Maryland Partnership for Affordable Housing
Section 811 Project Rental Assistance Program
HCBS Conference - Baltimore
August 2018

Waitlist & Referrals

MARYLAND DEPARTMENT OF DISABILITIES

MDOD manages the waitlist and referral process for Section 811

Applications must be submitted by a person's case manager

2,249 active applications

300 total units expected

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This is a secure, online, centralized eligibility screening tool to help Case Managers determine which housing programs their consumers are eligible for and refer them to the appropriate program.

Maryland's Priority Populations

1. Institutionalized & Medicaid recipient: nursing facility, ICF/ID, state psychiatric hospital or hospital where assistance is available under Medicaid

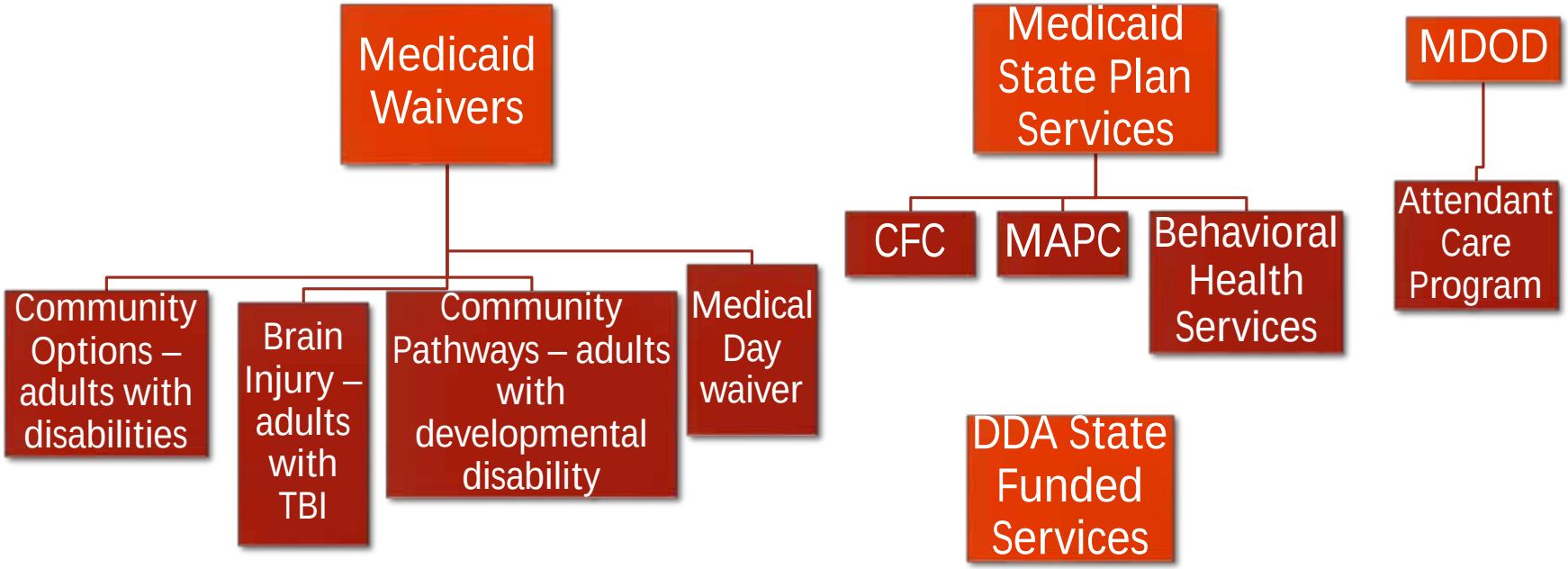
2. At risk of institutionalization due to current housing situation: i.e. homebound, deplorable housing conditions

3. Moving to independent renting: DDA Community Pathways waiver GH & ALU; Brain Injury waiver ALU; BHA Residential Rehabilitation Program; CO waiver & DHMH-Licensed Assisted Living Facility

4. Homeless & Medicaid recipients (as defined by HEARTH Act) in this order:

- Actually homeless
- Imminent risk of homelessness
- Homeless under other Federal statutes (i.e. unaccompanied youth/families w/ youth)
- Fleeing domestic violence

Voluntary Support Services

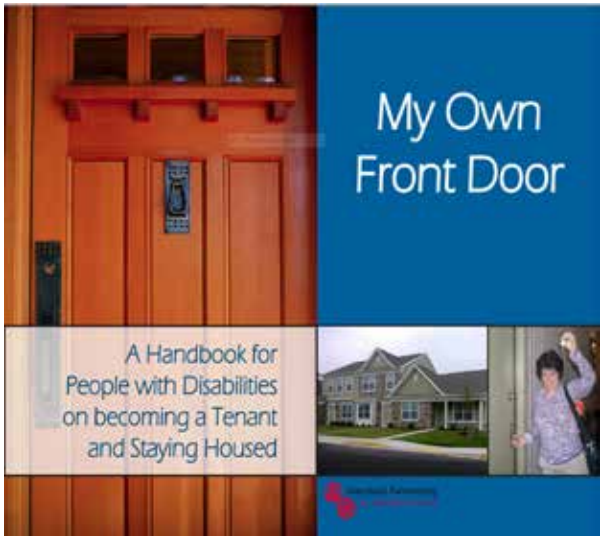


MPAH Training:

ongoing training opportunities throughout the year including Mental Health First Aid, Reasonable Accommodations & First 90 Days of Tenancy

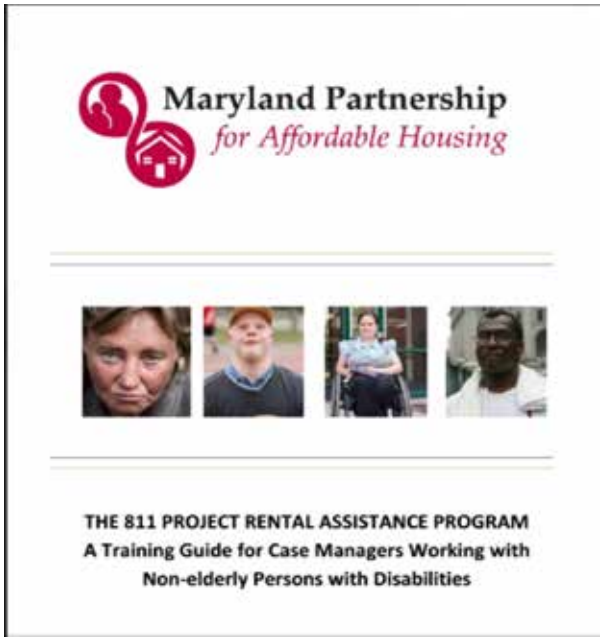
Tenant Training Manual:

http://mdod.maryland.gov/housing/Documents/My%20Own%20Front%20Door%20finalPWP.pdf

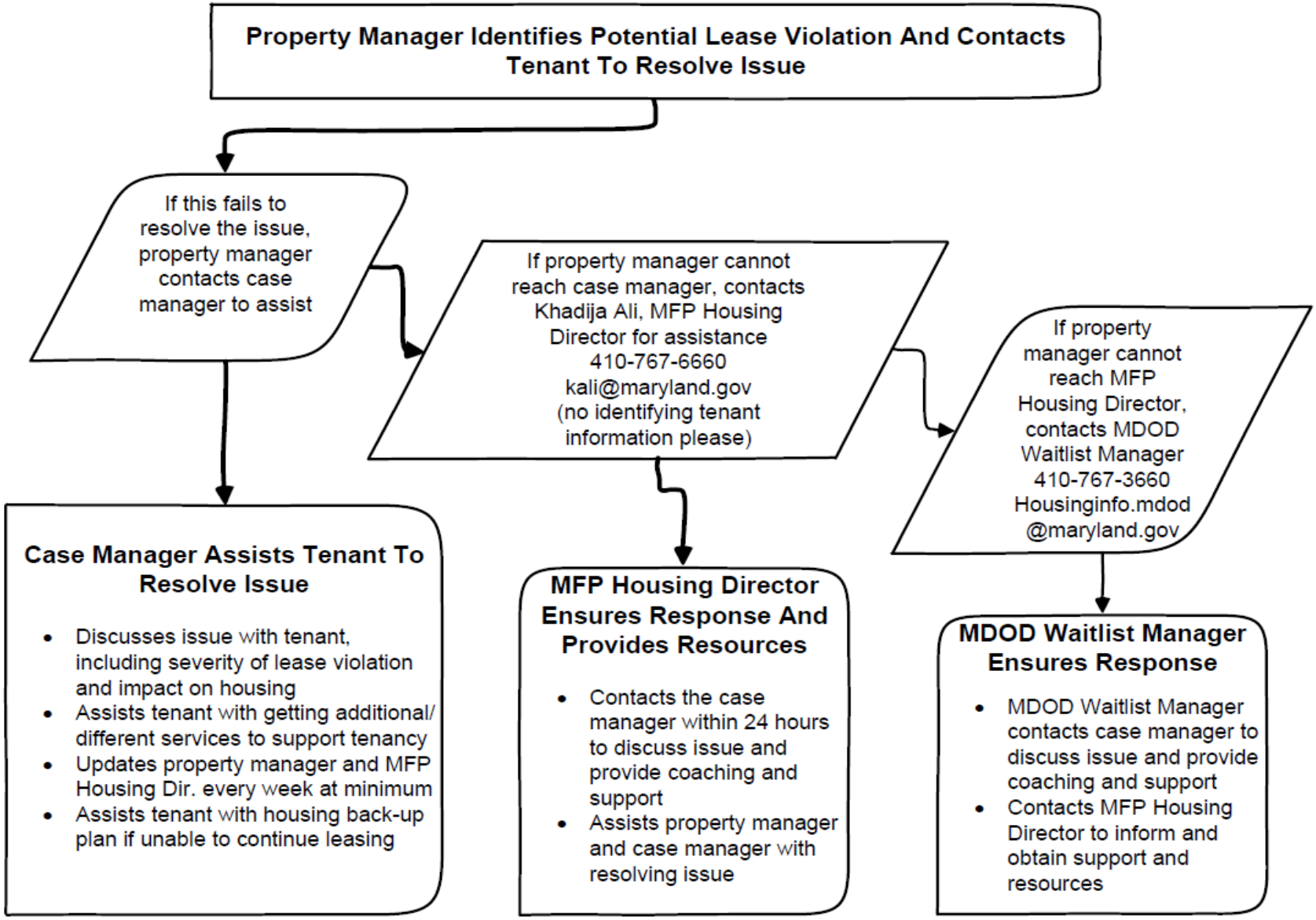


Case Management Manual:

http://mdod.maryland.gov/housing/Documents/Case%20Manager%20ManualPWP.pdf



TENANT ISSUE PROCESS



Successes as of July 31, 2018

57 occupied units
65 Residents since Program Inception

20 transitioned from institutions (**31%**)

22 transitioned from RRPs, group homes, ALUs, similar settings (34**%)**

13 persons were homeless (**20%**)

7 persons were unstably housed (**11%**)

Reported disabilities include:

- physical (54%)
- behavioral (52%)
- developmental (14%)

53% reported need for physically accessible unit; 9% H/V accessible unit

11 have been housed for two years (17%), 6 of whom were formerly homeless

Demographics
of those housed

Gender
- 37 female (57**%**)
- 27 male (42**%**)
- 1 other (2**%**)

Race
- 43 African-American(**66%**)
- 20 Caucasian (31**%**)
- 1 American Indian (2**%**)
- 1 Unknown (2%)

Income
- All have income <$20,000
- 37 with incomes < $10,000 (57**%**)

Household size
- 41 single (63**%)**
- 19 2-person (29**%**)
- 5 larger (8**%**)
- A total of 16 children are included

Age
- 1 is 18-24 (2%)
- 18 are 25-34 (28**%**)
- 10 are 35-44 (**15%**)
- 21 are 45-54 (32**%**)
- 13 are 55-62 (**20%**)

Contact Information

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Money Follows the Person

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NEW YORK STATE | Department of Health | Medicaid Redesign Team

Medicaid Redesign Team
Supportive Housing Initiative

2018 National HCBS Conference
Baltimore, MD

Matthew J. de Waal Malefyt, MBA
New York State Department of Health
Bureau of Social Determinants of Health

August 28, 2018

What is the Supportive Housing Initiative under New York State's Medicaid Redesign Team?

Medicaid Redesign Team

Redesigning THE MEDICAID PROGRAM

Stakeholder engagement

- Ø Health care industry leaders
- Ø Business and consumer leaders
- Ø State officials
- Ø State legislative members

Multi-year action plan

- Ø Starting in 2012 …

Innovation and initiatives

- Ø Better manage care
- Ø Incentivize providers

Medicaid Redesign Team

The MRT innovative solutions did **not** rely on:

- Lowering benefits
- Cutting provider payment rates

The MRT initiatives focused on:

- Cost control
- Quality of care

The MRT in New York State **includes a Supportive Housing Initiative**

- Established in 2012 under state budget
- 100% state-funded

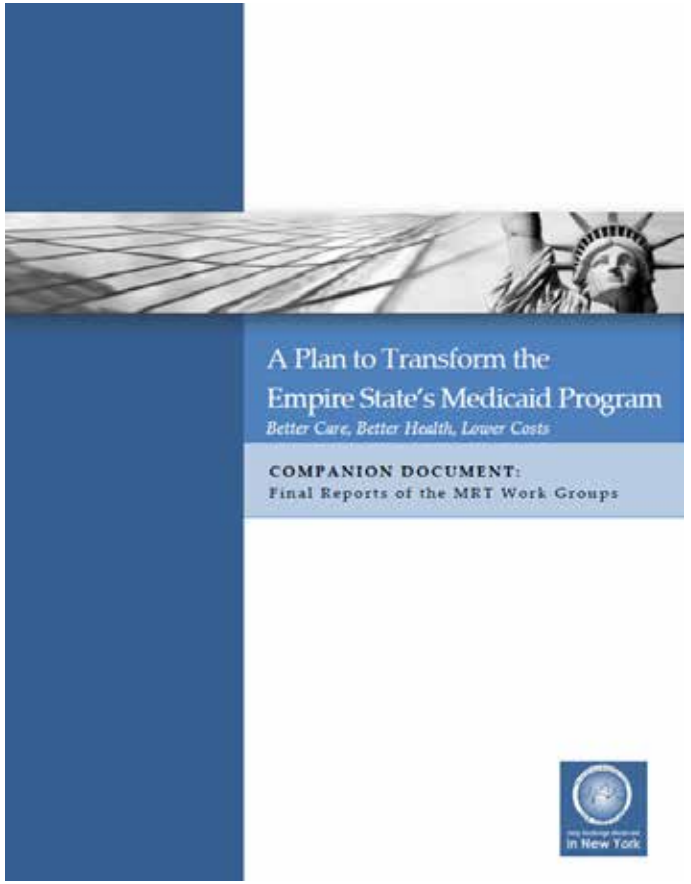
Supportive Housing Initiative

Supportive Housing Initiative

- Workgroup
- Increase availability of affordable and supportive housing
- Focus on high-cost, high-need Medicaid beneficiaries
  - Homeless
  - Unstably housed
  - Institutional settings

Final proposal details

- Called for integrated funds for:
  - Capital
  - Operating expenses
  - Rent subsidies
  - Services
- Targeting high-cost, high-need Medicaid recipients



NEW YORK STATE OF OPPORTUNITY. Department of Health

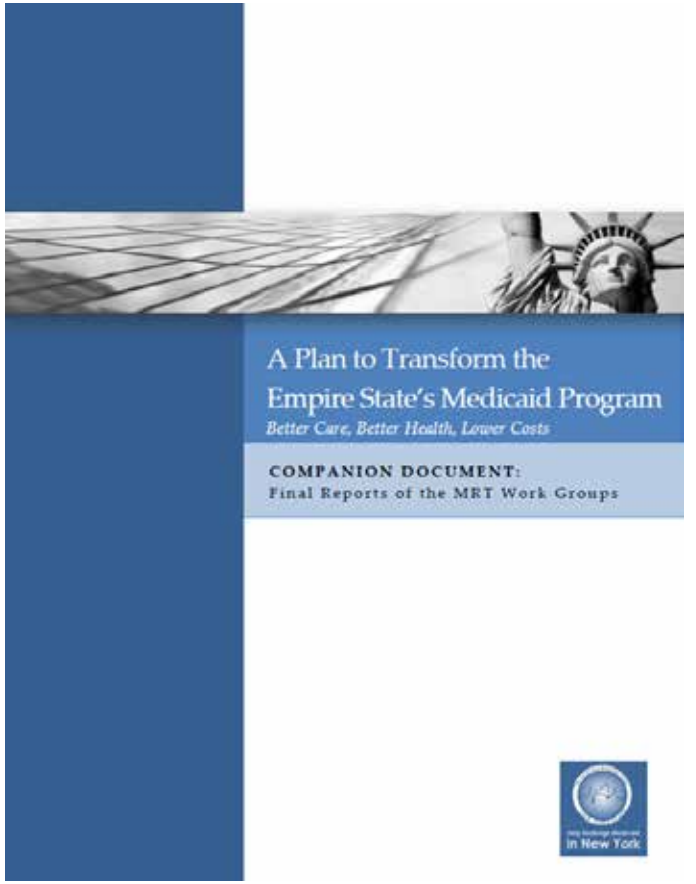
Supportive Housing Initiative

Supportive housing can reduce Medicaid costs by decreasing:

- Chronic medical conditions
- Episodic issues
- Missed routine and follow-up appointments

Supportive housing can reduce Medicaid costs by lowering:

- Institutionalization
- ED/Hospital utilization



What does the Supportive Housing Initiative look like today?

Multi-Agency Effort

HCR

OMH

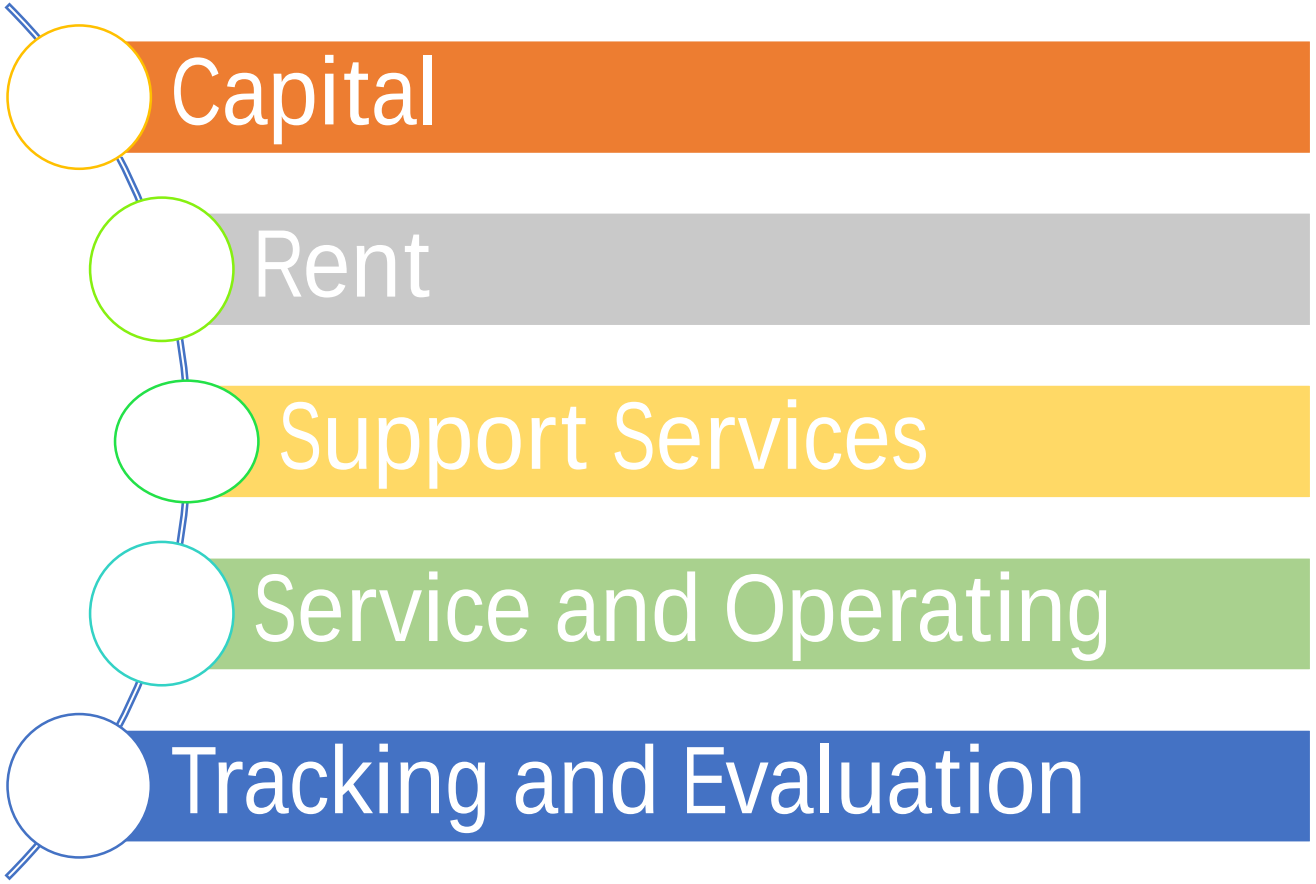
OPWDD

OASAS

AIDS Institute

OTDA

Investment Results



- Funding is targeted to **high-cost Medicaid members**
- Medicaid Redesign Investment: **$800 million over 7 years**
- Funded **19 rental subsidy and supportive services** programs statewide
- **999 capital units** constructed, with 936 more units in the pipeline
- **Over 12,000** high-cost, high-need Medicaid members served to date

Note: MRT SH Investment $704 million (General Funds) and $176 million (Bonded Capital)

Objective

- Medicaid Redesign Team Supportive Housing invests in the social determinants of health to reduce avoidable hospital utilization for high-cost, high-need Medicaid recipients

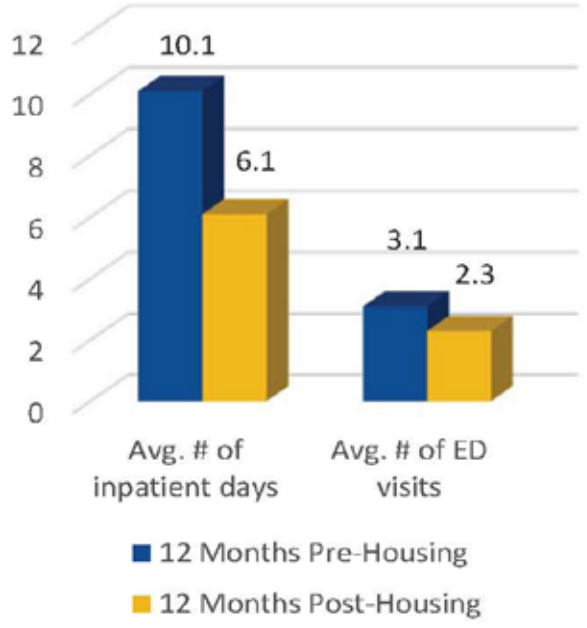
Accomplishments

- 40% reduction in inpatient days
- 26% reduction in emergency department visits
- 44% reduction in patients with inpatient rehab admissions
- 27% reduction in patients with inpatient psychiatric admissions
- Medicaid health expenditures reduced by 15% in one year (average decrease of $6,130 per person)
- Through strategic prioritization, the top decile of enrollees had average Medicaid savings of $23,000-$52,000 per person per year (varied by program)
- 29% increase in care coordination after housing enrollment
- MRT houses extremely vulnerable populations
  - 66% have a serious mental illness
  - 46% of a substance use disorder
  - 40% are HIV+
  - 53% have one or more other chronic medical conditions
  - 26% have at least three of these diagnosis types

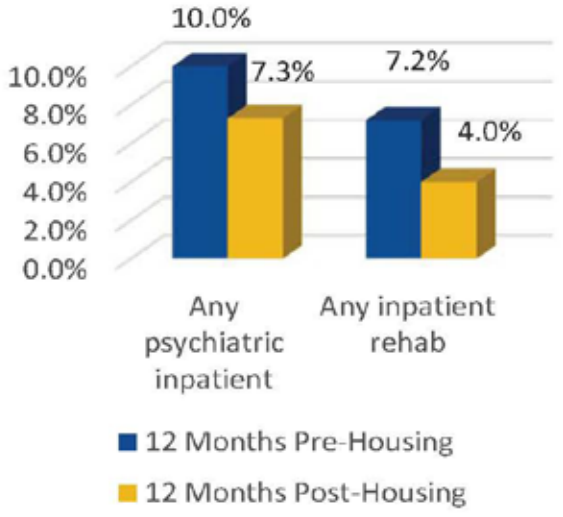
Benefits

- Reduce Medicaid health expenditures
- Improved participant health outcomes and quality of life
- Increased Olmstead compliance statewide

Decreased Inpatient, ED Use



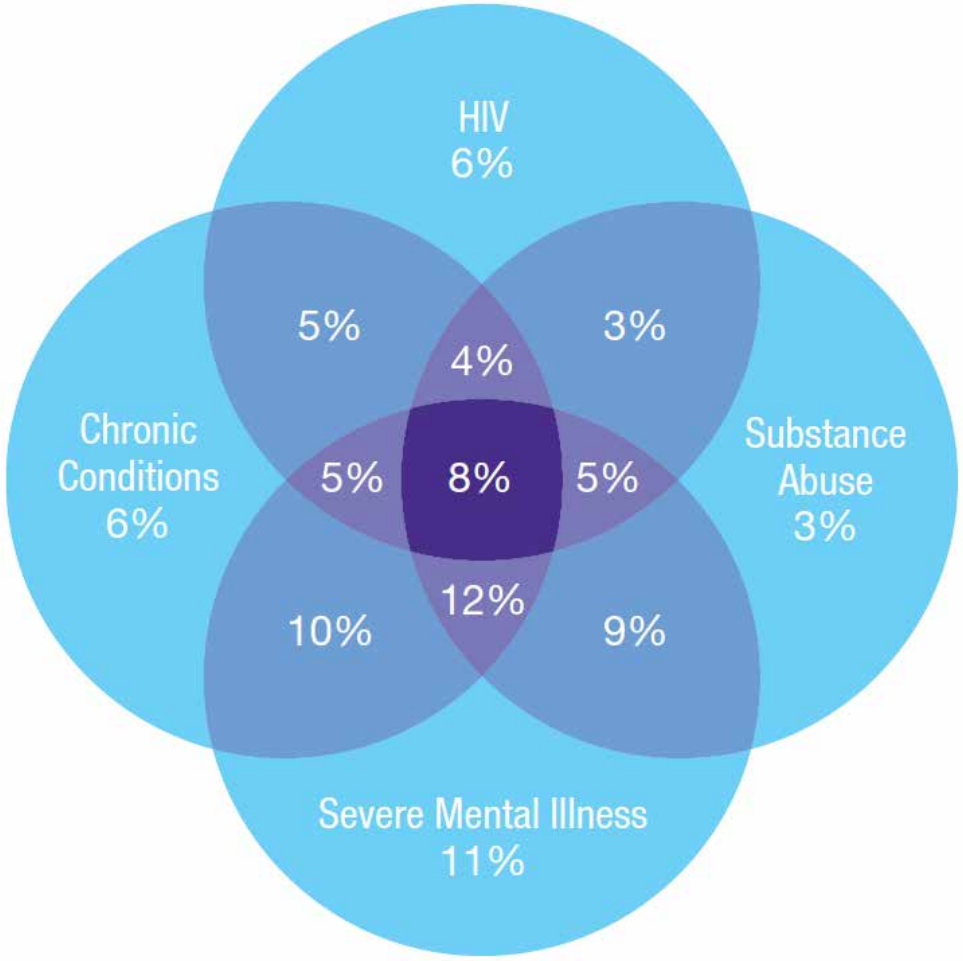
Decreased Percentage of Recipients with Behavioral Health Admissions



https://www.health.ny.gov/health_care/medicaid/redesign/supportive_housing_initiatives.htm

NEW YORK STATE OF OPPORTUNITY. Department of Health

Clinical Characteristics



- 66% have a serious mental illness
- 46% have a substance use disorder
- 40% are HIV+
- 53% have one or more other chronic medical conditions
- 26% have at least three of these diagnosis types

Source: McGinnis et al, "Medicaid Redesign Team Supportive Housing Evaluation: Utilization Report 1," prepared by the SUNY Research Foundation for NYS DOH, May 2017.
Note: Not shown are substance use + chronic medical condition (3%) and severe mental illness + HIV (4%). Note: To obtain total percentage of participants with a given diagnosis, sum all percentages that fall into the relevant circle (but may not exactly match text due to rounding). Circles are not sized proportionately.

Program Examples

MRT Supportive Housing Programs

- Access to Home for Medicaid
- Empire State Supportive Housing Initiative
- Health Homes Supportive Housing
- Rapid Transition Housing
- Olmstead Housing Subsidy

Thank You!

Contact Information:

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Bureau of Social Determinants of Health

MRTSupportiveHousing@health.ny.gov

Our MRT Supportive Housing Website:

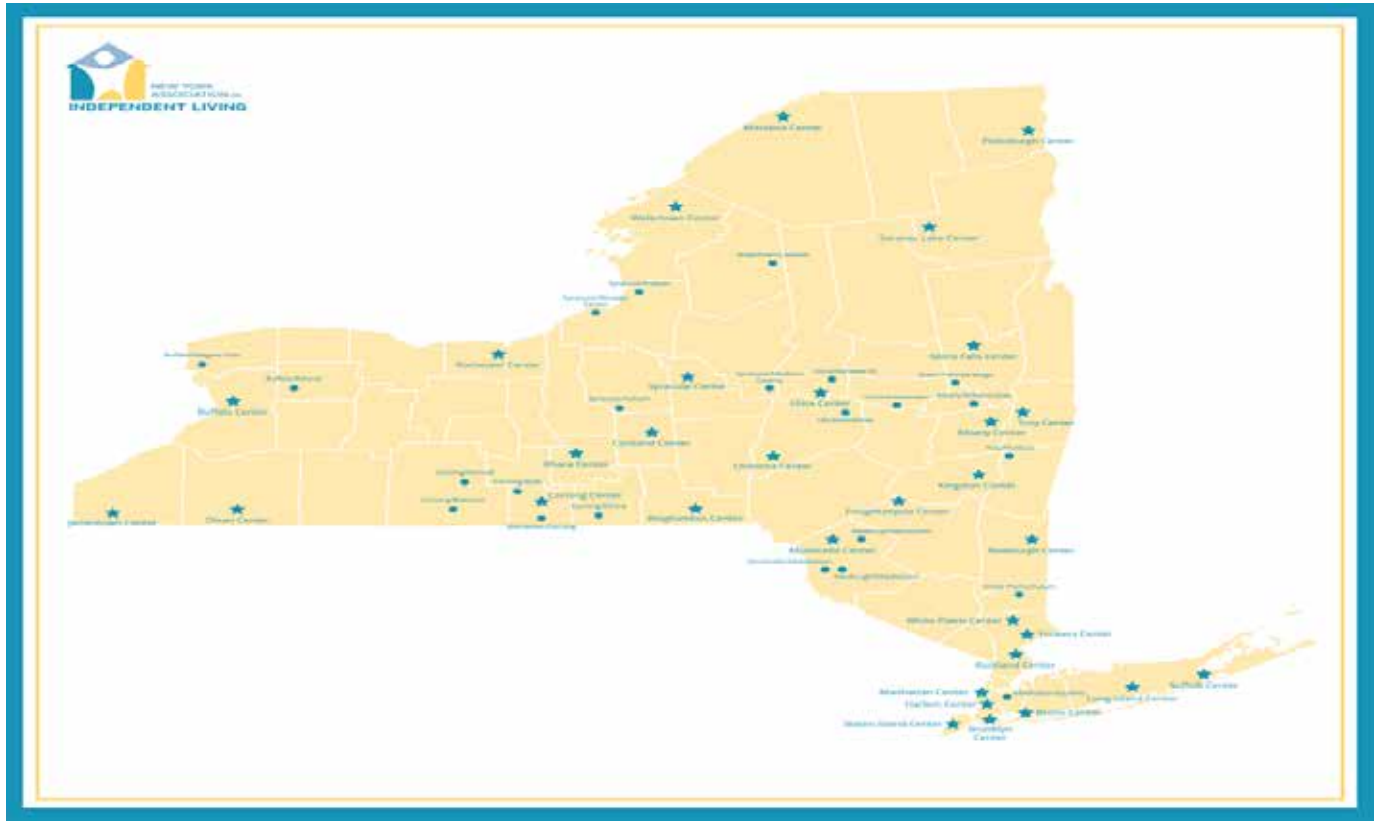
https://www.health.ny.gov/health_care/medicaid/redesign/supportive_housing_initiatives.htm

NEW YORK ASSOCIATION ON INDEPENDENT LIVING

Olmstead Housing Subsidy Program

A program that works for both tenants and landlords!

New York Association on Independent Living



NYAIL is statewide, not-for-profit membership association of Independent Living Centers in NYS

Background on NYAIL's Role

- NYAIL advocates at the State level for increased housing options for people with disabilities.
- Served as a member of the MRT Supportive Housing workgroup and advocated for a focus on people in nursing homes due to lack of housing.
- Since 2014, NYAIL administers Open Doors, statewide program funded by Money Follows the Person.

Olmstead Housing Subsidy (OHS)

- Initially funded as a two year pilot beginning August 1, 2016.
- Extended 1 year through 2019, with plans for another RFP to continue the program.
- $5 million annual allocation.
- Administered by the New York Association on Independent Living (NYAIL), in partnership with member ILCs.

Olmstead Housing Subsidy: What do we do?

- The Olmstead Housing Subsidy program seeks to support those nursing home residents who can safely live in the community by assisting with the cost of rent, and by providing assistance with locating and obtaining housing. OHS is designed to mirror Section 8 Housing Choice Voucher programs.
- Rental subsidy is intended to help seniors and people with disabilities leaving nursing homes.
- Provide monetary assistance for start up of security deposit, rent, household goods, household furniture
- Linkages for services in the community
- Assigned housing specialist in their local area

OHS Structure

- 9 Regional Lead ILCs and 14 Auxiliary ILCs
  - Staffing over 27 Housing Specialists statewide, serving all counties of the State
- Fiscal Intermediary
  - Resource Center for Independent Living processes payments to landlords for rent and security deposit

OHS Eligibility for the Program:

- 120- consecutive days in a nursing home (skilled nursing facility) in the most recent 24 months,
  - Hospitals, prison/jail, rehab, psychiatric institutions do not count for the 120 days
- Medicaid Eligible,
- Unstably housed or homeless (no where to go),
- 18 and older with a documented chronic disability OR 55 and older,
- Able to live safely in the community,
- If coming from a community setting: Nursing home level of care as determined by Uniform Assessment System (UAS 5 or higher).

OHS: Where do Referrals Come From

- Transition Specialist
- Peers
- Family
- Nursing Home staff
- Homeless shelters
- Landlords
- NHTD/TBI
- Self- Referral
- Referral forms on our website at www.ilny.org

What is the role of a Housing Specialist?

- Housing specialist receives a referral, complete an intake with participant, collects documents for eligibility
- Housing specialist will assist in finding a unit must be FMR (HUD Fair Market Rate)
- Assist an individual with a budget for rent (participant pays 30% of income towards rent and utilities)
- Determines income meets Extremely Low Income as determined by HUD Annually
- Assist with distribution of Community Transition Services (CTS) available to pay for furniture, essential household furnishing, small e-mods(up to $5,000 total/participant)
- Works with community service providers to get needed services/supports in place for discharge Assist with solving barriers
- Linkages within the community for services
- Provide outreach for the program (nursing homes/rental agents/landlords)
- Resource for landlords

HS to Locate and Secure Housing

- Housing Specialist to go out and secure housing for the participant based on their needs.
- Housing Specialist will develop rapports with landlords, provide information to the landlords about the program, assist participant in choosing a location.
- If participant cannot leave NH to get to the unit, HS can provide pictures of the unit to the participant.
- Participant has ultimate choice of unit.

OHS: Housing Search and Criteria

- Unit to meet the needs of participant
  - 1 or 2 bedroom (live-in aide, children, roommate)
  - Housing Specialists locate housing to meet the needs
- Unit within HUD FMR (Fair Market Rent)
  - With utilities included
  - Participants pay 30% of income
- Landlord able to work with Medicaid
  - OHS FI runs landlord W-9
  - Relationships/connection

Community Transition Service Dollars:

- $5,000 per participant
- Security deposit
- Household items and essential Furnishings
- Utility deposit
- Small E-Mods
- Mover’s fees

What else does OHS provide?

- Monthly support
  - Contacts participant monthly, ensures participant is doing well, provides resources/linkages to community providers/support
- Landlord mediation
  - Can assist when an issue arises with landlords, i.e participant didn't pay their portion of rent/repairs needed
- Annual unit inspection
  - Housing specialist completes an annual inspection on the unit prior to lease renewal
- Moving assistance
  - After 1 year in the program, moving assistance can be used should a participant want to leave their unit and found a different unit.

One-Time Assistance: (CTS)

- For participants who are working with Housing Specialists to locate units, and find subsidized housing:
- OHS can help those who need One-Time Assistance:
  - 1st month rent/Security within FMR (Fair Market Rate)
  - Household items/Furniture
- Eligibility for One-Time Assistance:
  - Must meet all OHS eligibility and have documentation in place
  - A letter in place stating the need for the One-Time Assistance
  - Proof of lease
  - If participant needs rent/security- W-9 from a landlord

Common Barriers

- Working with Landlords
- Setting up aides
- Transportation
- Working with family members
- Nursing Home vs MLTC plans
- Locating accessible units within FMR

Collaborations:

Open Doors (MFP)	NHTD/TBI Waiver	MLTC/MMC
Large Referral source	Work with a Service Coordinator	Services for successful transitions
Transition Specialist	Timelining for service plans	Assist with scheduling conflict free assessments
Peer Specialist	CTS funds	Coordinate care start date with lease dates
Focus is on services for participant		

OHS Program Impact

As of 8/17:

Status	Total	Downstate	Upstate
Admission	202	91	111
Closed	723	327	395
Discharged	38	6	32
Intake	678	502	175
One-Time Assist	35	4	31
Referral	209	160	45

Additional OHS Information

- Valerie Brennan, Olmstead Housing Subsidy Program Manager
- 518-465-4650 Email: vbrennan@ilny.org
- http://www.ilny.org/programs/ohs

Blending Health and Housing: The Section 811 Project Rental Assistance Program

Overview and Evaluation

August 28, 2018

Contents

- Program goals and history
- Current Status
- Evaluation Phase I
- Evaluation Phase II

Project Rental Assistance (PRA)

- HUD grants to state housing agencies to subsidize rent for people with disabilities in affordable housing developments
  - Buildings where less than 25% of units set aside for people with disabilities
  - Individuals between 18 and 61 at time of admission
  - States can chose target populations
    - Homeless or at risk
    - Institutionalized or at risk
    - All disability types
- Participants must be eligible for and offered voluntary home and community-based services
  - Medicaid waiver or state plan services

Program History and Goals

- Frank Melville Supportive Housing Investment Act of 2010 introduced new reforms to the existing Section 811 Project Rental Assistance Contract (PRAC) program
- PRA was designed to:
  - Leverage existing affordable housing built with other funding;
  - Address Olmstead and rebalancing goals;
  - Create another option for addressing homelessness;
  - Offer people with disabilities broader choices or where to live; and
  - Support the Money Follows the Person initiative.
- Mandated evaluation

Section 811 PRA Program

- Partnership between state housing agency (grantee) and state health agency:
  - Grantees contract with property owners to receive PRA subsidies
  - Grantees or partners refer eligible applicants to live in PRA-subsidized units
  - State health agency ensures residents have access to HCBS

Goal to provide cost-effective affordable housing for persons with disabilities that is integrated in affordable housing developments serving people with and without disabilities

Current PRA Implementation Status

- Two rounds of funding in FY12 and FY13
  - $223.6 million to 28 state housing agencies
  - Subsidies to fund estimated 8,689 units for 60 months
- Program Outputs (as of June 30, 2018)
  - 6,406 planned units
  - 1,880 units under formal agreement with property owners
  - 2,963 units committed to the PRA program
  - 868 units under active lease
- To date grantees have spent ~3% of the total PRA subsidy

Program Evaluation: Phase I

- **Phase I: Process Evaluation**
  - Twelve states' experience with implementing the PRA program and forming partnerships in the first 18 months after grant awards
- **Key Findings**
  - Most effort devoted to start-up activities, given novel nature of the program
  - More resource-intensive than anticipated
  - States with existing partnerships between Medicaid and housing had an advantage in identifying and referring eligible applicants to PRA units
  - Challenges with recruiting property owners that meet the program's requirements for integration, cost, and access to services
  - States had the most success identifying properties through incentives in state's low income housing tax credit program
  - Challenges with matching eligible applicants to available units that meet their needs

Program Evaluation: Phase II

- Continue to document PRA program status and grantee implementation approaches
- Assess relative effectiveness in terms of housing and health outcomes compared to similar people served in other HUD programs (Housing Choice Vouchers, public housing, NED)
- Mixed Methods Evaluation with three sub-studies:
  - Implementation Study
  - Impact Study
  - Economic Study
- Focus on PRA grant programs in six states: California, Delaware, Louisiana, Maryland, Minnesota, Washington

Research Questions

Implementation Study

- How have partnerships evolved to meet PRA and state goals?
- Do state housing agencies and their health agency partners develop effective, sustainable partnerships that result in a growing inventory of affordable rental units with access to voluntary supportive services?

Impact Study

- What is the early evidence on how PRA residents fare compared to similar people served in other HUD programs:
  - Housing, Quality of life, Healthcare utilization

Economic Study

- How do PRA costs compare to costs is HUD's traditional, project-based Section 811 program?

Evaluation Design

- Data Sources
  - HUD and CMS administrative data, including Medicare and Medicaid claims
  - Administrative interviews with health, housing, property, and service provider staff
  - 400 in-person interviews with PRA and PRAC participants
    - Compare outcomes in project-based vs scattered site living situations
    - Domains include quality of life, access to supportive services and unmet need, transition to housing, and housing/neighborhood quality
- Final evaluation report in Spring 2019

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BOLD
THINKERS
DRIVING
REAL-WORLD
IMPACT

Minnesota's HUD Section 811 Project Based Rental Assistance Program

Heidi Sandberg, Program Consultant

Program Targeted Population

Minnesota is targeting 2 primary groups of people

- Persons exiting institutions, and
- Persons experiencing Long-Term Homelessness.
- Minnesota was awarded a total of 159 units, to be divided equally between the 2 targeted groups.
- With Money Follows the Person ending, we are expanding our targeted group to include persons at risk of institutionalization.

Waiting List

- Minnesota manages a centralized waiting list, as it is a small program.
- Referrals are made directly to the waiting list manager by
  - Homeless Outreach Workers
  - Transition Services Coordinators
- Real Time Waiting List – we announce to the various referring agencies when there is a short list or an opening. We used to lose 40% of our applicants by the time we got to them. We don't lose people anymore, and we spend less administrative time.

Services

- People exiting institutions are eligible for a variety of MA funded services, such as home and community based waivers.
- Persons experiencing long term homelessness are often eligible for state funded grant programs. The state also granted a mental health agency funds to hire a Housing Support person to work with the 811 participants in the Minneapolis/St. Paul metro area.
- The State is in the process of submitting a proposal to CMS for tenancy support services, which would be part of our State MA plan.

Challenges

- Some properties view the 811 program as burdensome, and think that 811 participants have more housing related issues than their general population.
- Properties are still denying many applicants. One major property will no longer overturn denials. We have slightly less than 40% denial rate.
- We have developed a form to assist referring workers to request Reasonable Accommodations for the property to change their tenant selection criteria.

Successes

- Our largest Property Owner conducted an internal study, and found that the 811 resident's actually have done better overall than the general population in their buildings!
- A group of properties is conducting a study to determine any correlation between criminal history/past tenancies and housing success, which will help us work to have tenancy selection plans reviewed.
- We are meeting with our largest Property Owner on a regular basis to try to have a more positive outcome for our applicants.
- We have housed 141 households to date, primarily individuals.
- We currently are housing 108.
- We have a 75% retention rate.

Thank You!

Heidi Sandberg

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