

# Post-Briefing FACT SHEET

Milbank Memorial Fund

## STATE LEADERSHIP NETWORK

### Virtual Briefing: Medicaid Housing Supports

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#### PANELISTS:



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**Jami Snyder, MA**,  
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Health Care Cost  
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**Invited Moderator  
Marie Ganim, PhD**

### Housing Support Implementation Challenges

To better understand the implementation challenges associated with Medicaid demonstration waivers for housing supports, a [Milbank Quarterly article](#) from the Rutgers Center for State Health Policy examined the experience of four of the 11 states with such waivers: California (2016), Illinois (2018), Maryland (2017), Washington (2017). The authors conducted in-depth interviews with 36 stakeholders to identify challenges and offer implementation lessons from the four states. Coauthor Joel Cantor outlined the challenges identified in the article:

- Limited housing supply and not in my backyard (NIMBY)
- Break down silos: Medicaid and housing service sectors
- Enrollment and retention
- Contracting and paying homeless service providers
- Recruiting and retaining workers
- Durability beyond the waiver period
- Administrative crowd-out and burden

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“There are longstanding silos between Medicaid and housing service sectors, and the projects really were challenged in breaking down those silos. Medicaid and housing services come from very different cultures [and have] very different regulations and regulators.” — *Joel Cantor*

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### How States Are Providing Supportive Housing Solutions

The Corporation for Supportive Housing (CSH) is an organization dedicated to advancing solutions that use housing as a platform for services to improve the lives of the most vulnerable people, maximize public resources, and build healthy communities. According to CSH's Marcella Maguire, the biggest dilemma CSH sees in states is lack of alignment between housing and health care. For example, most Medicaid agencies or health systems that have expertise in Medicaid and home- and community-based services don't have expertise in housing development and finance or engaging people experiencing homelessness or housing instability. For that reason, assembling partners to build a cross-sector team is an important first step in providing supportive housing.

There is no one sector who has all the piece of this puzzle, not in the public or private sector, in delivery systems, or in provider networks. We all have to figure out how to work systemically and together.  
— Marcella Maguire

**Arizona.** Arizona's Medicaid program, called the Arizona Health Care Cost Containment System (AHCCCS), is using a team-based approach to:

- Provide rental assistance to nearly 2,800 individuals each year

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- Apply for a 1115 Medicaid waiver to implement a [Housing and Health Opportunities \(H2O\) Demonstration](#) to enhance and expand housing services and interventions for AHCCCS members who are homeless or at risk of becoming homeless. Offerings would include:
  - Community transition services, which cover a first month's rent, basic furnishing, etc., for those transitioning from an institutional stay or homelessness, for example
  - Transition housing support for up to 18 months before individuals move into a permanent supportive housing unit with the assistance of rental subsidy and wraparound supports

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“When we are able to successfully house someone and stabilize them in housing, we see a 31% reduction in emergency department utilization, a 44% reduction in inpatient visits, and a savings of nearly \$5,500 per member per month.” — *Jami Snyder*

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Our work in stabilizing individuals in permanent supportive housing is more effective than almost any other clinical intervention we can offer.” — *Jami Snyder*

**Maryland.** In 2017, the Maryland Department of Health (MDH) invited local government entities to apply for federal matching funds available for the [Assistance in Community Integration Services \(ACIS\) Pilot](#). The pilot is supported through a §1115 HealthChoice Waiver to serve high-risk Medicaid enrollees who are at risk of institutional placement or homelessness post-release from certain settings such as incarceration.

Through ACIS, MDH has been able to maintain engagement of the lead local government entities and continue to prioritize homelessness. This success has “required broad communications through all networks and an inter-governmental approach,” as well as partnership with an evaluator. [The Hilltop Institute](#) at University of Maryland, Baltimore County is validating the data for reimbursement and providing support and technical assistance. MDH has a four-person team implementing the program, which has expanded from 300 to 600 spaces, and will expand again to 900 spaces in 2022 pending approval by the Centers for Medicare and Medicaid Services.

*This virtual MSLN briefing was a part of series of expert briefings on topics that are highly relevant to today's state policymakers.*