

**Redesigning**  
THE MEDICAID PROGRAM



NEW YORK STATE DEPARTMENT OF HEALTH

# Medicaid Redesign Team (MRT)

Affordable Housing Work Group

FINAL RECOMMENDATIONS



## **Medicaid Redesign Team Affordable Housing Work Group Final Recommendations**

### **WORK GROUP CHARGE:**

- The work group will evaluate New York's current programs of supportive housing in reference to the reasonable availability and adequacy of those programs for the purpose of assuring that individuals unable to live independently are neither inappropriately institutionalized nor denied the availability of necessary care and services. Supportive housing will be broadly defined as any combination of market rate or subsidized housing and services that will meet the needs of the targeted populations.
- The work group will identify barriers to the efficient use of available resources for the development and utilization of supportive housing. It shall make recommendations intended to overcome those barriers, including, if appropriate, revisions of program design proscribed by statute or regulation and the reassignment of responsibilities and resources for supportive housing development and oversight.
- The work group will identify opportunities for the investment of additional resources for supportive housing that will result in savings to the Medicaid program and improvements in the quality of services to targeted individuals. It shall identify opportunities and make recommendations for enhancing private sector participation in the provision of such housing.
- In making its recommendations, the work group shall be mindful of the rights of individuals conferred upon them by the Olmstead Decision and applicable Federal and State law. It also shall be mindful of the resource limitations that affect State and local decision-making.
- The work group will create opportunities for stakeholders to contribute ideas and information and it will consult with New York City and other local governments and authorities actively engaged in the provision of housing.
- This work is related to MRT recommendation #196.



## WORK GROUP MEMBERSHIP:

- Co-Chair: James Introne, Deputy Secretary for Health and the Director of Healthcare Redesign
- Co-Chair: Ed Matthews, CEO, United Cerebral Palsy Association of New York City, President of the Interagency Council
- Laray Brown, Senior Vice President, New York City Health and Hospitals Corporation
- Steve C. Bussey, CEO, Harlem United Community AIDS Center, Inc.
- Donna Colonna, Executive Director, Services for the Underserved
- Rosanne Haggerty, President, Community Solutions
- Tony Hannigan, Executive Director, Center for Urban Community Services
- Tino Hernandez, Chief Executive Officer, Samaritan Village
- Marjorie Hill, PhD, President & CEO, Gay Men's Health Crisis
- Leon Hofman, Chief Administrator, Queens Adult Care Center
- Ted Houghton, Executive Director, Supportive Housing Network of New York
- Adam Karpati, Executive Deputy Commissioner, NYC Department of Health and Mental Hygiene
- Charles King, President & CEO, Housing Works
- Antonia M. Lasicki, J.D., Executive Director, ACLAIMH/ACL
- Ginger Lynch Landy, Co-Director, New York Chapter of the Assisted Living Federation of America
- Jason Lippman, Senior Associate for Policy and Advocacy, The Coalition of Behavioral Health Agencies, Inc.
- Diane Louard-Michel, New York Director, Corporation for Supportive Housing
- Lindsay Miller, Advocacy Coordinator, New York Association on Independent Living
- Lisa Newcomb, Executive Director, Empire State Association of Assisted Living
- Deborah Damm O'Brien, Executive Director, DePaul Management Services
- Harvey Rosenthal, Executive Director, NY Association of Psychiatric Rehabilitation Services
- Abby Jo Sigal, Vice President, Enterprise Community Partners, Inc.
- Connie Tempel, COO, Corporation for Supportive Housing
- Steve Volza, Senior Vice President for Housing, Loretto
- Bobby Watts, Executive Director, Care for the Homeless
- Elisabeth Wynn, Senior Vice President, Finance & Reimbursement, Greater NY Hospital Association



## MEETING DATES AND FOCUS:

**October 24, 2011** – Agencies with oversight of affordable and supportive housing in New York State (OMH, NYSHCR, OPWDD, OASAS, OTDA, and DOH) presented their housing related programs and services to the work group. This level setting exercise was followed by a presentation by the Executive Director of the Supportive Housing Network that provided a snapshot of the benefits of supportive housing, a census of available housing units, and some of the barriers to expanding both the housing and service opportunities that comprise supportive housing in New York State. Work group members were asked to identify barriers to creating and operating supportive and affordable housing and propose solutions that would address development, access and the provision of needed services. In addition, a subcommittee on Assisted Living Programs was recommended to expand the number of beds available for individuals in need of less intensive care who wish to remain in the community or return to the community from more restrictive institutional settings. The ALP subcommittee was also asked to propose solutions to improve the ALP program to encourage additional development and better assist individuals who rely on New York’s ALP to receive needed personal and health care services.

**November 7, 2011 – ALP Subcommittee** Discussion focused on identifying issues and proposing solutions that would help the Assisted Living Program serve more individuals who require less intensive care in community settings with a high-quality level of care.

**November 21, 2011** – Staff presented a framing chart that summarized the barriers and solutions submitted by work group members between the two meetings. OMH and the Corporation for Supportive Housing presented research findings connecting the provision of supportive housing with reduced Medicaid and other public support costs. In one Massachusetts study, Medicaid costs were reduced by an estimated 41-67% due to supportive housing. In a 2011 study of NYC’s HHC placement of chronically ill homeless individuals in supportive housing an average annual savings of \$14,082 per recipient in Medicaid expenditures was realized. Work group members provided vital feedback on the chart. Discussion focused on developing a list of recommendations with which all could be comfortable forwarding to the Medicaid Redesign Team. In addition, the group was asked to consider how best to invest any additional resources that may become available as a result of Medicaid savings attributable to expanded supportive housing opportunities in New York. These are the recommendations contained in this report.

**December 6, 2011** – Staff presented draft recommendations that were created based on the discussions of the previous work group meetings and submissions from a number of members. A vigorous discussion ensued on a number of important issues including: how specific to be in referencing the many populations that comprise beneficiaries of supportive housing, the need to target efforts toward high-need, high cost Medicaid recipients, the importance of assuring that other less intensive users of Medicaid and other public programs are not overlooked, recognizing the confines of two year budgeting and the Medicaid global cap, and the appropriateness of inclusion of specific proposals relative to special populations such as people living with HIV/AIDS and those at high risk of HIV infection. Ultimately, the work group agreed to move forward with the recommendations outlined below.



## OUTSIDE EXPERTS CONSULTED WITH:

No outside experts were brought in other than those serving on the work group and representatives of state agencies with oversight of affordable and supportive housing in New York State. Presentations by the Supportive Housing Network of New York (Ted Houghton) and the Corporation for Supportive Housing (Connie Temple and Diane Louard-Michel) informed the discussion of the group, as did the presentations offered by agencies overseeing housing efforts. In addition, a number of interested individuals who were not represented on the work group contributed barriers and solutions for work group members to consider in developing recommendations.

## CONTEXT :

Charged in January 2011 with recommending changes that would reduce the dramatic growth in Medicaid spending in New York while maintaining or improving health outcomes for Medicaid beneficiaries, the Medicaid Redesign Team identified increasing the availability of affordable and supportive housing for high-need Medicaid beneficiaries who are homeless, precariously housed or living in institutional settings as a significant opportunity for reducing Medicaid cost growth. There is strong and growing evidence in New York and around the country that a lack of stable housing results in unnecessary Medicaid spending --on individuals in nursing homes and hospitals who cannot be discharged only because they lack a place to live, and on repeated emergency department visits and inpatient admissions for individuals whose chronic conditions cannot be adequately managed on the streets or in shelters.<sup>1</sup> The lack of appropriate affordable housing, especially in New York's urban areas, may be a major driver of unnecessary Medicaid spending. In New York City, for example, among high cost Medicaid beneficiaries with expected high future costs identified for participation in the Chronic Illness Demonstration Project, 15 -30 percent were homeless and even more were precariously housed or living in transitional settings.<sup>2</sup> Similarly, approximately 10-15% of clients served through NYC's Managed Addiction Treatment Services (MATS) programs are homeless and over 60% are at risk of becoming homeless.<sup>3</sup>

Targeted investments in affordable and supportive housing for high need, high cost Medicaid populations can be an effective strategy for addressing high Medicaid costs. A growing body of literature shows reductions in Medicaid and other health care spending when special needs individuals are placed in supportive housing.

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<sup>1</sup> Salit, S.A., Kuhn, E.M., Hartz, A.J., Vu, J.M., & Mosso, A.L. (1998). Hospitalization costs associated with homelessness in New York City. *The New England Journal of Medicine*, **338**, 1734-1740; Kushel, M.B., Perry, S., Bangsberg, D., Clark, R. & Moss, A.R. (2002). Emergency department use among the homeless and marginally housed: Results from a community-based study. *American Journal of Public Health*, **92**, 778-784.

<sup>2</sup> SDOH data on CIDP

<sup>3</sup> "NYC Human Resources Administration MATS Vendor Reports 2011"



A preliminary analysis of Medicaid spending on individuals housed under the NY/NY III supportive housing initiative in their first year of placement found substantial reductions in annual Medicaid spending, averaging nearly \$30,000, for the highest cost individuals in the first full year after placement in housing, compared to spending in the prior three years.<sup>4</sup>

A study examining homeless individuals with alcohol problems in Seattle found that utilization of Medicaid funded health services declined by 41% in the year following program entry.<sup>5</sup> Another study examining acute care services in a large population of homeless individuals prior and subsequent to entry into a housing program found that the amount billed to Medicaid was reduced by \$4.5 million over a two year period.<sup>6</sup> In Denver, the utilization of 19 chronically homeless adults with disability was compared two years before and two years after placement in supportive housing, finding a decrease in emergency room and inpatient visits and associated costs and providing a net savings of \$4,745 per person over the 24 month period.<sup>7</sup> Numerous other studies confirm these findings,<sup>8</sup> supporting the MRT's conclusion that the provision of supportive housing can be a promising strategy for decreasing health care costs.

Extensive studies have added validity to the connection between the provision of stable, affordable housing and improved health outcomes for some of New York's most vulnerable, high-cost, high-need individuals -- those with HIV/AIDS. A randomized control trial of a housing intervention found that homeless persons with HIV who received a housing placement were twice as likely to achieve an undetectable viral load as a matched comparison group that continued to rely on "usual care" in the community.<sup>9</sup> In addition, a large randomized trial examining the impact of HIV rent supports found that health outcomes improved dramatically with increased housing stability – including a 35% reduction in emergency room visits, a 57% reduction in the number of hospitalizations, and significantly improved

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<sup>4</sup> NYC Human Resources Administration unpublished eval.

<sup>5</sup> Larimer, M.E., Malone, D.K., Garner, M.D., Atkins, D.C., Burlingham, B., Lonczak, H.S., Tanzer, K., Ginzler, J., Clifasefi, S.L., Hobson, W.G. & Marlatt, G.A. (2009). Health care and public service use and costs before and after provision of housing for chronically homeless persons with severe alcohol problems. *Journal of American Medical Association*, **301**(13), 1349-1357.

<sup>6</sup> Culhane, D.P., Metraux, S. & Hadley, T. (2002). Public service reductions associated with placement of homeless persons with severe mental illness in supportive housing. *Housing Policy Debate*, **13**, 107-163.

<sup>7</sup> Perlman, J. & Parvensky, J. (2006). *Denver housing first collaborative: Cost-benefit analysis and program outcomes report*. Denver, CO: Colorado Coalition for the Homeless.

<sup>8</sup> For a review of the literature, see Culhane, D.P. & Byrne, T. (2010). Ending chronic homelessness: Cost-effective opportunities for interagency collaboration. *Penn School of Social Policy and Practice Working Paper*.

<sup>9</sup> Buchanan, D.R., Kee, R., Sadowski, L.S. & Garcia, D. (2009). The Health Impact of Supportive Housing for HIV-Positive Homeless Patients: A Randomized Controlled Trial. *American Journal of Public Health*, 99 (Supp 3):S675-80.



mental health status.<sup>10</sup> Decreasing prospective long term avoidable costs must be taken into account in calculating the benefit of investment in affordable housing to achieve Medicaid savings. This includes housing for homeless people at any stage of HIV infection both to promote treatment adherence and to prevent transmission of the virus. It also includes housing for LGBTQ youth, who represent a significant portion of both homeless youth and of all new HIV infections, and other youth at high risk of long term homelessness and associated chronic conditions.

The evidence base for housing as an HIV health care intervention has broader implications for persons managing other chronic conditions. While the “hard markers” of HIV disease status – laboratory measures of viral load and immune function – provide particularly clear evidence of the independent impact of housing on HIV health outcomes, work group members believe that the lessons learned from this research demonstrate the importance of early intervention with safe and affordable housing to ensure effective and cost-efficient management of any chronic health condition.

Although the mandate of the MRT Affordable Housing Workgroup was to find opportunities for supportive housing to reduce Medicaid spending, it is important to note that there are populations in need of supportive housing that are not high-cost users of Medicaid and that supportive housing has been and must continue to be a successful intervention for these households. It should also be noted that even those supportive housing eligible households who are not currently high-cost Medicaid users often belong to populations that tend to be either high-cost users of other systems (for example, public hospitals, the criminal justice system and shelter systems) and/or at-risk of being high-cost users of Medicaid should their housing crises continue. Moreover, in looking at potential reductions in costs to Medicaid, there are certain groups who are not currently high-cost users of Medicaid, such as persons with HIV and persons at highest risk of HIV, who will become high-cost users in future years without appropriate interventions, which may include affordable or supportive housing.

Finally, it is important to note that where “supportive” housing is referenced throughout the below recommendations the term has meaning well beyond the housing-with-services-attached model in New York that this term is often used to describe. The creation of affordable, accessible and integrated housing for all New Yorkers who require publicly supported housing and related support services should be the priority objective of this workgroup’s recommendations to ensure housing and community-based supports are provided in the most integrated setting appropriate to the individual being served, as required by the Olmstead Decision.

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<sup>10</sup> Wolitski, R. J., Kidder, D. P., Pals, S. L., Royal, S., Aidala, A., Stall, R., Holtgrave, D. R., et al. (2010). Randomized trial of the effects of housing assistance on the health and risk behaviors of homeless and unstably housed people living with HIV. *AIDS & Behavior*, 14(3), 493-503.



## SUMMARY LISTING OF RECOMMENDATIONS:

### A. PROPOSALS FOR INVESTING IN NEW AFFORDABLE HOUSING CAPACITY

- 1. Work with New York City to develop a NY/NY IV agreement and with other interested counties to make a similar commitment that will provide integrated funds for capital, operating expenses/rent and services in new supportive housing units targeting high-cost, high need users of Medicaid, especially those transitioning out of restrictive institutional settings. State housing and health and human services agencies should participate in the process.** Key to expanding supportive housing opportunities across the state is the ability to ensure that units developed are available and accessible to individuals in need through sufficient funding for capital, operating costs (including rent subsidies), and related support services. A supportive housing program targeted to heavy Medicaid users is likely to return the greatest savings to the state, local and federal governments in terms of reduced hospitalizations, reduced lengths of stay in long term care facilities, and unnecessary Emergency Room visits as well as improved outcomes from supportive services provided in stable, affordable housing. Accordingly, a new NY/NY agreement /partnership should be developed to target these individuals. As such an initiative may generate significant Medicaid savings to the federal government, a substantial federal investment should supplement the monies the state and localities can invest in supportive housing.
- 2. Establish a formal mechanism to set aside a portion of Medicaid and non-Medicaid savings related to any reduction of inpatient hospital or nursing home capacity to a fund dedicated to housing development.** It is important to recognize the connection between adequate and accessible supportive housing and adequate funding of services and Medicaid savings. A portion of any closure savings should be mandated to be invested in housing related programs. These savings should be reinvested in the development of new and rehabilitated housing, both scattered site and congregate, as well as the supports necessary to ensure that vulnerable populations receive the services they need to maximize expected outcomes. Many work group members were interested in exploring related, non-Medicaid savings to other public programs for reinvestment within the communities where the savings were recouped, if unmet needs were extant.
- 3. A portion of the \$75 million in the SFY 2012-13 MRT funding allocation plan should be transferred to OMH, OTDA and HCR for distribution through HHAP, OMH programs, Housing Trust Fund and tax-exempt bond programs. OPWDD programs should also be considered for investment.** This will allow the funding to leverage substantial additional public and private investment, will ensure quick distribution of the funds, and create integrated housing opportunities for people with mental illness, substance abuse, chronic illnesses and developmental disabilities. Recent funding challenges at all levels of government have jeopardized supportive housing development, access and services. Immediate assistance directed toward stabilizing supportive housing production targeted toward those with the most intensive needs will go a long way toward restoring investor and developer confidence, as well as ensuring adequate funding for both single site and new scatter site housing units. This funding may also be used as a non-capital resource to be





distributed to agencies that provide supports to targeted populations, including OASAS and the AIDS Institute. While there are significant needs across many vulnerable populations, it is imperative that initial MRT housing investment efforts focus on adding system capacity for high-need, high cost Medicaid beneficiaries. Research indicates that the greatest savings to public services programs are generated when resources are targeted at individuals with the most cost intensive needs. In this way, New York can maximize its investment and recoup greater savings, a portion of which may be reinvested in other supportive housing efforts.

- 4. OMH capital and operating funding should be unfrozen for supportive housing for SFY2012-13 and SFY2013-14.** The OMH development model results in significant savings that help support the cost of operation and services in supportive housing created to shelter those struggling with mental illnesses. Making this investment in the coming budget cycle will ensure that the anticipated supply of stable and secure housing remains available to homeless and deinstitutionalized persons receiving critical mental health services.
- 5. Set-asides and incentives for supportive housing construction in HCR Qualified Allocation Plan should be evaluated and considered for an increase when awarding federal Low-income Housing Tax Credits.** Increasing the share of HCR tax credits that go to supportive housing would allow the state to further target existing resources to additional vulnerable populations, like high-cost Medicaid users. Tax credit allocations for supportive housing can be increased by adjusting requirements of the State's Qualified Allocation Plan (QAP) for tax credits, such as increasing the typical HCR supportive housing set aside to \$6 million and requiring developers qualifying for set-aside funds to reserve 50% rather than 30% of their units for supportive housing. Careful consideration should be given to mandating rather than encouraging developers to set-aside a minimum of 15% of units for special needs populations, requiring a minimum percentage of all units developed be made affordable to individuals living on extremely low incomes well below 30% AMI. These set asides require tradeoffs against other housing related goals. The tradeoffs need to be carefully considered before any changes can be made.
- 6. Include in MRT 1115 Medicaid waiver funding for ongoing housing services and supports and operating costs.** Supportive housing has been shown to reduce the cost of public services, including Medicaid, by stabilizing the conditions of its beneficiaries. People who are securely housed with sufficient resources to maintain that housing and the ability to receive needed services through their housing connection are much more likely to achieve expected outcomes such as health maintenance, reduced drug and alcohol abuse, and medication management. However, it is not enough to provide funding to support the development of additional housing units. Individuals must be able to transition to housing, pay the rent and access the support services they need to manage their condition. Expanded funding to support these costs is essential to the success of supportive housing, including realized savings.



- 7. Explore the creation of a pilot program of “social impact investment bonds” that would pay for development, operations and services in supportive housing.** Social impact investment bonds are a relatively new mechanism that allows qualified nonprofits to assume the risk typically undertaken by government to address a specific societal need such as homelessness or reducing criminal justice recidivism. The nonprofit would propose an intervention intended to address a stated problem and contract with the state and/or local government to be repaid for the cost of implementing the intervention if targeted savings to the government(s) were achieved. The contract could allow for payments exceeding the cost of the intervention if greater savings were achieved. This mechanism to leverage private investment for the public good has begun to take hold in several communities. Similar programs have been undertaken in the UK and Massachusetts is currently developing an RFP for nonprofits to develop an intervention that would reduce the Medicaid costs associated with hospital and ER overuse due to chronic illness in the homeless population. This initiative should be explored in tandem with the MRT 1115 Medicaid Waiver.

## **B. COLLABORATION/COORDINATION OF SUPPORTIVE HOUSING POLICY**

- 1. Establish an interagency council of state and local agency representatives to assist with coordination and implementation of supportive housing policy.** Overlapping regulatory frameworks, programs and services may be a disincentive to private investment and development of additional supportive housing units and generally complicates the provision of housing and related services to affected populations. Efficiencies can be achieved if agencies regularly engaged in policy discussions related to supportive housing, shared best practices, and pooled resources. The content and timing of RFPs and other funding allocations would be considered by the council. In addition, a needs assessment exercise should be undertaken to identify high-cost, high-need Medicaid users among all special needs populations and in all types of settings. This analysis should inform state and local policy makers as they seek to address the needs of the targeted populations to achieve the greatest impact on health and quality of life outcomes.
- 2. Establish a work group of experienced State and local agency representatives, nonprofit providers, supportive housing experts, and housing development professionals to identify and improve the supportive/affordable housing capital development process with a focus on identifying ways to maximize federal and private funding leverage and replicating state and local agency best practices. Work group efforts should be coordinated with the Regional Economic Development Councils. Recommendations should:**
  - a) improve coordination of multiple agency funding application processes;**
  - b) coordinate awards of capital, service and operating funds;**
  - c) address need for adequate pre-development and acquisition funds;**
  - d) review regulatory requirements and make recommendations that provide for more flexibility and innovation;**
  - e) reassure investors about State service and operating funding commitments;**
  - f) ensure an adequate share of tax-exempt bonds are**



made available for affordable and supportive housing; g) align program and funding structures to be more responsive to concerns of underwriters; h) streamline development and construction oversight in multiagency projects; i) create state financed development targets in each community, with a focus on additional state rent subsidies and maximization of existing resources; and j) benchmark the original NY/NY III rollout plan and expedite development according to the agreement. Recommendations of this working group should be submitted to the Governor's Office by July 1, 2012. These issues are complex and require more time to address than was available to the Affordable Housing Workgroup, which identified the issues most harmful to sustained capital development for further study.

3. **Evaluate perceived barriers to proper utilization of existing supportive housing units such as the state's interpretation of Section 504 requirements for accessible housing, whether existing special needs stock reserved for those with mobility impairments are occupied by such individuals, whether providers are maximizing opportunities for accessible housing units and whether effective compliance reviews are included in regulatory agreements for set-aside projects. Additionally, identify and target existing and new resources to fund rental subsidies for all high-cost Medicaid populations.** A number of work group members indicated that the state and local governments should review existing regulatory guidance with an eye toward granting providers greater flexibility to develop innovative solutions to the growing crisis of inadequate development of new housing and maximizing existing resources. Along these lines, state and local officials should identify potential resources, such as tenant-based Section 8 Housing Choice Vouchers, PHA units, HUD 811 programs, and existing HCR housing stock, for rental subsidies that could be targeted for high-cost Medicaid users.
  
4. **a) Establish an additional State-led work group that includes sector experts to identify barriers to moving high-need individuals into supportive housing. This work group's charge would include identifying the need and developing subsequent targets for heavy Medicaid users. This work group will review state and local application procedures, eligibility guidelines, and waitlist policies; and develop solutions that may include new assessment tools, geographically-based registries of highest need individuals and new service models.**  
  
**b) This work group should also design a "Moving On" Initiative to incentivize and support tenants who are ready to or already live in independent housing. This group will identify resources as well as incentives and supports needed to support this effort including: a) supporting and enhancing NYHousingSearch.gov to all existing supportive and affordable housing units using the current HCR effort as a platform; b) creating backfill strategies for MRT priority populations, c) establishing a viable, ongoing safety net and crisis response**



system for graduated tenants that will allow them to maintain independence, d) setting targets and timelines for results, f) assessing the adequacy of funding and services of existing housing resources to ensure that they remain viable and have the ability to serve priority populations, and g) evaluating mechanisms for supporting tenants whose chief barrier to independent living is a lack of a cap on the tenant contribution in subsidized rental programs such as the enhanced rental assistance program for people with HIV disease/AIDS.

Recommendations for both areas should be submitted to the Governor's Office by December 1, 2012. The work group should include representatives from newly formed health homes projects so that these high-users of Medicaid may have their housing needs addressed in a community-based setting. Research indicates that savings to Medicaid and other public programs are greatest when the targeted beneficiary group is comprised of heavy users of public services. Resolving barriers to transitioning high-need individuals from restrictive institutional settings offers a significant return on investment and is also likely to improve expected outcomes from the provision of services. One way to maximize existing supportive housing resources is to ensure that those capable of living successfully in more independent housing are supported and encouraged. Developing adequate incentives and supports may assist this transition, ensure that it holds and free up existing resources for new beneficiaries. Expediting this transition and taking advantage of synergies that exist with similar State undertakings are key to maximizing Medicaid savings and supportive housing reinvestment.

## C. ALP REFORM

The Medicaid Assisted Living Program was enacted in 1991. While it has been a good resource to help divert recipients from more costly nursing homes placements, the program design needs to be modernized. Below is a series of reform recommendations that will help move the program forward as an interim step in the eventual move to a managed long term care/care coordination policy. Many of these recommendations will require changes to state law.

### 1. Reform the State's Medicaid Assisted Living Program; specifically by:

- a) **Allowing the Registered Nurse (RN) employed by the ALP's Licensed Home Care Services Agency (LHCSA) to conduct assessments to determine initial and ongoing clinical eligibility for ALP services.** Current law requires that the Certified Home Health Agency (CHHA) or Long Term Home Health Care Program (LTHHCP) with which the ALP contracts must conduct all resident assessments to determine that the person is clinically eligible for the program. The ALP provider must pay the CHHA for all post-admission assessments, and the CHHA bills Medicaid separately for the pre-admission assessment. Unfortunately, due to lack of resources in some regions, and changes in CHHA reimbursement and resulting changes in business practices, ALPs are struggling to get CHHAs and LTHHCPs to conduct these assessments. The result is a delay in accessing the assessments and commensurate



necessary services. At times, this leads to unnecessary nursing home placement. The ALP's RN, employed by their LHCSA, is appropriately licensed and qualified to conduct all such assessments, which would save money for both the ALP provider and the State. This type of admission process is consistent with how assessments are conducted in nursing homes and home care, enabling quicker admissions to their programs. This recommendation is intended to increase the likelihood that medically eligible people are admitted into the ALP, consistent with the state's goals to provide services to individuals in the most integrated setting possible. Checks and balances in the process of determining appropriateness of admissions and retention of residents would continue to be achieved through the local department of social service's review of clinical eligibility determination (discussed below), as well as the Department of Health surveillance process.

- b) With regard to the pre-admission assessment, we propose that the ALP receive additional Medicaid reimbursement but at a lesser rate than what the CHHA is currently paid, thereby saving the State additional funds.** The start date of care for would be the day after the assessment is completed.
- c) Expediting enrollment into ALPs by allowing for an individual to be admitted to an ALP without an assessment conducted by local department of social services (LDSS) or HRA prior to admission. Rather, the LDSS can conduct post-admission audits to ensure appropriate admissions.** Currently, an ALP resident must go through a "triple screen" before being admitted to the ALP: being evaluated by the ALP, CHHA or LTHHCP and local district. This means that admissions rarely happen quickly. The goal of this provision is to speed up this process and prevent unnecessary nursing home placement. This change is consistent with recent changes in managed care; PACE and MLTC are subject to a retroactive review.
- d) Repealing the section of social services law that requires a reduction in nursing home beds to create new ALP beds, but maintain the expansion of the ALP.** The beds would be available to any eligible applicant through a modified Certificate of Need process or RFP.
- e) Lifting the moratorium on CHHAs to enable ALPs to serve their residents.** ALPs could more effectively deliver services and manage the care of their residents if enabled to do so directly through CHHA services. The state is currently evaluating lifting the CHHA moratorium in certain circumstances, where doing so will further MRT initiatives. Allowing ALPs to develop CHHAs will further MRT initiatives and allow more integrated service delivery so ALPs should be one of the priority groups considered under the emergency regulation pending with the Public Health and Planning Council.
- f) Allowing ALPs the option to utilize their LHCSA home health aides to perform all functions within their scope of practice/tasks.** We propose that HHAs working in an ALP setting should be able to perform the functions that their training allows them to perform. Access problems are growing because the CHHAs/LTHCCPs with which the ALPs contract are unable or unwilling to provide some home health aide level services commonly needed by the elderly in the ALP (i.e. eye, nose, and ear drops, nebulizers, etc.) Further, it has been confusing for providers to understand the limitations of the HHA in the ALP. ALPs should



have the option to use the certified home health aides that they employ in their LHCSA to perform functions within their scope of tasks. Just as they provide supervision of aides for personal care tasks provided to residents (i.e. Activities of Daily Living-ADLs), the ALP's RN could provide the required aide supervision for the home health tasks.

- g) Enabling the ALP to contract with more than one CHHA or LTHHCP.** Current statute limits the contracting relationship to a single entity (requiring authorization for more in limited circumstances). Allowing the ALP more flexibility to contract with multiple entities would allow it to serve residents most efficiently. This will also allow more consumer choice.
- h) Allowing ALPs to access Medicare-covered therapy services from providers other than CHHAs or LTHHCPS.** Regulations state that the ALP must contract with a CHHA or LTHHCP for “nursing and therapy services.” The Department of Health interprets this to mean that the contracted CHHA or LTHHCP is the only organization that may provide such services. However, there are circumstances where an ALP resident can appropriately receive physical therapy, occupational therapy and/or speech therapy services from another entity. For instance, maintenance Physical Therapy is available from private PT companies under a different Medicare benefit. In addition, nursing homes licensed to provide outpatient therapies that are located on the same campus as ALPs could provide therapies under a different Medicare benefit. ALP residents’ right to choose providers should be promoted so that they have access to all of their Medicare benefits. Allowing ALPs to access therapies from other outpatient therapy providers will also allow more flexibility and more efficient service delivery. Because the ALP is responsible for any *Medicaid*-covered therapy services within its capitated rate, this change would not incur any additional costs to the state.
- i) Improving the ALP survey process.** Currently, the ALP survey process is disjointed. The ALP is surveyed as its components (ACF, home care and ALP) rather than an integrated program. At times, the requirements conflict or do not serve the best interests of the residents. Integrated training for surveyors joint ACF/ALP and home care surveys would facilitate a more integrated approach.
- j) Developing a forum to revisit the ALP program in one year to evaluate implementation of these reforms and determine what more change is needed.** Develop a forum of all interested parties to evaluate the implementation of these recommendations and to consider other changes to improve the program by meeting the growing demand in the most cost effective, efficient manner possible. The impact of the Medicaid Redesign Team’s initiatives, including the expansion of Medicaid Managed Care and the implementation of the uniform assessment system, will be considered, as well as additional changes that may be warranted to streamline administrative functions and costs and expand access to assisted living.



## D. ADDITIONAL RECOMMENDATIONS

- 1. Explore ways that community health centers (e.g. Federally Qualified Health Centers) can be co-located with supportive housing environments to provide additional supports and services to high-need populations, including primary and behavioral health care.** Making additional services easily accessible to the populations benefitting from supportive housing may afford state and local governments certain efficiencies and improve the health and well being of residents.
- 2. Encourage communities to support populations in need of supportive and affordable housing by evaluating whether local requirements could be aligned to require community "notice and best effort education."** Discrimination against developing supportive housing in local communities affects the ability to raise capital, develop additional housing units and maintain vulnerable populations in integrated community settings. Current practice in some localities requires community approval for new units and where this has been changed to "notice and best effort education," policy barriers to development have been ameliorated.
- 3. Address concerns about independent senior housing by: clearly defining independent senior housing in regulation; streamlining regulatory barriers to improve outcomes and achieve efficiencies; identifying resources to develop and preserve quality independent affordable housing for seniors that can serve as a platform for services to maximize their ability to be maintained in their homes and communities; and identifying new funding sources and new services from best practices in the supportive housing industry to support independent senior housing.** With the proportion of aged individuals in our population growing at a rapid rate, there is considerable need for a broad range of options for senior living. Currently, the variety of senior housing options is not well delineated and the landscape of offerings often confuses potential residents and their caregivers. Work group members seek to ensure that New York's aged individuals are not forgotten in the quest for adequate, safe and secure housing -- whether publicly supported or not.
- 4. Ensure continuation of housing subsidies provided through the NHTD/TBI Medicaid Waivers after the transition to Managed Long Term Care (MLTC) and that these programs, and their housing focus, are fully incorporated into MLTC and other Care Coordination Models.** These waiver models provide important examples of the effectiveness of combining housing with needed supports and services to successfully transition individuals into integrated community settings from restrictive institutional settings.
- 5. Develop programs that serve the short term needs of people who need a temporary increase in the level of care in order to avoid hospitalization and emergency departments or in order to be discharged in a timely fashion (e.g. crisis intervention, hospital diversion, hospital step-down programs and medical respite care).** Some OMH certified residential beds could be converted to this use for mental health clients. OASAS-funded crisis centers should be upgraded to be eligible for Medicaid reimbursement as an alternative to more expensive forms of detox and drug treatment.



- 6. Health Homes should work with supportive housing providers to insure their residents and clients have maximum opportunities for inclusion and that the supportive housing provider has the opportunity to participate in service coordination.** It is important that as New York State undertakes Medicaid Redesign that efforts are coordinated to maximize positive impacts, improving health outcomes and achieving better value in its investment.





## Medicaid Redesign Team Affordable Housing Work Group Final Recommendations

**Recommendation Number:** A1

**Recommendation Short Name:** New York/New York IV Agreement

**Program Area:** Housing

**Implementation Complexity:** High

**Implementation Timeline:** TBD

**Required Approvals:**

- Administrative Action
- Statutory Change
- State Plan Amendment
- Federal Waiver

### Proposal Description:

**Work with New York City to develop a NY/NY IV agreement and with other interested counties to make a similar commitment that will provide integrated funds for capital, operating expenses/rent and services in new supportive housing units targeting high-cost, high need users of Medicaid, especially those transitioning out of restrictive institutional settings. State housing and health and human services agencies should participate in the process.** Key to expanding supportive housing opportunities across the state is the ability to ensure that units developed are available and accessible to individuals in need through sufficient funding for capital, operating costs (including rent subsidies), and related support services. A supportive housing program targeted to heavy Medicaid users is likely to return the greatest savings to the state, local and federal governments in terms of reduced hospitalizations, reduced lengths of stay in long term care facilities, and unnecessary Emergency Room visits as well as improved outcomes from supportive services provided in stable, affordable housing. Accordingly, a new NY/NY agreement /partnership should be developed to target these individuals. As such an initiative may generate significant Medicaid savings to the federal government, a substantial federal investment should supplement the monies the state and localities can invest in supportive housing.

**Financial Impact:** TBD

### Health Disparities Impact:

Expansion of supportive housing opportunities through a NY/NY IV partnership is expected to address the most severely impacted Medicaid recipients in need of housing to support their health or maintenance needs.



### **Benefits of Recommendation:**

A supportive housing program targeted to heavy Medicaid users is likely to return the greatest savings to the state, local and federal governments in terms of reduced hospitalizations, reduced lengths of stay in long term care facilities, and unnecessary Emergency Room visits as well as improved outcomes from supportive services provided in stable, affordable housing.

### **Concerns with Recommendation:**

The need for supportive housing, and affordable housing generally, is significant across all populations and while focusing a large investment like NY/NY IV on heavy Medicaid users makes sense in the context of Medicaid Redesign writ large, it dilutes the contribution the state and federal government may make toward this effort for a more broad based constituency.

### **Impacted Stakeholders:**

High cost, high need Medicaid consumers who have critical housing needs in order to address their illness or condition and generate savings to the Medicaid program because their care is better managed.



## Medicaid Redesign Team Affordable Housing Work Group Final Recommendations

**Recommendation Number:** A2

**Recommendation Short Name:** Establish dedicated fund for housing development

**Program Area:** Housing

**Implementation Complexity:** High

**Implementation Timeline:** TBD

**Required Approvals:**

- Administrative Action
- Statutory Change
- State Plan Amendment
- Federal Waiver

### Proposal Description:

**Establish a formal mechanism to set aside a portion of Medicaid and non-Medicaid savings related to any reduction of inpatient hospital or nursing home capacity to a fund dedicated to housing development.** It is important to recognize the connection between adequate and accessible supportive housing and adequate funding of services and Medicaid savings. A portion of any closure savings should be mandated to be invested in housing related programs. These savings should be reinvested in the development of new and rehabilitated housing, both scattered site and congregate, as well as the supports necessary to ensure that vulnerable populations receive the services they need to maximize expected outcomes. Many work group members were interested in exploring related, non-Medicaid savings to other public programs for reinvestment within the communities where the savings were recouped, if unmet needs were extant.

**Financial Impact:** TBD

### Health Disparities Impact:

Expansion of supportive housing opportunities is expected to address the most severely impacted Medicaid recipients in need of stable and affordable housing to support their health or maintenance needs.



### **Benefits of Recommendation:**

A supportive housing program targeted to heavy Medicaid users is likely to return the greatest savings to the state, local and federal governments in terms of reduced hospitalizations, reduced lengths of stay in long term care facilities, and unnecessary Emergency Room visits as well as improved outcomes from supportive services provided in stable, affordable housing. By reinvesting Medicaid and non-Medicaid savings in a fund dedicated to housing development and support, supportive housing opportunities in the state may be expanded cost-effectively.

### **Concerns with Recommendation:**

The need for supportive housing, and affordable housing generally, is significant across all populations and while focusing investment on heavy Medicaid users makes sense in the context of Medicaid Redesign writ large, it dilutes the contribution the state and federal government may make toward this effort for a more broad based constituency.

### **Impacted Stakeholders:**

High cost, high need Medicaid consumers who have critical housing needs in order to address their illness or condition and generate savings to the Medicaid program because their care is better managed.



## Medicaid Redesign Team Affordable Housing Work Group Final Recommendations

**Recommendation Number:** A3

**Recommendation Short Name:** Provide immediate support to SH development

**Program Area:** Housing

**Implementation Complexity:** Medium

**Implementation Timeline:** SFY 2012-2013

**Required Approvals:**

- Administrative Action
- Statutory Change
- State Plan Amendment
- Federal Waiver

### Proposal Description:

**A portion of the \$75 million in the SFY 2012-13 MRT funding allocation plan should be transferred to OMH, OTDA and HCR for distribution through HHAP, OMH programs, Housing Trust Fund and tax-exempt bond programs. OPWDD programs should also be considered for investment.** Required funding challenges at all levels of government have jeopardized supportive housing development, access and services. Immediate assistance directed toward stabilizing supportive housing production targeted toward those with the most intensive needs will go a long way toward restoring investor and developer confidence, as well as ensuring adequate funding for both single site and new scatter site housing units. This funding may also be used as a non-capital resource to be distributed to agencies that provide supports to targeted populations, including OASAS and the AIDS Institute. While there are significant needs across many vulnerable populations, it is imperative that initial MRT housing investment efforts focus on adding system capacity for high-need, high cost Medicaid beneficiaries. Research indicates that the greatest savings to public services programs are generated when resources are targeted at individuals with the most cost intensive needs. In this way, New York can maximize its investment and recoup greater savings, a portion of which may be reinvested in other supportive housing efforts.

**Financial Impact:** TBD

### Health Disparities Impact:

Expansion of supportive housing opportunities is expected to address the most severely impacted Medicaid recipients in need of stable and affordable housing to support their health or maintenance needs.



### **Benefits of Recommendation:**

A supportive housing program targeted to heavy Medicaid users is likely to return the greatest savings to the state, local and federal governments in terms of reduced hospitalizations, reduced lengths of stay in long term care facilities, and unnecessary Emergency Room visits as well as improved outcomes from supportive services provided in stable, affordable housing.

### **Concerns with Recommendation:**

The need for supportive housing, and affordable housing generally, is significant across all populations and while focusing investment on heavy Medicaid users makes sense in the context of Medicaid Redesign writ large, it dilutes the contribution the state and federal government may make toward this effort for a more broad based constituency.

### **Impacted Stakeholders:**

High cost, high need Medicaid consumers who have critical housing needs in order to address their illness or condition and generate savings to the Medicaid program because their care is better managed.



## Medicaid Redesign Team Affordable Housing Work Group Final Recommendations

**Recommendation Number:** A4

**Recommendation Short Name:** Unfreeze OMH capital funding

**Program Area:** Housing

**Implementation Complexity:** Medium

**Implementation Timeline:** SFY 2012-2013; SFY 2013-2014

**Required Approvals:**

<input checked="" type="checkbox"/> Administrative Action	<input checked="" type="checkbox"/> Statutory Change
<input type="checkbox"/> State Plan Amendment	<input type="checkbox"/> Federal Waiver

### Proposal Description:

**OMH capital and operating funding should be unfrozen for supportive housing for SFY2012-13 and SFY2013-14.** The OMH development model results in significant savings that help support the cost of operation and services in supportive housing created to shelter those struggling with mental illnesses. Making this investment in the coming budget cycle will ensure that the anticipated supply of stable and secure housing remains available to homeless and deinstitutionalized persons receiving critical mental health services.

**Financial Impact:** TBD

### Health Disparities Impact:

Expansion of supportive housing opportunities is expected to address the most severely impacted Medicaid recipients in need of stable and affordable housing to support their health or maintenance needs.

### Benefits of Recommendation:

The OMH development model results in significant savings that help support the cost of operation and services in supportive housing created to shelter those struggling with mental illnesses.



**Concerns with Recommendation:**

Budgetary trade-offs in a time of need across the State.

**Impacted Stakeholders:**

High cost, high need Medicaid consumers who have critical housing needs in order to address their illness or condition and generate savings to the Medicaid program because their care is better managed.





## Medicaid Redesign Team Affordable Housing Work Group Final Recommendations

**Recommendation Number:** A5

**Recommendation Short Name:** Increase set-asides and incentives for supportive housing

**Program Area:** Housing

**Implementation Complexity:** High

**Implementation Timeline:** SFY 2012-2013

**Required Approvals:**

<input checked="" type="checkbox"/> Administrative Action	<input checked="" type="checkbox"/> Statutory Change
<input type="checkbox"/> State Plan Amendment	<input type="checkbox"/> Federal Waiver

### Proposal Description:

**Set-asides and incentives for supportive housing construction in HCR Qualified Allocation Plan should be evaluated and considered for an increase when awarding federal Low-income Housing Tax Credits.**

Increasing the share of HCR tax credits that go to supportive housing would allow the state to further target existing resources to additional vulnerable populations, like high-cost Medicaid users. Tax credit allocations for supportive housing can be increased by adjusting requirements of the State's Qualified Allocation Plan (QAP) for tax credits, such as increasing the typical HCR supportive housing set aside to \$6 million and requiring developers qualifying for set-aside funds to reserve 50% rather than 30% of their units for supportive housing. Careful consideration should be given to mandating rather than encouraging developers to set-aside a minimum of 15% of units for special needs populations, requiring a minimum percentage of all units developed be made affordable to individuals living on extremely low incomes well below 30% AMI. These set asides require tradeoffs against other housing related goals. The tradeoffs need to be carefully considered before any changes can be made.

**Financial Impact:** TBD

### Health Disparities Impact:

Expansion of supportive housing opportunities is expected to address the most severely impacted Medicaid recipients in need of stable and affordable housing to support their health or maintenance needs.



### **Benefits of Recommendation:**

Increasing the share of HCR tax credits that go to supportive housing would allow the state to further target existing resources to additional vulnerable populations, like high-cost Medicaid users.

### **Concerns with Recommendation:**

These set asides require tradeoffs against other housing related goals. The tradeoffs need to be carefully considered before any changes can be made.

### **Impacted Stakeholders:**

High cost, high need Medicaid consumers who have critical housing needs in order to address their illness or condition and generate savings to the Medicaid program because their care is better managed.



## Medicaid Redesign Team Affordable Housing Work Group Final Recommendations

**Recommendation Number:** A6

**Recommendation Short Name:** Include funds for ongoing services and operating costs in MRT 1115 Medicaid Waiver

**Program Area:** Housing

**Implementation Complexity:** High

**Implementation Timeline:** SFY 2012-2013

**Required Approvals:**

- Administrative Action
- Statutory Change
- State Plan Amendment
- Federal Waiver

### Proposal Description:

**Include in MRT 1115 Medicaid waiver funding for ongoing housing services and supports and operating costs.** Supportive housing has been shown to reduce the cost of public services, including Medicaid, by stabilizing the conditions of its beneficiaries. People who are securely housed with sufficient resources to maintain that housing and the ability to receive needed services through their housing connection are much more likely to achieve expected outcomes such as health maintenance, reduced drug and alcohol abuse, and medication management. However, it is not enough to provide funding to support the development of additional housing units. Individuals must be able to transition to housing, pay the rent and access the support services they need to manage their condition. Expanded funding to support these costs is essential to the success of supportive housing, including realized savings.

**Financial Impact:** TBD

### Health Disparities Impact:

Expansion of supportive housing opportunities is expected to address the most severely impacted Medicaid recipients in need of stable and affordable housing to support their health or maintenance needs.



### **Benefits of Recommendation:**

Individuals must be able to transition to housing, pay the rent and access the support services they need to manage their condition. Expanded funding to support these costs is essential to the success of supportive housing, including realized savings.

### **Concerns with Recommendation:**

The need for supportive housing, and affordable housing generally, is significant across all populations and while focusing housing related investments on heavy Medicaid users makes sense in the context of Medicaid Redesign writ large, it dilutes the contribution the state and federal government may make toward this effort for a more broad based constituency.

### **Impacted Stakeholders:**

High cost, high need Medicaid consumers who have critical housing needs and underfunded supports to address their illness or condition and generate savings to the Medicaid program because their care is better managed.



## Medicaid Redesign Team Affordable Housing Work Group Final Recommendations

**Recommendation Number:** A7

**Recommendation Short Name:** Pilot "Social Impact Investment Bonds" for SH

**Program Area:** Housing

**Implementation Complexity:** High

**Implementation Timeline:** TBD

**Required Approvals:**

- Administrative Action
- Statutory Change
- State Plan Amendment
- Federal Waiver

### Proposal Description:

**Explore the creation of a pilot program of “social impact investment bonds” that would pay for development, operations and services in supportive housing.** Social impact investment bonds are a relatively new mechanism that allows qualified nonprofits to assume the risk typically undertaken by government to address a specific societal need such as homelessness or reducing criminal justice recidivism. The nonprofit would propose an intervention intended to address a stated problem and contract with the state and/or local government to be repaid for the cost of implementing the intervention if targeted savings to the government(s) were achieved. The contract could allow for payments exceeding the cost of the intervention if greater savings were achieved. This mechanism to leverage private investment for the public good has begun to take hold in several communities. Similar programs have been undertaken in the UK and Massachusetts is currently developing an RFP for nonprofits to develop an intervention that would reduce the Medicaid costs associated with hospital and ER overuse due to chronic illness in the homeless population. This initiative should be explored in tandem with the MRT 1115 Medicaid Waiver.

**Financial Impact:** TBD

### Health Disparities Impact:

Expansion of supportive housing opportunities is expected to address the most severely impacted Medicaid recipients in need of stable and affordable housing to support their health or maintenance needs.



### **Benefits of Recommendation:**

Individuals must be able to transition to housing, pay the rent and access the support services they need to manage their condition. Expanded funding to support these costs is essential to the success of supportive housing, including realized savings. This type of approach is consistent with pay for performance models. Innovative funding sources will allow the state to address specific needs that may be underfunded or unexplored in traditional approaches.

### **Concerns with Recommendation:**

The need for supportive housing, and affordable housing generally, is significant across all populations and while focusing housing related investments on heavy Medicaid users makes sense in the context of Medicaid Redesign writ large, it dilutes the contribution the state and federal government may make toward this effort for a more broad based constituency.

### **Impacted Stakeholders:**

High cost, high need Medicaid consumers who have critical housing needs and underfunded supports to address their illness or condition and generate savings to the Medicaid program because their care is better managed.



## Medicaid Redesign Team Affordable Housing Work Group Final Recommendations

**Recommendation Number:** B1

**Recommendation Short Name:** Improve interagency coordination of supportive housing policy and implementation

**Program Area:** Housing

**Implementation Complexity:** Medium

**Implementation Timeline:** ASAP

**Required Approvals:**

<input checked="" type="checkbox"/> Administrative Action	<input type="checkbox"/> Statutory Change
<input type="checkbox"/> State Plan Amendment	<input type="checkbox"/> Federal Waiver

### Proposal Description:

**Establish an interagency council of state and local agency representatives to assist with coordination and implementation of supportive housing policy.** Overlapping regulatory frameworks, programs and services may be a disincentive to private investment and development of additional supportive housing units and generally complicates the provision of housing and related services to affected populations. Efficiencies can be achieved if agencies regularly engaged in policy discussions related to supportive housing, shared best practices, and pooled resources. The content and timing of RFPs and other funding allocations would be considered by the council. In addition, a needs assessment exercise should be undertaken to identify high-cost, high-need Medicaid users among all special needs populations and in all types of settings. This analysis should inform state and local policy makers as they seek to address the needs of the targeted populations to achieve the greatest impact on health and quality of life outcomes.

**Financial Impact:** TBD

### Health Disparities Impact:

Expansion of supportive housing opportunities is expected to address the most severely impacted Medicaid recipients in need of stable and affordable housing to support their health or maintenance needs.



### **Benefits of Recommendation:**

Coordinating the supportive/affordable housing efforts of the state across all agencies that oversee programs in these areas will improve the efficacy of these programs and services in New York State.

### **Concerns with Recommendation:**

The need for supportive housing, and affordable housing generally, is significant across all populations and while focusing housing related investments on heavy Medicaid users makes sense in the context of Medicaid Redesign writ large, it dilutes the contribution the state and federal government may make toward this effort for a more broad based constituency.

### **Impacted Stakeholders:**

High cost, high need Medicaid consumers who have critical housing needs and underfunded supports to address their illness or condition and generate savings to the Medicaid program because their care is better managed.





## Medicaid Redesign Team Affordable Housing Work Group Final Recommendations

**Recommendation Number:** B2

**Recommendation Short Name:** Establish a work group to identify and improve the supportive/affordable housing capital development process

**Program Area:** Housing

**Implementation Complexity:** Low

**Implementation Timeline:** Report by July 1, 2012

**Required Approvals:**

<input checked="" type="checkbox"/> Administrative Action	<input type="checkbox"/> Statutory Change
<input type="checkbox"/> State Plan Amendment	<input type="checkbox"/> Federal Waiver

**Proposal Description:**

Establish a work group of experienced State and local agency representatives, nonprofit providers, supportive housing experts, and housing development professionals to identify and improve the supportive/affordable housing capital development process with a focus on identifying ways to maximize federal and private funding leverage and replicating state and local agency best practices. Work group efforts should be coordinated with the Regional Economic Development Councils. Recommendations should: a) improve coordination of multiple agency funding application processes; b) coordinate awards of capital, service and operating funds; c) address need for adequate pre-development and acquisition funds; d) review regulatory requirements and make recommendations that provide for more flexibility and innovation; e) reassure investors about State service and operating funding commitments; f) ensure an adequate share of tax-exempt bonds are made available for affordable and supportive housing; g) align program and funding structures to be more responsive to concerns of underwriters; h) streamline development and construction oversight in multiagency projects; i) create state financed development targets in each community, with a focus on additional state rent subsidies and maximization of existing resources; and j) benchmark the original NY/NY III rollout plan and expedite development according to the agreement. Recommendations of this working group should be submitted to the Governor's Office by July 1, 2012.



**Financial Impact:** TBD

**Health Disparities Impact:**

Expansion of supportive housing opportunities is expected to address the most severely impacted Medicaid recipients in need of stable and affordable housing to support their health or maintenance needs.

**Benefits of Recommendation:**

These issues are complex and require more time to address than was available to the Affordable Housing Workgroup, which identified the issues most harmful to sustained capital development for further study.

**Concerns with Recommendation:**

The need for supportive housing, and affordable housing generally, is significant across all populations and while focusing housing related investments on heavy Medicaid users makes sense in the context of Medicaid Redesign writ large, it dilutes the contribution the state and federal government may make toward this effort for a more broad based constituency.

**Impacted Stakeholders:**

High cost, high need Medicaid consumers who have critical housing needs and underfunded supports to address their illness or condition and generate savings to the Medicaid program because their care is better managed.



## Medicaid Redesign Team Affordable Housing Work Group Final Recommendations

**Recommendation Number:** B3

**Recommendation Short Name:** Evaluate perceived barriers to maximizing existing resources and expanding opportunities

**Program Area:** Housing

**Implementation Complexity:** Medium

**Implementation Timeline:** SFY 2012-2013

**Required Approvals:**

- Administrative Action
- Statutory Change
- State Plan Amendment
- Federal Waiver

**Proposal Description:**

**Evaluate perceived barriers to proper utilization of existing supportive housing units such as the state’s interpretation of Section 504 requirements for accessible housing, whether existing special needs stock reserved for those with mobility impairments are occupied by such individuals, whether providers are maximizing opportunities for accessible housing units and whether effective compliance reviews are included in regulatory agreements for set-aside projects. In addition, identify and target existing and new resources to fund rental subsidies for all high-cost Medicaid populations.** A number of work group members indicated that the state and local governments should review existing regulatory guidance with an eye toward granting providers greater flexibility to develop innovative solutions to the growing crisis of inadequate development of new housing and maximizing existing resources. Along these lines, state and local officials should identify potential resources, such as tenant-based Section 8 Housing Choice Vouchers, PHA units, HUD 811 programs, and existing HCR housing stock, for rental subsidies that could be targeted for high-cost Medicaid users.

**Financial Impact:** TBD

**Health Disparities Impact:**

Expansion of supportive housing opportunities is expected to address the most severely impacted Medicaid recipients in need of stable and affordable housing to support their health or maintenance needs.



### **Benefits of Recommendation:**

While creating more units of housing is important, it is also imperative that the existing system of housing and supports is preserved and that existing resources are maximized to serve the greatest number of individuals in need of supportive and/or affordable housing.

### **Concerns with Recommendation:**

The need for supportive housing, and affordable housing generally, is significant across all populations and while focusing housing related investments on heavy Medicaid users makes sense in the context of Medicaid Redesign writ large, it dilutes the contribution the state and federal government may make toward this effort for a more broad based constituency.

### **Impacted Stakeholders:**

High cost, high need Medicaid consumers who have critical housing needs and underfunded supports to address their illness or condition and generate savings to the Medicaid program because their care is better managed.



## Medicaid Redesign Team Affordable Housing Work Group Final Recommendations

**Recommendation Number:** B4

**Recommendation Short Name:** Identify and resolve barriers to transitioning individuals to supportive housing; Establish “Moving On” initiative

**Program Area:** Housing

**Implementation Complexity:** Medium

**Implementation Timeline:** Establish in first quarter of 2012; Report December 1, 2012

**Required Approvals:**  Administrative Action  Statutory Change  
 State Plan Amendment  Federal Waiver

### Proposal Description:

a) Establish an additional State-led work group that includes sector experts to identify barriers to moving high-need individuals into supportive housing. This work group’s charge would include identifying the need and developing subsequent targets for heavy Medicaid users. This work group will review state and local application procedures, eligibility guidelines, and waitlist policies; and develop solutions that may include new assessment tools, geographically-based registries of highest need individuals and new service models.

b) This work group should also design a “Moving On” Initiative to incentivize and support tenants who are ready to or already live in independent housing. This group will identify resources as well as incentives and supports needed to support this effort including: a) supporting and enhancing NYHousingSearch.gov to all existing supportive and affordable housing units using the current HCR effort as a platform; b) creating backfill strategies for MRT priority populations, c) establishing a viable, ongoing safety net and crisis response system for graduated tenants that will allow them to maintain independence, d) setting targets and timelines for results, f) assessing the adequacy of funding and services of existing housing resources to ensure that they remain viable and have the ability to serve priority populations, and g) evaluating mechanisms for supporting tenants whose chief barrier to independent living is a lack of a cap on the tenant contribution in subsidized rental programs such as the enhanced rental assistance program for people with HIV disease/AIDS.



**Recommendations for both areas should be submitted to the Governor's Office by December 1, 2012. The work group should include representatives from newly formed health homes projects so that these high-users of Medicaid may have their housing needs addressed in a community-based setting.** Research indicates that savings to Medicaid and other public programs are greatest when the targeted beneficiary group is comprised of heavy users of public services. Resolving barriers to transitioning high-need individuals from restrictive institutional settings offers a significant return on investment and is also likely to improve expected outcomes from the provision of services. One way to maximize existing supportive housing resources is to ensure that those capable of living successfully in more independent housing are supported and encouraged. Developing adequate incentives and supports may assist this transition, ensure that it holds and free up existing resources for new beneficiaries. Expediting this transition and taking advantage of synergies that exist with similar State undertakings are key to maximizing Medicaid savings and supportive housing reinvestment.

**Financial Impact:** TBD

**Health Disparities Impact:**

Expansion of supportive housing opportunities is expected to address the most severely impacted Medicaid recipients in need of stable and affordable housing to support their health or maintenance needs.

**Benefits of Recommendation:**

Resolving barriers to transitioning high-need individuals from restrictive institutional settings offers a significant return on investment and is also likely to improve expected outcomes from the provision of services. The "Moving On" Initiative will help make use of existing resources.

**Concerns with Recommendation:**

The need for supportive housing, and affordable housing generally, is significant across all populations and while focusing housing related investments on heavy Medicaid users makes sense in the context of Medicaid Redesign writ large, it dilutes the contribution the state and federal government may make toward this effort for a more broad based constituency.

**Impacted Stakeholders:**

High cost, high need Medicaid consumers who have critical housing needs and underfunded supports to address their illness or condition and generate savings to the Medicaid program because their care is better managed.



## Medicaid Redesign Team Affordable Housing Work Group Final Recommendations

**Recommendation Number:** C1

**Recommendation Short Name:** ALP Reform

**Program Area:** Housing

**Implementation Complexity:** High

**Implementation Timeline:** SFY 2012-2013

**Required Approvals:**  Administrative Action  Statutory Change  
 State Plan Amendment  Federal Waiver

**Proposal Description:**

**2. Reform the State's Medicaid Assisted Living Program; specifically by:**

- a) **Allowing the Registered Nurse (RN) employed by the ALP's Licensed Home Care Services Agency (LHCSA) to conduct assessments to determine initial and ongoing clinical eligibility for ALP services.** Current law requires that the Certified Home Health Agency (CHHA) or Long Term Home Health Care Program (LTHHCP) with which the ALP contracts must conduct all resident assessments to determine that the person is clinically eligible for the program. The ALP provider must pay the CHHA for all post-admission assessments, and the CHHA bills Medicaid separately for the pre-admission assessment. Unfortunately, due to lack of resources in some regions, and changes in CHHA reimbursement and resulting changes in business practices, ALPs are struggling to get CHHAs and LTHHCPs to conduct these assessments. The result is a delay in accessing the assessments and commensurate necessary services. At times, this leads to unnecessary nursing home placement. The ALP's RN, employed by their LHCSA, is appropriately licensed and qualified to conduct all such assessments, which would save money for both the ALP provider and the State. This type of admission process is consistent with how assessments are conducted in nursing homes and home care, enabling quicker admissions to their programs. This recommendation is intended to increase the likelihood that medically eligible people are admitted into the ALP, consistent with the state's goals to provide services to individuals in the most integrated setting possible.



Checks and balances in the process of determining appropriateness of admissions and retention of residents would continue to be achieved through the local department of social service's review of clinical eligibility determination (discussed below), as well as the Department of Health surveillance process.

- b) With regard to the pre-admission assessment, we propose that the ALP receive additional Medicaid reimbursement but at a lesser rate than what the CHHA is currently paid, thereby saving the State additional funds.** The start date of care for would be the day after the assessment is completed.
  
- c) Expediting enrollment into ALPs by allowing for an individual to be admitted to an ALP without an assessment conducted by local department of social services (LDSS) or HRA prior to admission. Rather, the LDSS can conduct post-admission audits to ensure appropriate admissions.** Currently, an ALP resident must go through a “triple screen” before being admitted to the ALP: being evaluated by the ALP, CHHA or LTHHCP and local district. This means that admissions rarely happen quickly. The goal of this provision is to speed up this process and prevent unnecessary nursing home placement. This change is consistent with recent changes in managed care; PACE and MLTC are subject to a retroactive review.
  
- d) Repealing the section of social services law that requires a reduction in nursing home beds to create new ALP beds, but maintain the expansion of the ALP.** The beds would be available to any eligible applicant through a modified Certificate of Need process or RFP.
  
- e) Lifting the moratorium on CHHAs to enable ALPs to serve their residents.** ALPs could more effectively deliver services and manage the care of their residents if enabled to do so directly through CHHA services. The state is currently evaluating lifting the CHHA moratorium in certain circumstances, where doing so will further MRT initiatives. Allowing ALPs to develop CHHAs will further MRT initiatives and allow more integrated service delivery so ALPs should be one of the priority groups considered under the emergency regulation approved by the Public Health and Planning Council.
  
- f) Allowing ALPs the option to utilize their LHCSA home health aides to perform all functions within their scope of practice/tasks.** We propose that HHAs working in an ALP setting should be able to perform the functions that their training allows them to perform. Access problems are growing because the CHHAs/LTHCCPs with which the ALPs contract are unable or unwilling to provide some home health aide level services commonly needed by the elderly in the ALP (i.e. eye, nose, and ear drops, nebulizers, etc.) Further, it has been confusing for providers to understand the limitations of the HHA in the ALP. ALPs should have the option to use the certified home health aides that they employ in their LHCSA to perform functions within their scope of tasks. Just as they provide supervision of aides for personal care tasks provided to residents (i.e. Activities of Daily Living-ADLs), the ALP's RN could provide the required aide supervision for the home health tasks.





- g) Enabling the ALP to contract with more than one CHHA or LTHHCP.** Current statute limits the contracting relationship to a single entity (requiring authorization for more in limited circumstances). Allowing the ALP more flexibility to contract with multiple entities would allow it to serve residents most efficiently. This will also allow more consumer choice.
- h) Allowing ALPs to access Medicare-covered therapy services from providers other than CHHAs or LTHHCPS.** Regulations state that the ALP must contract with a CHHA or LTHHCP for “nursing and therapy services.” The Department of Health interprets this to mean that the contracted CHHA or LTHHCP is the only organization that may provide such services. However, there are circumstances where an ALP resident can appropriately receive physical therapy, occupational therapy and/or speech therapy services from another entity. For instance, maintenance Physical Therapy is available from private PT companies under a different Medicare benefit. In addition, nursing homes licensed to provide outpatient therapies that are located on the same campus as ALPs could provide therapies under a different Medicare benefit. ALP residents’ right to choose providers should be promoted so that they have access to all of their Medicare benefits. Allowing ALPs to access therapies from other outpatient therapy providers will also allow more flexibility and more efficient service delivery. Because the ALP is responsible for any *Medicaid*-covered therapy services within its capitated rate, this change would not incur any additional costs to the state.
- i) Improving the ALP survey process.** Currently, the ALP survey process is disjointed. The ALP is surveyed as its components (ACF, home care and ALP) rather than an integrated program. At times, the requirements conflict or do not serve the best interests of the residents. Integrated training for surveyors joint ACF/ALP and home care surveys would facilitate a more integrated approach.
- j) Developing a forum to revisit the ALP program in one year to evaluate implementation of these reforms and determine what more change is needed.** Develop a forum of all interested parties to evaluate the implementation of these recommendations and to consider other changes to improve the program by meeting the growing demand in the most cost effective, efficient manner possible. The impact of the Medicaid Redesign Team’s initiatives, including the expansion of Medicaid Managed Care and the implementation of the uniform assessment system, will be considered, as well as additional changes that may be warranted to streamline administrative functions and costs and expand access to assisted living.

**Financial Impact:** TBD

**Health Disparities Impact:**

Expansion of supportive housing opportunities is expected to address the most severely impacted Medicaid recipients in need of stable and affordable housing to support their health or maintenance needs.



### **Benefits of Recommendation:**

New York's Medicaid-funded Assisted Living Program allows many individuals to remain in community settings with appropriate supports rather than in a more restrictive institutional setting. However, modernizing the program, which began in 1991, would allow the state to expand the number of beds available and make the provision of supports and services to ALP residents more effective and efficient.

### **Concerns with Recommendation:**

The need for supportive housing, and affordable housing generally, is significant across all populations and while focusing housing related investments on heavy Medicaid users makes sense in the context of Medicaid Redesign writ large, it dilutes the contribution the state and federal government may make toward this effort for a more broad based constituency.

### **Impacted Stakeholders:**

High cost, high need Medicaid consumers who have critical housing needs and underfunded supports to address their illness or condition and generate savings to the Medicaid program because their care is better managed.



## Medicaid Redesign Team Affordable Housing Work Group Final Recommendations

**Recommendation Number:** D1

**Recommendation Short Name:** Co-locate community health centers to expand services available to SH residents

**Program Area:** Housing

**Implementation Complexity:** Medium

**Implementation Timeline:** During the 2012 calendar year

**Required Approvals:**

<input checked="" type="checkbox"/> Administrative Action	<input type="checkbox"/> Statutory Change
<input type="checkbox"/> State Plan Amendment	<input type="checkbox"/> Federal Waiver

### Proposal Description:

**Explore ways that community health centers (e.g. Federally Qualified Health Centers) can be co-located with supportive housing environments to provide additional supports and services to high-need populations, including primary and behavioral health care.** Making additional services easily accessible to the populations benefitting from supportive housing may afford state and local governments certain efficiencies and improve the health and well being of residents.

**Financial Impact:** TBD

### Health Disparities Impact:

Expansion of supportive housing opportunities is expected to address the most severely impacted Medicaid recipients in need of stable and affordable housing to support their health or maintenance needs.

### Benefits of Recommendation:

Making additional services easily accessible to the populations benefitting from supportive housing may afford state and local governments certain efficiencies and improve the health and well being of residents.



### **Concerns with Recommendation:**

The need for supportive housing, and affordable housing generally, is significant across all populations and while focusing housing related investments on heavy Medicaid users makes sense in the context of Medicaid Redesign writ large, it dilutes the contribution the state and federal government may make toward this effort for a more broad based constituency.

### **Impacted Stakeholders:**

High cost, high need Medicaid consumers who have critical housing needs and underfunded supports to address their illness or condition and generate savings to the Medicaid program because their care is better managed.



## Medicaid Redesign Team Affordable Housing Work Group Final Recommendations

**Recommendation Number:** D2

**Recommendation Short Name:** "Notice and best effort education"

**Program Area:** Housing

**Implementation Complexity:** High

**Implementation Timeline:** SFY 2012-2013

**Required Approvals:**

<input checked="" type="checkbox"/> Administrative Action	<input checked="" type="checkbox"/> Statutory Change
<input type="checkbox"/> State Plan Amendment	<input type="checkbox"/> Federal Waiver

### Proposal Description:

**Encourage communities to support populations in need of supportive and affordable housing by evaluating whether local requirements could be aligned to require community "notice and best effort education."** Discrimination against developing supportive housing in local communities affects the ability to raise capital, develop additional housing units and maintain vulnerable populations in integrated community settings. Current practice in some localities requires community approval for new units and where this has been changed to "notice and best effort education," policy barriers to development have been ameliorated.

**Financial Impact:** TBD

### Health Disparities Impact:

Expansion of supportive housing opportunities is expected to address the most severely impacted Medicaid recipients in need of stable and affordable housing to support their health or maintenance needs.

### Benefits of Recommendation:

Changing community approval processes to "notice and best effort requirements removes a significant barrier to siting and developing new projects.



### **Concerns with Recommendation:**

The need for supportive housing and affordable housing generally, is significant across all populations and while focusing housing related investments on heavy Medicaid users makes sense in the context of Medicaid Redesign writ large, it dilutes the contribution the state and federal government may make toward this effort for a broader based constituency.

### **Impacted Stakeholders:**

High cost, high need Medicaid consumers who have critical housing needs and underfunded supports to address their illness or condition and generate savings to the Medicaid program because their care is better managed.



## Medicaid Redesign Team Affordable Housing Work Group Final Recommendations

**Recommendation Number:** D3

**Recommendation Short Name:** Expand and improve independent senior housing opportunities

**Program Area:** Housing

**Implementation Complexity:** High

**Implementation Timeline:** SFY 2012-2013

**Required Approvals:**

<input checked="" type="checkbox"/> Administrative Action	<input checked="" type="checkbox"/> Statutory Change
<input type="checkbox"/> State Plan Amendment	<input type="checkbox"/> Federal Waiver

**Proposal Description:**

**Address concerns about independent senior housing by: clearly defining independent senior housing in regulation; streamlining regulatory barriers to improve outcomes and achieve efficiencies; identifying resources to develop and preserve quality independent affordable housing for seniors that can serve as a platform for services to maximize their ability to be maintained in their homes and communities; and identifying new funding sources and new services from best practices in the supportive housing industry to support independent senior housing.** With the proportion of aged individuals in our population growing at a rapid rate, there is considerable need for a broad range of options for senior living. Currently, the variety of senior housing options is not well delineated and the landscape of offerings often confuses potential residents and their caregivers. Work group members seek to ensure that New York's aged individuals are not forgotten in the quest for adequate, safe and secure housing -- whether publicly supported or not.

**Financial Impact:** TBD

**Health Disparities Impact:**

Expansion of supportive housing opportunities is expected to address the most severely impacted Medicaid recipients in need of stable and affordable housing to support their health or maintenance needs.



### **Benefits of Recommendation:**

With the proportion of aged individuals in our population growing at a rapid rate, there is considerable need for a broad range of options for senior living. Currently, the variety of senior housing options is not well delineated and the landscape of offerings often confuses potential residents and their caregivers. Work group members seek to ensure that New York's aged individuals are not forgotten in the quest for adequate, safe and secure housing -- whether publicly supported or not.

### **Concerns with Recommendation:**

The need for supportive housing and affordable housing generally, is significant across all populations and while focusing housing related investments on heavy Medicaid users makes sense in the context of Medicaid Redesign writ large, it dilutes the contribution the state and federal government may make toward this effort for a broader based constituency.

### **Impacted Stakeholders:**

High cost, high need Medicaid consumers who have critical housing needs and underfunded supports to address their illness or condition and generate savings to the Medicaid program because their care is better managed.





## Medicaid Redesign Team Affordable Housing Work Group Final Recommendations

**Recommendation Number:** D4

**Recommendation Short Name:** Maintain housing subsidies and focus of NHTD and TBI Waiver Programs in MLTC and Care Coordination models

**Program Area:** Housing

**Implementation Complexity:** Medium

**Implementation Timeline:** SFY 2012-2013

**Required Approvals:**

- Administrative Action
- Statutory Change
- State Plan Amendment
- Federal Waiver

### Proposal Description:

**Ensure continuation of housing subsidies provided through the NHTD/TBI Medicaid Waivers after the transition to Managed Long Term Care (MLTC) and that these programs, and their housing focus, are fully incorporated into MLTC and other Care Coordination Models.** These waiver models provide important examples of the effectiveness of combining housing with needed supports and services to successfully transition individuals into integrated community settings from restrictive institutional settings.

**Financial Impact:** TBD

### Health Disparities Impact:

Expansion of supportive housing opportunities is expected to address the most severely impacted Medicaid recipients in need of stable and affordable housing to support their health or maintenance needs.

### Benefits of Recommendation:

Individuals must be able to transition to housing, pay the rent and access the support services they need to manage their condition. Expanded funding to support these costs is essential to the success of supportive housing, including realized savings.



### **Concerns with Recommendation:**

The need for supportive housing and affordable housing generally, is significant across all populations and while focusing housing related investments on heavy Medicaid users makes sense in the context of Medicaid Redesign writ large, it dilutes the contribution the state and federal government may make toward this effort for a broader based constituency.

### **Impacted Stakeholders:**

High cost, high need Medicaid consumers who have critical housing needs and underfunded supports to address their illness or condition and generate savings to the Medicaid program because their care is better managed.



## Medicaid Redesign Team Affordable Housing Work Group Final Recommendations

**Recommendation Number:** D5

**Recommendation Short Name:** Medical Respite for homeless individuals

**Program Area:** Housing

**Implementation Complexity:** High

**Implementation Timeline:** SFY 2012-2013

**Required Approvals:**

<input checked="" type="checkbox"/> Administrative Action	<input checked="" type="checkbox"/> Statutory Change
<input type="checkbox"/> State Plan Amendment	<input type="checkbox"/> Federal Waiver

### **Proposal Description:**

**Develop programs that serve the short term needs of people who need a temporary increase in the level of care in order to avoid hospitalization and emergency departments or in order to be discharged in a timely fashion (e.g. crisis intervention, hospital diversion, hospital step-down programs and medical respite care).** Some OMH certified residential beds could be converted to this use for mental health clients. OASAS-funded crisis centers should be upgraded to be eligible for Medicaid reimbursement as an alternative to more expensive forms of detox and drug treatment.

**Financial Impact:** TBD

### **Health Disparities Impact:**

Expansion of supportive housing opportunities is expected to address the most severely impacted Medicaid recipients in need of stable and affordable housing to support their health or maintenance needs.

### **Benefits of Recommendation:**

Better health outcomes for homeless persons experiencing illness, reduced hospital stays for homeless persons and reduced readmissions and emergency room visits post-hospitalization.



### **Concerns with Recommendation:**

The need for supportive housing and affordable housing generally, is significant across all populations and while focusing housing related investments on heavy Medicaid users makes sense in the context of Medicaid Redesign writ large, it dilutes the contribution the state and federal government may make toward this effort for a broader based constituency.

### **Impacted Stakeholders:**

High cost, high need Medicaid consumers who have critical housing needs and underfunded supports to address their illness or condition and generate savings to the Medicaid program because their care is better managed.



## Medicaid Redesign Team Affordable Housing Work Group Final Recommendations

**Recommendation Number:** D6

**Recommendation Short Name:** Coordinate supportive housing with Health Homes Initiative

**Program Area:** Housing

**Implementation Complexity:** Medium

**Implementation Timeline:** SFY 2012-2013

**Required Approvals:**

- Administrative Action
- Statutory Change
- State Plan Amendment
- Federal Waiver

**Proposal Description:**

**Health Homes should work with supportive housing providers to insure their residents and clients have maximum opportunities for inclusion and that the supportive housing provider has the opportunity to participate in service coordination.**

**Financial Impact:** TBD

**Health Disparities Impact:**

Expansion of supportive housing opportunities is expected to address the most severely impacted Medicaid recipients in need of stable and affordable housing to support their health or maintenance needs.

**Benefits of Recommendation:**

It is important that as New York State undertakes Medicaid Redesign that efforts are coordinated to maximize positive impacts, improving health outcomes and achieving better value in its investment.



### Concerns with Recommendation:

The need for supportive housing, and affordable housing generally, is significant across all populations and while focusing housing related investments on heavy Medicaid users makes sense in the context of Medicaid Redesign writ large, it dilutes the contribution the state and federal government may make toward this effort for a more broad based constituency.

### Impacted Stakeholders:

High cost, high need Medicaid consumers who have critical housing needs and underfunded supports to address their illness or condition and generate savings to the Medicaid program because their care is better managed.