2500 – Targeted Case Management, lists



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under the various target groups an array of qualifications, some that are licensed and some that are not. What is the level of licensure that will be required?

- Prior Authorization Request (PAR) Process
The document posted outlines the process for accessing services including the PAR process. Could additional clarification be provided as to who is determining the individual's eligibility, and the medical necessity for services?

We look forward to continued communication and collaboration to best serve this population and appreciate the ongoing efforts.

Sincerely,

Dana Searcy

CC: Stacie Weeks, DHCFP
Catrina Peters, WCHHS



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