Louisiana Permanent Supportive Housing

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What is Permanent Supportive Housing?

Deeply Affordable Rental Housing + Voluntary Flexible “Tenancy Supports” = Permanent Supportive Housing
Tenancy Supports

- Housing application
- Eligibility requirements & addressing housing barriers
- Understanding the role of tenant
- Engagement & planning for support needs
- Housing search & choosing a unit

Pre-tenancy

- Arrangement for actual move
- Ensuring unit & individual are ready for move in date
- Initial adjustment to new home & neighborhood

Move-in

- Sustained, successful tenancy
- Personal satisfaction: relationships, employment, education
- Flexing the type, intensity, frequency & duration of services based on needs & preferences

Ongoing Tenancy

Overview of Louisiana’s PSH Program

- Statewide and state operated
- Cross-disability in focus
- Currently housing approximately 2,700 households
- Additional 400 plus households receiving pre-tenancy services
- On target to house 3,545 households based on rental subsidies obtained so far
Eligibility & Priorities

- Very low-income
- Substantial, long-term disability
- Priority given to:
  - Individuals transitioning from institutions
  - Homeless individuals/households

A Partnership Between Agencies

LA Department of Health
- Single State Medicaid agency
- Provides/manages services funding Medicaid & non-Medicaid
- Works internally & with community partners to identify individuals in need of PSH housing & services

LA Housing Corporation/Housing Authority
- Works to recruit & identify housing providers through Low-Income Housing Tax Credit Program
- Rental subsidy administrator for Louisiana PSH
Program Results

Population
- 45% of households were homeless
- More than half were chronically homeless
- 10% of individuals/households served were in institutions
- 37% of households in tenancy & pre-tenancy have 1 or more members with a SUD

Housing Outcomes
- 94% retention rate (only 6% with negative outcome)
- 54% of households have improved income
- 68% reduction homelessness (2010 - 2016)

Health Outcomes
- Initial 24% reduction in Medicaid acute care costs (2011-2012)
- Statistically significant reductions in inpatient and ER for adult tenants post-housing (2016)

Braiding Funding
Housing Strategy

Low Income Housing Tax Credit Program
- Incentives for developers to “set aside” 5-15% of units for PSH within mixed-income, multi-family projects

Rental Subsidy
- Makes the unit affordable at 30% of household income

<table>
<thead>
<tr>
<th>Subsidy Type</th>
<th>Eligibility</th>
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<tbody>
<tr>
<td>LIHTC Subsidy</td>
<td>Households with Adequate Income</td>
</tr>
<tr>
<td>Project Based Voucher</td>
<td>All Program Participants</td>
</tr>
<tr>
<td>Continuum of Care (Shelter Plus Care)</td>
<td>Homeless Individuals/Households</td>
</tr>
<tr>
<td>811 PRA Demonstration</td>
<td>Participants Up to Age 62</td>
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<tr>
<td>Section 8 Match for PRA Demo</td>
<td>All Program Participants</td>
</tr>
<tr>
<td>Other Rental Subsidy (VASH, FUP, HOME)</td>
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</tbody>
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PSH Housing Providers

- Majority of units are in large, multi-family LIHTC projects with no more than 15% of units set aside for PSH. Some houses and smaller projects.
- Couple of projects operated by Homeless Continuum of Care with higher set asides.
- The housing provider is not the service provider.
## Services Strategy

<table>
<thead>
<tr>
<th>What it is</th>
<th>What it pays for</th>
<th>Source</th>
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</thead>
<tbody>
<tr>
<td>Medicaid 1915(c) Home and Community-Based Services Waivers</td>
<td>Long-term services and supports, including tenancy supports</td>
<td>CMS</td>
</tr>
<tr>
<td>Medicaid State Plan</td>
<td>Mental health rehabilitation services, tenancy supports, habilitation services previously covered under a 1915(i) waiver</td>
<td>CMS</td>
</tr>
<tr>
<td>Ryan White</td>
<td>Security deposits, utilities, medical care, health education, legal support, nutrition support, and other services</td>
<td>HRSA</td>
</tr>
<tr>
<td>Cooperative Agreement to Benefit Homeless Individuals</td>
<td>Housing support, treatment for substance abuse and/or serious mental illness, peer support, and other services.</td>
<td>SAMHSA</td>
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<tr>
<td>Veterans Services</td>
<td>Health care for eligible veterans</td>
<td>US VA</td>
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<tr>
<td>Community Development Block Grant</td>
<td>Local community development such as affordable housing, anti-poverty programs, and infrastructure development</td>
<td>HUD</td>
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</tbody>
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## PSH Service Providers

- 15 provider agencies around the state
  - Provider agencies drawn from Continua of Care for the Homeless but also from behavioral health and other social service agencies
  - Receive specialized training, technical assistance, and monitoring to provide tenancy supports
  - Must be accredited and credentialed as Mental Health Rehabilitation providers, but
  - Must work with all disabilities and enroll/contract to be reimbursed under all funding streams
  - Service providers do not provide housing
Medicaid Reimbursement of Tenancy Supports

1915(c) Waivers

- Z0648 Pre-Tenancy &/or Tenancy Crisis
- Z0649 Tenancy Maintenance
- Billing not limited to time spent face-to-face

Mental Health Rehabilitation

- H0036TG Community Psychiatric Supportive Treatment (CPST)
- H2017TG Psychosocial Rehabilitation (PSR)
- TG modifier pays a higher rate
- Billing limited to time spent face-to-face

Matching Household to Resource – “Braiding” day to day

- Rental subsidy eligibility (age, income, history of homelessness, priority)
- Building eligibility (age, background screening, etc.)
- Building location
- Household size versus bedrooms
- Unit accessibility
- Services eligibility
- Service authorization (FFS, MCO, other?)
Challenges

Program complexity

- For service providers
- For policy-makers and funders
- For landlords and property owners

Practical: Rental subsidies and affordable housing

Intervention in social determinants as a valid healthcare cost?

Flexibility – where found

- Within the Qualified Allocation plan for LIHTC
- Within Medicaid Authorities
- Within Funding Source
  - CDBG, SSBG, SGF, State-funded rental subsidies, etc.
Flexibility – where needed

HUD
- Rules re household size and number of bedrooms allowed
- Flexibility to subsidize up to and closer to market rates
- 811 age limits
- Need for administrative resources

CMS
- Can it be easier to implement tenancy supports as a Medicaid service?
- Can policy, procedure better support and align with stated priorities?

More Broadly: How do we create space to spend money differently?