Individuals experiencing homelessness are disproportionately impacted by chronic medical and behavioral health conditions, and many of these individuals lack health insurance or a usual source of care. State Medicaid agencies and safety net providers are important partners in meeting the medical, behavioral health, and social service needs of individuals and families experiencing homelessness. States have leveraged a range of federal authorities and care models to increase access to housing-related services, including Section 1115 Demonstrations, home and community-based services waivers and state plan options, contracted managed care organizations, accountable care models, and the health home state plan option. For additional information and detail, please see the full issue brief.

Key Points/Summary of Recommendations:

**Medicaid Authorities and Services**
- Different states may find that certain authorities are a better fit given the structure of their current Medicaid program, current and future state priorities, and the availability of financial and staff resources. States should weigh the flexibility and requirements of each authority/delivery model.
- In addition to authorizing medical respite services through 1915(c) and 1115 authorities, state Medicaid agencies may wish to work with their Federally Qualified Health Centers (FQHCs) to include medical respite in their scopes of services.
- Although federal financial support for ACA-expansion populations may be rolled back or ultimately discontinued, states may wish to explore the feasibility of using the Section 1115 Demonstration authority to continue existing or initiate novel programs expanding eligibility beyond the federal floors to better meet the medical and psychosocial needs of individuals experiencing homelessness.

**Managed Care:**
- While balancing MCOs’ ability to establish and maintain their provider networks, state Medicaid agencies may wish to explore opportunities during procurement to ensure that prospective MCOs have the capacity to serve individuals experiencing homelessness. This could include explicit contract requirements that MCOs partner with specific community support providers, such as Continuums of Care or other housing partners, to provide certain services for populations.
- States may wish to capitalize on the 1915(b)(3) authority, which specifically allows a state Medicaid agency to cover additional services using the savings accrued by the managed care program.

**Stakeholder Engagement and Partnership Development:**
- While securing buy-in from leadership is critical, the value of building relationships across mid-level and program staff should not be underestimated. These individuals tend to have longer tenures and more focused responsibilities and may be better positioned to sustain focus and progress across administrations.
Facilitating collaboration and establishing financial partnerships with the private sector may also benefit health and housing initiatives, particularly in states facing budget shortfalls.

State Medicaid officials and safety net providers may wish to explore opportunities for engaging or strengthening partnerships with criminal justice partners as part of their supportive housing efforts to help mitigate and address incarceration-related challenges.

Policymakers and stakeholders may be able to address stigma in Housing First programs by engaging housing partners in cross-sector behavioral health integration training opportunities. Similarly, education and engagement on the success of permanent supportive housing programs for individuals with substance use disorders may be important tools to recruit and maintain housing partnerships.

**Cross-Agency Alignment:**

- Supportive housing programs that braid or blend funding streams can simplify eligibility issues for providers, although states should not underestimate the administrative complexity associated with program compliance.
- To the extent allowable under state and federal law, state agencies and health centers may wish to explore opportunities to develop and enter into data use agreements to share data across health and housing partners.

**Program Design:**

- Given limited resources, state policymakers may need to decide whether to prioritize programs that serve individuals who have already experienced chronic homelessness or focus efforts on preventing new cases of homelessness for housing-insecure Medicaid enrollees. It is important to acknowledge that these two approaches are not necessarily mutually exclusive.
- Individuals experiencing homelessness benefit from coordinated entry processes that promote a “no wrong door” approach to ensure individuals receive necessary health and housing services regardless of where or when they enter into the system.
- State Medicaid leadership may wish to review the extent to which telehealth or mobile health care programs are being utilized in rural areas and determine the feasibility of financially incentivizing implementation or expansion of these models to improve access to care for individuals or families experiencing homelessness in rural areas.

**Selected Tools and Resources for Policymakers and Partners**

**National Academy for State Health Policy (nashp.org)**
- **Braiding Funds to House Complex Medicaid Beneficiaries: Key Policy Lessons from Louisiana**
- **Federal and State Collaboration to Improve Health through Housing**

**U.S. Department of Health & Human Services (hhs.gov)**

*Office of the Assistant Secretary for Planning and Evaluation (aspe.hhs.gov)*
- **A Primer on Using Medicaid for People Experiencing Chronic Homelessness and Tenants in Permanent Supportive Housing (PDF Version)**
- **Medicaid and Permanent Supportive Housing for Chronically Homeless Individuals: Emerging Practices from the Field (PDF Version)**
- **Medicaid Financing for Services in Supportive Housing for Chronically Homeless People: Current Practices and Opportunities (PDF Version)**

**Centers for Medicare & Medicaid Services (cms.gov)**
- **Coverage of Housing-Related Activities and Services for Individuals with Disabilities Informational Bulletin**
• Medicaid Housing-Related Services and Partnerships Materials (part of the Promoting Community Integration Through Long-Term Services and Supports Program Area, Medicaid Innovation Accelerator Program).
• “At-a-Glance” Guide to Federal Medicaid Authorities Useful in Restructuring Medicaid Health Care Delivery or Payment

Substance Abuse and Mental Health Services Administration (samhsa.gov)
• Permanent Supportive Housing Evidence-Based Practices

U.S. Department of Housing and Urban Development (hudexchange.info)
• Housing and Healthcare Integration (H2) Toolkit
• H2 State and Community Action Planning Materials

U.S. Interagency Council on Homelessness (usich.gov)
• Tools for Action

Corporation for Supportive Housing (csh.org)
• Summary of State Actions: Medicaid and Housing Services (Updated January 2017)
• A Quick Guide to Improving Medicaid Coverage for Supportive Housing Services
• Integrating Housing in State Medicaid Policy
• Medicaid Supportive Housing Services Crosswalks
• Health & Housing Partnerships: Strategic Guide for Health Centers and Supportive Housing Providers
• Additional Tools, Templates, Reports and Case Studies

National Health Care for the Homeless Council (nhchc.org)
• Permanent Supportive Housing Resources
• Medical Respite Care: Financing Approaches
• Managed Care and Homeless Populations: Linking the Healthcare for the Homeless Community and Managed Care Organization Partners (in partnership with United HealthCare Community & State)

Henry J. Kaiser Family Foundation (kff.org)
• Linking Medicaid and Supportive Housing: Opportunities and On-the-Ground Examples

The Urban Institute (urban.org)
• Solving the Wrong Pockets Problem: How Pay for Success Promotes Investment in Evidence-Based Best Practices

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The National Academy for State Health Policy (NASHP) is an independent academy of state health policymakers working together to identify emerging issues, develop policy solutions, and improve state health policy and practice. As a non-profit, nonpartisan organization dedicated to helping states achieve excellence in health policy and practice, NASHP provides a forum on critical health issues across branches and agencies of state government. NASHP resources are available at: www.nashp.org.