CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES
1115 WAIVER RENEWAL
HOUSING EXPERT STAKEHOLDER WORKGROUP
MEETING SUMMARY

Tuesday, November 4, 2014
10:00am – 3:00pm
Sacramento Convention Center

Members present: Kelly Brooks Lindsey, California State Association of Counties; Cindy Cavanaugh, California Housing and Community Development; Clayton Chau, LA Care Health Plan; Vitka Eisen, HealthRight 360; Dena Fuentes, County of San Bernardino; Jonathan Istrin, Libertana Home Health; Ann McLeod, California Hospital Association; Ed Ortiz, Health Plan of San Mateo; Neal Richman, Westside Center for Independent Living; Shirley Sanematsu, Western Center on Law and Poverty; Carol Wilkins

Members on the phone: Dave Folsom, St. Vincent de Paul Village Family Health Center; LaCheryl Porter, Skid Row Housing Trust; Doug Shoemaker, Mercy Housing California; Ann Warren, Community Health Group.

Members Not Attending: Courtney Gray, San Francisco Health Plan; Marty Lynch, Lifelong Medical Care; Rusty Selix, Mental Health Association of California; Marc Trotz, Los Angeles Department of Health Services.

Others Attending: Sharon Rappaport, Corporation for Supportive Housing; John Shen, DHCS; Pilar Williams, DHCS; Rebecca Schupp, DHCS; Urshella Starr, DHCS; Rachel McLean, CDPH; Kiyomi Burchill, CHHS; Bobbie Wunsch, Pacific Health Consulting Group.

26 Members of the public attended the meeting.

Meeting Summary

Following introductions of Workgroup Members, John Shen provided an overview of the 1115 Waiver Renewal goals, timeline and overall concepts. He also provided information on budget neutrality. The following topics are proposed for feedback and discussion by the Housing Expert Stakeholder Workgroup:

- Population targets
- Definition of Medi-Cal funded shelter and services
- Focus on reducing cost of health care through shelter
- Determination of the funding level required for shelter? For services?
- Specific options, scale, geographic locations, feasibility, outcomes and evaluation criteria

Presentation Slides are available at http://www.dhcs.ca.gov/provgovpart/Pages/Waiver-Renewal-Workgroup-Housing.aspx

Questions/Comments from Members:

Doug Shoemaker, Mercy Housing: To what extent will our discussion be about integrating Medi-Cal into other funding sources or looking at Medi-Cal alone?
Shen: This is the beginning of the conversation and we want all ideas from this expert group. This has not been done yet so we do not have a template.

Neal Richman, Westside Center for Independent Living: There are different experiences to consider. Some clients have an acute episode, lose their housing, end up in a Skilled Nursing Facility (SNF), need intensive case management to get back to stability and then do not require as much service. Permanent supportive housing is a good alternative for individuals who cannot live independently with IHSS and other supports.

Ann McLeod, California Hospital Association: A few questions: On the target population, how many are included? Have you given consideration to the non-federal share of the budget? Have you given thought to the number of pilots? Have you given thought to beneficiary overlap with SPD – is there input from the plans here?
Shen: The next presentation will address some of these issues. We don't have the answers yet but we have gathered a broad group to provide input to a proposal.

Carol Wilkins, ABT Associates: We are using the term shelter and housing? Is there a difference or are they interchangeable?
Shen: This is a good issue for the group to answer. We are thinking it is not about short term housing because consumers need services and long term intervention, including housing.

Dena Fuentes, San Bernardino County: The Housing Authority manages federal resources for housing. They have knowledge and could be helpful in an active role.

Sharon Rapport, Corporation for Supportive Housing provided a framework of housing, including elements such as emergency shelter, transitional housing, affordable housing, rapid re-housing and supportive housing. Rapport also presented research findings that form the basis for how housing improves health and health outcomes.

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Questions/Comments from Members:

Kelly Brooks Lindsey, California State Association of Counties: There is an overlap in the target population we are discussing from the "Seriously/Persistently Mentally Ill" population cared for primarily by county programs.

Neal Richman, Westside Center for Independent Living: Will respite/recuperative care also be included?
Shen: Recuperative care tends to be a more acute service level. We are looking at habilitative services rather than the higher acuity level requiring medical care

Dena Fuentes, San Bernardino County: When layering housing and health, we need to understand what financing we can consider.

Clayton Chau, LA Care: We need to be careful about defining population to avoid duplication with other programs.

Doug Shoemaker, Mercy Housing California: Can you clarify if we want to include seniors? Medicare/Medicaid have different array of services and benefits.

Jonathan Istrin, Libertana Home Health: Can you clarify where the savings accrued in the studies cited? Are we trying to figure out how to reinvest savings into housing?

Cindy Cavanaugh, California Housing and Community Development: Federal funding requires a coordinated continuum local plan. This needs to be included in the interplay.

Sharon Rapport, Corporation for Supportive Housing provided a review of the role of housing in other states' waivers and possible ideas for consideration in California's 1115 waiver. Two states have submitted housing in waivers – New York and Illinois. New York was denied using federal funding for housing capital and operating, but approved for use of federal funding for services. Illinois is in negotiations with CMS. Related state efforts were described from Texas, Rhode Island, Oregon, Louisiana, Washington and other regional areas.

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Input from health plan workgroup members:
Clayton Chau, LA Care: We are excited to be working on this issue locally through LA Care. We are working to clearly identify population. Our goal in the local effort is to serve Substance Use Disorder population (SUD) and their chronic homelessness because we see high medical costs in this population. There are high barriers in this group due to stigma. Overall, we want to reduce the cost of care but accomplish that through appropriate care.

Ed Ortiz, Health Plan San Mateo: We launched a pilot that includes a housing component in partnership with the Institute of Aging to connect housing and social services to health care.

We have three different populations of focus including SNF, those experiencing an acute episode and those in community who are long term homeless. The pilot is raising questions related to how we calculate cost savings vs cost avoidance (by intervening early).

Ann Warren, Community Health Group: Our project is a pilot to identify consumers and services. We are serving a beneficiary with case management and coordination with good outcomes so far, including lower emergency department visits and better mental health. We want to expand to more members going forward. Our partner can add to this.
Dave Folsom, St. Vincent de Paul Village Family Health Center: We are partnering with the health plan. The identified consumer was very high utilizer and not getting better, despite many health services and interventions. Now, he has own apartment and his health is improving. We are using this experience to figure out how to identify consumers and serve them. Consumers have a complex mix of mental health, SUD and physical health conditions. Going forward, we need to figure out how Drug Medi-Cal, Mental Health Services Act and physical health Medi-Cal can combine to improve outcomes.

Questions/Comments from Members:

Neal Richman, Westside Center for Independent Living: One cornerstone of financing has been vouchers for housing allowance.
Shen: The timeline is a big question because the waiver is for five years, although it can be renewed. We need to learn about the intersection of this timing with housing developers.

Ann McLeod, California Hospital Association: Relative to the shared savings proposal, is there a Plan B for financing if CMS does not approve the proposal for shared savings?
Pilar Williams, DHCS: We are focused on making the case for how we will lower the trend lines and save money and we don't have a Plan B.
Shen: We are pushing forward together with other states on this topic.

Dena Fuentes, San Bernardino County: It seems a variety of states see the value of including housing. Is there a dialog with other states about the policy issues? Are states working together?
Shen: Yes, there is conversation among state Medicaid directors and each state is working independently.

Sharon Rapport, Corporation for Supportive Housing provided issues and topics for discussion as part of the waiver proposal. Issues to be discussed fall into a number of topics such as: who to serve; what to fund, how to fund the components, costs for the proposal and how to achieve budget neutrality.

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Questions/Comments from Members:

Shirley Sanematsu, Western Center on Law and Poverty: Do we have data on utilization of services for the new expansion population?

Ed Ortiz, Health Plan San Mateo: We are able to pull utilization data on services.

Clayton Chau, LA Care: We have a close relationship with LA County Mental Health and service information through the county although we don't have information from Drug and Alcohol or housing services.

Ann McLeod, California Hospital Association: Useful data would include services related to mental health, health co-morbidity and care management

Carol Wilkins, ABT Associates: Nationally, there are some lessons for this work. In Minnesota, Hennepin Health is a local accountable care organization that integrates all services. For example, health home assignment did not change utilization of emergency department visits right away; high SUD needs in the population although they were not in treatment; in some cases, cognitive impairments hamper housing stability; related pain management issues.

Vitka Eisen, HealthRight 360: The SUD population did not historically receive Medi-Cal benefits so we have less information about their utilization. This population also has higher rates of criminal justice involvement that makes housing even more difficult to obtain. A related issue is that residential treatment is only 90 days and this isn't sufficient to access housing by the release time, so they are discharged to unstable situations. Can we propose waiver ideas that can help in the period between treatment and permanent housing?

What data would be helpful?
Shirley Sanematsu, Western Center on Law and Poverty: Our data is not comprehensive since this is a new population. LIHP utilization data is helpful but it often didn't include the homeless pop because they may have been enrolled but did not really use services. Can we identify proxy data to use since we don't have good utilization?

Dena Fuentes, San Bernardino County: The numbers we are looking at are from the HUD Chronic Homeless definition. The actual population may be much higher and we should be clear about who we want to include in the data we request – individuals staying on a couch and families may not be included. Also, the definition is important so we can consider the affordable housing financing sources.
Shen: We are looking at super-utilizers. We are proposing that we can provide an impact where housing can replace other health care costs, such as repeated emergency visits, inpatient days and other costs that can be improved by housing.

Doug Shoemaker, Mercy Housing: Data issues: we have not defined the problem of the number of people relative to the amount of housing available; we need to discuss data on costs the number of people stuck in SNF due to a lack of housing.

Shen: We need to identify how to calculate budget neutrality related to the group newly eligible for Medi-Cal.

Pilar Williams, DHCS: We need to take care because we only have six months experience under ACA Medi-Cal expansion population and this group had little access in the past. It will be a while before we know what their utilization really is.

Kelly Brooks Lindsey, California State Association of Counties: We could reach out to county LIHP service and utilization data as a starting point for data to inform budget neutrality, numbers targeted and the size of the pilot. We do need to look at costs and other data in the multiple systems such as jail, SUD, mental health systems.

Clayton Chau, LA Care: How would CMS review cost saving vs cost avoidance?
Rapport: It is important to get the framing right in the conversation with CMS. If we know the population is going down a road to high cost and that is the target, it will have more credibility.

Carol Wilkins, ABT Associates: There are powerful tools and understanding about services today and savings tomorrow. We have comparison group data from supportive housing vs no supportive housing.

Rapport: I want to clarify there is a relationship between services and housing availability because by funding services, we will free-up housing even though it will not completely close the gap in affordable housing.

Cindy Cavanaugh, California Housing and Community Development: increasingly, we are looking at creating housing so creating service access will have a positive influence on housing. How do we identify who is not enrolled in Medi-Cal? How do we identify enrolled but not using services?

Carol Wilkins, ABT Associates: At the national level, the scale of need for affordable housing is huge and is beyond what we can impact through Medi-Cal program. Improving services for those most in need will decrease housing barriers. Service funding will leverage other resources.

Ed Ortiz, Health Plan of San Mateo: We can work simultaneously to identify data for the known populations while we continue to profile additional populations and data sources for them.
Ann McLeod, California Hospital Association: in my words, our goal is not to eliminate homelessness. Our goal is to find a shelter solution for homeless who are high cost Medi-Cal beneficiaries. In addition, we need to ensure we don't compromise health care quality as we move them to another setting.

Dena Fuentes, San Bernardino County: Municipalities are key to development and they need to be on board. Cities may not have a handle on what the county is providing – there is often not a close linkage between city and county. We need an outreach element to ensure their support and understanding. Their objective in housing is more about work force crime reduction, blight reduction.

Vitka Eisen, HealthRight 360: We are poised to increase spending on SUD services. If we don't figure out how to solve the housing barriers attached to this, it will appear we didn't use money wisely.

Other ideas to explore?
Vitka Eisen, HealthRight 360: Long term transitional housing without strings about relapse. We don't want them to lose housing when they relapse as a part of recovery.

Jonathan Istrin, Libertana Home Health: Include other service organizations for consideration under the options.

Clayton Chau, LA Care: We need to be careful we don't create multiple care management siloes

LaCheryl Porter, Skid Row Housing Trust: Who would be the provider to bill Medi-Cal? We need attention to service provides who are outside of medical providers.

Kelly Brooks Lindsey, California State Association of Counties: Passed out a handout on ideas to include related to Whole Person Care. We suggest county pilots on whole person care to include housing. As to statewide consistency, we could look at LIHP and HCCI for models. There was some county choice in early versions so that different interventions could be tested. One population to focus on might be re-entry from jail/prison. There is not much lead time when they leave jail. There is a transition time when they are not in managed care and have high rates of overdose and homelessness.

Neal Richman, Westside Center for Independent Living: We have expertise in locating affordable housing and in capturing housing vouchers so that a health management plan could provide a sub-capitated to CCT agencies for necessary housing services.

Ed Ortiz, Health Plan of San Mateo: All the language and requirements will be new for housing. Health plans have HIPPA, cap rates, claims, and assessment requirements.

Jonathan Istrin, Libertana Home Health: We should look to the Department of Developmental Services funding of housing. How might we use their ideas to fund capital here?
Shen: This is good creative input. We need to create the supply of units so that however we fund the services, the recipients have a place to go. The timeline of 5 years is a challenge. How can Medi-Cal contribute given the constraints?

Doug Shoemaker, Mercy Housing: Should we engage HUD to work with us to develop a pipeline?

Cindy Cavanaugh, California Housing and Community Development: We need to include access to retrofitting existing and pipeline.

Public Comment
Frank Apgar, MD, Medical Director for CA MMIS, Xerox State Healthcare: There may be information in drug utilization reports if dissected by drug, age, etc and much of this data is carved out of managed care. This includes utilization and cost data for bi polar, schizophrenic who are also homeless, high users.

Diane Van Maren, NAMI. There could be consideration of MHSA as match here. Wellness grants are to be used for crisis stabilization and services and there is a natural nexus for how grant program will roll out and this 1115 waiver. In addition, Developmental Disabilities program did use a housing strategy to transition from institutional developmental services under a waiver. There are lessons from that experience and I encourage staff to talk to folks from DDS.

Camille Kustin DHCS: It is important to educate the health plans on the intersections being discussed here. Also, could we use PCP recommendations to identify the right individuals?

Grace Lee, On Lok Lifeways: Whether formal or informal caregivers, caregiver support system is essential with housing.

Housing Expert Stakeholder Workgroup Meeting Dates:

- Meeting #2 – December 16, 2014
- Meeting #3 – January 14, 2015
- Meeting #4 – January 28, 2015