



State Health and Housing Institute on Sustainably Financing Cross-Agency Housing and Health Initiatives

Tenancy Supports in Three States' Medicaid Waivers

Stable, safe, and affordable housing is a key determinant of health. To address housing's role in health, many states use Medicaid waiver and demonstration programs to pay for [housing-related services](#) and tenancy supports that help people become and remain stably housed. These services include independent living skills training, assistance with applying for housing, coaching on maintaining relationships with landlords, and more. This chart highlights tenancy supports in three NASHP Health and Housing Institute states' approved Medicaid waivers by populations served and housing-related services covered.

State	Type of Medicaid Waiver	Populations Served	Housing-Related Services Covered	Notes
Illinois	Illinois Behavioral Health Transformation 1115 Waiver	Criteria for 1915(i) State Plan Amendment program include either repeated emergency department use or two or more chronic conditions, and imminent risk of placement in an institution or experiencing homelessness.	Pre-tenancy supports and tenancy sustaining services	Expires 6/30/2023
Louisiana	LA Residential Options (ROW) 1915(c) waiver	<ul style="list-style-type: none"> • People with a developmental disability (DD) • People transitioning from public to private facilities • High-need individuals on the registry 	Pre-tenancy supports, tenancy sustaining services, and supports to locate new housing if at risk	Expires 6/30/2023
	LA Supports 1915 (c) waiver	People with autism, DD, and intellectual disabilities	<ul style="list-style-type: none"> • Pre-tenancy supports and tenancy-sustaining services • Limited to 165 combined units 	Expires 6/30/2019
	LA Community Choices 1915 (c) waiver	People ages 21-64 with a physical disability. This is available during a temporary stay in a nursing facility or hospital.	Tenancy-sustaining services	Expires 6/30/2019
	LA New Opportunities 1915 (c) Waiver	People with autism, DD, and intellectual disabilities	Pre-tenancy supports, tenancy sustaining services	Expires 12/31/2021
Texas	§1915(i) State Plan HCBS Adult Mental Health (HCBS-AMH)	People who require home- and community-based adult mental health services to improve or maintain functioning, prevent relapse, and maintain residence in the community.	Transition assistance services, psychosocial rehabilitation, employment, transportation, home and community-based services, and more.	Approved 10/13/2015 for five years

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Illinois Behavioral Health Transformation 1115 Waiver

Assistance in Community Integration Services (ACIS) Pilot

Target population: Individuals who would be eligible under a 1915(i) SPA program as described in the needs-based criteria below.

Health criteria (at least one):

- Repeated incidents of ED use (defined as more than four visits per year) or hospital admissions; or
- Two or more chronic conditions as defined in Section 1945(h)(2) of the act.

Housing Criteria (at least one):

- Individuals who will experience homelessness upon release from the settings defined in 24 CFR 578.3; or
- Those at imminent risk of institutional placement.

Description of Services

Pre-tenancy supports:

- Conducting a functional needs assessment identifying the beneficiary's preferences related to housing (e.g., type, location, living alone, or with someone else, identifying a roommate, accommodations needed, or other important preferences) and needs for support to maintain community integration (including what type of setting works best for the individual); providing assistance in budgeting for housing and living expenses; and providing assistance in connecting the individual with social services to assist with filling out applications and submitting appropriate documentation in order to obtain sources of tenancy.
- Assisting beneficiaries with connecting to social services to help with finding and applying for housing necessary to support the individual in meeting their medical care needs.
- Developing an individualized plan based on the functional needs assessment as part of the overall person-centered plan. Identifying and establishing short- and long-term measurable goal(s), and establishing how goals will be achieved and how concerns will be addressed.
- Participating in person-centered plan meetings at redetermination and/or revision plan meetings, as needed.
- Providing supports and interventions per the person-centered plan.

Tenancy-sustaining services:

- Service planning support and participating in person-centered plan meetings at redetermination and/or revision plan meetings, as needed.
- Coordinating and linking the recipient to services and service providers, including primary care and health homes, substance use treatment providers, mental health providers, medical, vision, nutritional and dental providers, vocational, education, employment and volunteer supports, hospitals and emergency rooms, probation and parole, crisis services, end-of-life planning, and other support groups and natural supports.
- Entitlement assistance including assisting beneficiaries in obtaining documentation, navigating and monitoring application process, and coordinating with the entitlement agency.
- Assistance in accessing supports to preserve the most independent living such as individual and family counseling, support groups, and natural supports.

- Providing supports to assist the beneficiary in the development of independent living skills, such as skills coaching, financial counseling, and anger management.
- Providing supports to assist the beneficiary in communicating with the landlord and/or property manager regarding the participant’s disability (if authorized and appropriate), detailing accommodations needed, and addressing components of emergency procedures involving the landlord and/or property manager.
- Coordinating with the beneficiary to review, update, and modify housing support and crisis plan on a regular basis to reflect current needs and address existing or recurring housing retention barriers.
- Connecting the beneficiary to training and resources that will assist the individual in being a good tenant and lease compliance, including ongoing support with activities related to household management. The state will not cover the following services under this pilot:
 - Payment of rent or other room and board costs;
 - Capital costs related to the development or modification of housing;
 - Expenses for utilities or other regular occurring bills;
 - Goods or services intended for leisure or recreation;
 - Duplicative services from other state or federal programs; and
 - Services to individuals in a correctional institution or an institute for mental diseases (IMD).

Louisiana Residential Options Waiver (ROW) 1915(c) Waiver

Target population:

Priority 1. The one-time transition of people eligible for DD services in either the Office of Aging and Adult Services (OAAS) Community Choices Wavier (CCW) or OAAS Adult Day Health Care Waiver (ADHC) to the ROW.

Priority 2. Individuals living at Pinecrest Supports and Services Center or in a publicly-operated Intermediate Care Facility for Individuals with Developmental Disability (ICF-DD) when it was transitioned to a private ICF-DD through a cooperative endeavor agreement (CEA facility), or their alternates. Alternates are defined as individuals living in a private ICF-DD who will give up the private ICF-DD bed to an individual living at Pinecrest or to an individual who was living in a publicly operated ICF-DD when it was transitioned to a private ICF-DD through a cooperative endeavor agreement (CEA facility).

Individuals requesting to transition from Pinecrest are awarded a slot when one is requested, and their health and safety can be assured in an Office for Citizens with Developmental Disabilities (OCDD) waiver. This also applies to individuals who were residing in a state operated facility at the time the facility was privatized and became a Cooperative Endeavor Agreement (CEA) facility.

Priority 3. Individuals on the registry who have the highest level of need and the earliest registry date shall be notified in writing when a funded OCDD waiver opportunity is available and that he/she is next in line to be evaluated for a possible waiver assignment.

Priority 4. Individuals transitioning from ICF/ID facilities utilizing ROW Conversion Entrance to the Residential Options Waiver.

Description of Services

Housing stabilization service enables waiver participants to maintain their own housing as set forth in the participant’s approved plan of care. Services must be provided in the home or a community setting. The service includes the following components:

- Conduct a housing assessment identifying the participant’s preferences related to housing (type, location, living alone or with someone else, accommodations needed, other important preferences) and needs for support to maintain housing (including access to, meeting terms of lease, and eviction prevention), budgeting for housing/living expenses, obtaining/accessing sources of income necessary for rent, home management, establishing credit and understanding and meeting obligations of tenancy as defined in lease terms.
- Assist participant to view and secure housing as needed. This may include arranging or providing transportation. Assist participant to secure supporting documents/records, completing/submitted applications, securing deposits, locate furnishings.
- Develop an individualized housing stabilization service provider plan based upon the housing assessment that includes short- and long-term measurable goals for each issue, establishes the participant’s approach to meeting the goal, and identifies where other provider(s) or services may be required to meet the goal.
- Participate in the development of the plan of care, incorporating elements of the housing stabilization service provider plan. Participate in plan of care renewal and updates as needed.
- Provide supports and interventions per the individualized housing stabilization service provider plan. If additional supports or services are identified as needed outside the scope of housing stabilization services, communicate the needs to the support coordinator.
- Communicate with the landlord or property manager regarding the participant’s disability, accommodations needed, and components of emergency procedures involving the landlord or property manager.
- If at any time the participant’s housing is placed at risk (e.g., eviction, loss of roommate or income), housing stabilization services will provide supports to retain housing or locate and secure housing to continue community-based supports including locating new housing, sources of income, etc.

Louisiana Supports Waiver 1915(c)

Target population: In accordance with 42 CFR 441.301(b)(6), subgroups include people with autism, developmental disability, or intellectual disability.

Description of Services

Housing stabilization transition services enable participants who are transitioning into a Permanent-Supportive Housing (PSH) unit, including those transitioning from institutions, to secure their own housing. The services are provided while the participant is in an institution and preparing to exit the institution using the waiver. The services include the following components:

- Conduct a housing assessment identifying the participant’s preferences related to housing (type, location, living alone or with someone else, accommodations needed, other important preferences) and needs for support to maintain housing (including access to, meeting terms of lease, and eviction prevention), budgeting for housing/living expenses, obtaining/accessing sources of income necessary for rent, home management, establishing credit and understanding and meeting obligations of tenancy as defined in lease terms.
- Assist participant to view and secure housing as needed. This may include arranging or providing transportation. Assist participant to secure supporting documents/records, completing/submitted applications, securing deposits, locate furnishings.
- Develop an individualized housing stabilization service provider plan based upon the housing assessment that includes short- and long-term measurable goals for each issue, establishes the participant’s approach to meeting the goal, and identifies where other provider(s) or services may be required to meet the goal.
- Participate in the development of the plan of care, incorporating elements of the housing stabilization service provider plan.
- Look for alternatives to housing if permanent supportive housing is unavailable to support completion of transition.

Available only to participants who are residing in a State of Louisiana Permanent Supportive Housing unit, or are linked to the State of Louisiana Permanent Supportive Housing selection process.

This is limited to no more than 165 combined units of this service and the Housing Stabilization service (units can only be exceeded with written approval from OCDD)

Louisiana Community Choices 1915(c) Waiver

Target population: In accordance with 42 CFR 441.301(b)(6) subgroups include the aged and/or disabled (physical).

Description of Services

Housing stabilization services enable waiver participants to, once housed, successfully maintain tenancy and residence in their own housing as set forth in the participant's approved plan of care. Services must be provided in the home or a community setting. The service includes the following components:

- Participate in plan of care renewal and updates as needed, to incorporate elements of the housing support plan. If additional supports or services are identified as needed outside the scope of housing stabilization services, communicate those needs to the support coordinator.
- Provide supports and interventions designed to maintain ongoing successful and stable tenancy and residence as per the individualized housing support plan.
- Serve as point of contact for the landlord or property manager regarding any accommodations needed by the participant, any components of emergency procedures involving the landlord or property manager, and to assist with issues that may place the participants housing at risk.
- Update the Housing Support Plan annually or as needed due to changes in the participant's situation or status.

This service is available to participants during a temporary stay in a nursing facility or hospital.

Louisiana New Opportunities 1915(c) Waiver

Target population: In accordance with 42 CFR 441.301(b)(6) subgroups include those with autism, and/or developmental or intellectual disability.

Description of Services

Housing stabilization services enable waiver participants to maintain their own housing as set forth in the participant's approved plan of care. Services must be provided in the home or a community setting. The services include the following components:

- Conduct a housing assessment identifying the participant's preferences related to housing (type, location, living alone or with someone else, accommodations needed, other important preferences) and needs for support to maintain housing (including access to, meeting terms of lease, and eviction prevention), budgeting for housing/living expenses, obtaining/accessing sources of income necessary for rent, home management, establishing credit and understanding and meeting obligations of tenancy as defined in lease terms.
- Assist participant to view and secure housing as needed. This may include arranging or providing transportation. Assist participant to secure supporting documents/records, completing/submitted applications, securing deposits, locate furnishings.
- Develop an individualized housing stabilization service provider plan based upon the housing assessment that includes short and long-term measurable goals for each issue, establishes the participant's approach to meeting the goal, and identifies where other provider(s) or services may be required to meet the goal.

- Participate in the development of the plan of care, incorporating elements of the housing stabilization service provider plan. Participate in plan of care renewal and updates as needed.
- Provide supports and interventions per the individualized housing stabilization service provider plan. If additional supports or services are identified as needed outside the scope of housing stabilization services, communicate the needs to the support coordinator.
- Communicate with the landlord or property manager regarding the participant’s disability, accommodations needed, and components of emergency procedures involving the landlord or property manager.
- If at any time the participant’s housing is placed at risk (e.g., eviction, loss of roommate or income), housing stabilization services will provide supports to retain housing or locate and secure housing to continue community based supports including locating new housing, sources of income, etc.

[Texas §1915\(i\) State Plan HCBS Adult Mental Health \(HCBS-AMH\)](#)

Target population: An individual is eligible for State Plan HCBS under the Home and Community-Based Services - Adult Mental Health (HCBS-AMH) program if the individual requires HCBS-AMH services to improve or maintain functioning, prevent relapse to a lower level of functioning, and maintain residence in the community. This need is determined through evaluation and re-evaluation of functional need using a standardized instrument (the Adult Needs and Strengths Assessment -ANSA).

Description of Services

Specify the state’s service title(s) for the HCBS defined under “Services” and listed in Attachment 4.19- B:

- Transition Assistance Services (TAS)
- HCBS Psychosocial Rehabilitation Services
- Adaptive aids
- Employment services
- Transportation
- Community Psychiatric Supports and Treatment (CPST)
- Peer support
- Host home/companion care
- Supervised living services
- Assisted living services
- Supported home living
- Respite care
- Home-delivered meals
- Minor home modifications
- Nursing
- Substance use disorder (SUD) services and
- Home and Community-Based Services - Adult Mental Health (HCBS-AMH) Recovery Management