



POLICY BRIEF

May 25, 2022

Expanding Housing Supports through Medicaid Community Integration Services

Highlights

Community Integration Services (CIS) through the Medicaid program provide an additional layer of housing-focused support for qualified Medicaid members with complex physical health or behavioral health care needs.

Key Findings

- Over 434,700 individuals statewide are enrolled in the Medicaid program.
- CIS will provide additional pre-tenancy and tenancy support services to Medicaid members with specific health and housing needs.
- CIS will enhance the housing-focused support services available to qualified members who are currently homeless, at risk of homelessness, or who are transitioning from long-term care facilities.

Recommendations

- Continue to support capacity building for existing providers of pre-tenancy and tenancy services.
- Identify funding mechanisms that reduce potential duplication of payment or oversaturation of services.
- Prioritize the integration of systems of care that serve CIS subpopulations, including appropriate data sharing agreements.
- Expand the capacity and focus of interventions aimed at preventing homelessness further upstream.

Introduction

The Medicaid health insurance program provides health coverage to qualified individuals, including low-income adults, children and former foster care children, seniors, pregnant individuals, and people with disabilities. Funding for Medicaid services is shared between the federal and state governments.ⁱ Hawaii's Medicaid program is administered by the Department of Human Services (DHS) [Med-QUEST Division \(MQD\)](#).

Medicaid health insurance covers a wide array of healthcare-related services, including primary and acute care, preventive care, behavioral health, and nursing facility services.ⁱⁱ States have the option to provide benefits in addition to those required by federal law.

In 2021, the Center for Medicaid Services (CMS) issued guidance directing state health agencies to address the social determinants of health in Medicaid service delivery.ⁱⁱⁱ Social determinants of health include a range of environmental and socioeconomic factors that contribute to health outcomes, including disability, life expectancy, health care costs, and quality of life.^{iv} Negative living arrangements, including lack of stable housing or unnecessary institutionalization due to a lack of other suitable options, are identified as contributing to poor health outcomes.

This policy brief outlines the potential to expand housing supports to vulnerable people with housing needs by leveraging Medicaid services.

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Health Need Criteria		Risk Criteria
<ul style="list-style-type: none"> • Behavioral health need: <ul style="list-style-type: none"> ○ Serious mental illness (SMI) and/or substance use need meeting at least American Society of Addiction Medicine (ASAM) level 2.1 <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> • Complex physical health need 	AND	<ul style="list-style-type: none"> • Homeless <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> • At-risk of eviction <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> • Transitioning from long-term care facilities to community-based settings

Figure 1 – MQD Community Integration Services eligibility criteria

Overview of Hawaii’s Medicaid Program

Over 434,700 individuals, or thirty percent of Hawaii’s population, are enrolled in the State’s Medicaid program.^v During the COVID-19 pandemic, the State saw an increase of over 107,000 new Medicaid enrollments, an increase of over thirty percent from the previous year.^{vi}

DHS MQD currently contracts with five QUEST Integration (QI) health insurance plans statewide. Specialized Community Care Services (CCS) for adults diagnosed with a serious mental illness are provided through a unified statewide health insurance plan.

Hawaii’s Community Integration Services Plan

Community Integration Services are available to Medicaid members who meet specific eligibility requirements (see Figure 1). Generally, members must have both a qualifying health need and a risk factor to receive CIS. Enrollment in CIS is voluntary and is coordinated through the QI health plans.

Pre-tenancy services include a range of outreach and navigation services designed to help members transition from homelessness or a long-term care setting to housing in the community. Examples of pre-tenancy services include assistance with applying for entitlement benefits, connection to independent living supports, and landlord engagement.

Tenancy services are available to housed members who need help maintaining housing stability. CIS providers may assist members with tenancy skills building, completing annual housing recertifications, mediating tenancy issues with landlords, and connecting to crisis management services. MQD expects that members who received pre-tenancy services will continue with tenancy services upon successful placement into community-based housing for up to 24 months, or until services are no longer needed.

MQD expects that a majority of pre-tenancy and tenancy services will be provided at the member’s current place of residence, including encampments and homeless shelters. Services may also be provided in community-based settings, such as clinics, social service provider offices, or via approved telehealth modalities as appropriate.

CIS does not include the payment of rent or utility costs, capital construction costs, direct payments to members, or recreational or leisure services. In addition, CIS payments may not overlap with services already paid for by other federal or state sources, and may not cover services provided to individuals residing in public institutions except as specifically authorized for discharge planning.

All QI health plans and service providers contracted to offer CIS must meet the criteria outlined in the State’s Medicaid plan. To assist potential service providers with understanding the process of becoming qualified Medicaid CIS partners, MQD hosted a series of virtual training sessions and informational webinars.^{vii} Contracted service providers on Oahu and Hawaii island began providing CIS in early 2022.

Benefits of Implementing Community Integration Services

The implementation of Community Integration Services provides many opportunities to enhance service delivery for vulnerable adults with complex physical or behavioral health needs. Funders, service providers, and qualified members can benefit from the additional services authorized through CIS.

CIS offers a strategic opportunity to pair federal financial resources through the Medicaid program with other supportive services funded by state and county governments. With the proper coordination of contracts and services, funders may be able to better leverage limited local resources to address the needs of existing subpopulations who are not eligible for CIS.

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Providers who participate in CIS will generate a complementary revenue stream for authorized services. While many CIS providers will likely have existing government or private contracts, CIS may offer additional opportunities for providers to diversify their portfolios with braided funding.

Medicaid members who are eligible for CIS will receive individualized supportive services in coordination with their QI health plans. CIS incentivizes better coordination of traditional healthcare and wraparound services, and services provided can help members improve their overall health by improving access to stable housing.

Importantly, CIS extends services to a critical population of vulnerable Medicaid members who are at-risk of homelessness, most of whom would not otherwise be known to homeless service providers. Early identification of health and social service needs will allow CIS providers to proactively connect members to preventive interventions according to their needs, reducing reliance on homeless resources in the future.

Policy Recommendations

As the Med-QUEST Division's contracted health plans and partner agencies continue the implementation of the State's Community Integration Services plan, stakeholders should consider emerging needs and opportunities to effectively utilize this new resource.

- **Continue to support capacity building for existing providers of pre-tenancy and tenancy services.**
Service providers who currently offer pre-tenancy and tenancy supports for the target population may not be deeply experienced in Medicaid billing or coordination with health care partners. CIS implementation must continue to support the capacity building needs of local service providers to ensure quality delivery of services.
- **Identify funding mechanisms that reduce potential duplication of payment or oversaturation of services.**
Existing funders of services for people experiencing homelessness, people at-risk of homelessness, and

people exiting long-term care institutions should consider the impacts of CIS implementation with regard to established services. Funders should prioritize developing appropriate mechanisms to reduce duplication of services to persons covered by CIS, while ensuring that services continue to remain available for those who are not eligible for CIS.

- **Prioritize the integration of systems of care that serve CIS subpopulations, including appropriate data sharing agreements.**
Hawaii's CIS plan identifies literal homelessness, at-risk homelessness, and long-term care step-down as qualifying housing risk factors for CIS. Ensuring that existing resources for these respective subpopulations are coordinated with each other will streamline the delivery of CIS, especially for members who may need additional services from a range of providers. To the degree that it is appropriate, data sharing for the purposes of service coordination and delivery should be embraced.
- **Expand the capacity and focus of interventions aimed at preventing homelessness further upstream.**
Homelessness prevention strategies should include interventions that extend beyond one-time or emergency financial resources. Because many of the precursors to housing instability and homelessness involve multiple social, economic, and health needs, it is necessary to leverage these complementary systems as tools for ending homelessness. Investing additional resources into upstream homelessness prevention will reduce future financial and social costs associated with addressing homelessness.

For more information about Community Integration Services, visit <http://homelessness.hawaii.gov/cis>.

ⁱ Approximately 67 percent of Hawaii's [overall Medicaid spending](#) utilizes federal funds.

ⁱⁱ See the federal [Medicaid website](#) for general requirements.

ⁱⁱⁱ The full text of CMS written guidance is available in the [SHO #21-001 notice](#), issued on January 7, 2021.

^{iv} The [U.S. Department of Health and Human Services](#) outlines five domains of social determinants of health that contribute to health outcomes and inequities.

^v See [DHS Communications](#).

^{vi} See [DHS Communications](#).

^{vii} Recordings of past trainings and webinars are available at <http://homelessness.hawaii.gov/cis>.