

Does Medicaid Hold the Key to Housing? Building and Expanding Partnerships with Healthcare



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More communities are using Medicaid to address housing and homelessness. But cross-sector partnerships can be challenging.

Hear from technical experts and communities leveraging partnerships with health systems (including Medicaid) to expand housing resources for their unhoused neighbors.

Learn what steps they're taking to get ahead of challenges that come with health partnerships, and how you can bring similar foresight to your community's approach.



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The Alliance has a zero-tolerance policy for any form of discrimination or abusive behavior, and we strive to maintain an environment that is respectful and free from harm or harassment. If you encounter anything that makes you feel unsafe please notify an Alliance staff member.





Does Medicaid Hold the Key to Housing?

**Building and Expanding
Partnerships with Healthcare**

PRESENTED BY:
Dena Hasan

WHY DO WE CONTINUE TO INCLUDE MEDICAID FUNDING IN HOMELESS STRATEGIES?

Medicaid can significantly improve the health and well-being of individuals experiencing and at risk of homelessness and reduce the overall cost of care

Support for housing and supportive Services

Improved access to healthcare

Improved health outcomes

Reduction in homelessness

Cost savings

Public health benefits

Policy and advocacy

KEY MEDICAID AUTHORITIES TO ADDRESS HEALTH-RELATED SOCIAL NEEDS

- CMS' 2021 SDOH guidance outlines several federal authorities for addressing HRSNs; 2023 guidance further clarifies how to use them

Federal Authority	Eligibility Criteria
Section 1915 (c) Home and Community Based (HCBS) Waivers	Individuals who meet the state's institutional level of care, but can reside in the community
Section 1915 (i) HCBS State Plan Services	
Section 1905(a) State Plan Authority	Individuals who meet any state-defined medical necessity criteria for covered services
Section 1945 Health Homes	Individuals who: (1) have 2 or more chronic conditions; (2) have at least one chronic condition and are at risk of developing another; or (3) have at least one SPMI
Managed Care in-lieu of Services	Any individual enrolled in a Medicaid managed care plan
Section 1115	Any individual enrolled in state plan or 1915 waiver program

NEW ADMINISTRATION EQUALS NEW CHANGES FOR MEDICAID

Funding Structure Changes

- » Proposed transition to block grants or per-capita funding models could result in significant financial constraints for state Medicaid agencies
- » States' response to funding reductions could be reduced provider reimbursement rates, higher cost-sharing for optional services, limiting benefits

Eligibility Requirements

- » Potential reinstatement of work requirements for able-bodied adults aged 18 to 64 could reduce Medicaid enrollment

State Authority and Flexibility

- » Could allow states to adjust copayments, implement premiums for certain populations, and modify benefit packages without federal approval
- » Could lead to variability in coverage and benefits across states, potentially increasing administrative costs and complexity

Managed Care Regulatory Changes

- » Reduced federal oversight of managed care organizations (MCOs) could lower administrative costs for MCOs, but may affect beneficiary protections and access to services

Federal Funding Freezes

- » Temporary freeze on federal grants and financial assistance, including Medicaid funding, could disrupt state budgets and healthcare services

DC'S 1915I HOUSING SUPPORTIVE SERVICES BENEFIT

INTENTIONAL (AND LONG TIME) EFFORT INTO GAINING BUY-IN FOR DC'S MEDICAID HOUSING BENEFIT



6

Years to Design



20

Webinars



>100

In-Person Events



500

Connections

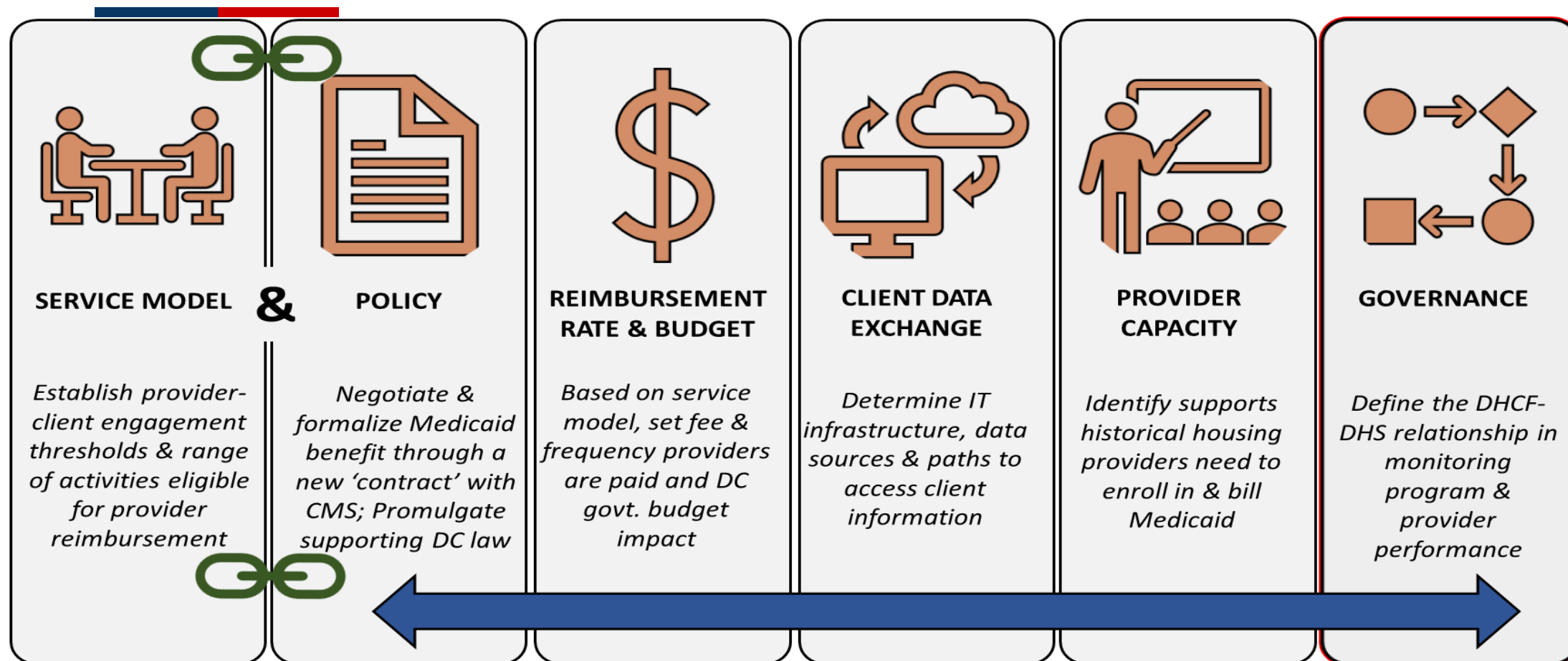
TIMELINE

- ❖ **2015:** CMS provided [initial guidance](#) on how states could use Medicaid funding for services needed to navigate beneficiaries to housing, and then keep them successfully housed
- ❖ **2015:** DC's plan to end homelessness released ([HomewardDC](#)); Replacing local with federal funding to serve more residents experiencing homelessness is key
- ❖ **2016 – 2021:** Multi-year, multi-stakeholder development effort to gain buy-in, design/re-design new Medicaid benefit
- ❖ **2022:** CMS approves DC's 1915i State Plan Housing Supportive Services (HSS) benefit in Spring 2022
- ❖ **On-ward:** Federal funding available through the HSS benefit enables DC to use Medicaid monies to pay for PSH services, and reinvest these local funds into DC's continued efforts to make homelessness rare, brief and non-recurring

* CMS provided [subsequent guidance](#) in 2021

WORKSTREAMS USED TO ENSURE THE RIGHT PEOPLE WHERE AT THE RIGHT TABLE

Workstreams



ABOUT HMA



Our team is more than 900 members strong and growing, with expertise that spans the healthcare industry and stretches across the nation.

HMA experts have vast experience and through skilled analysis, guidance and technical know-how, our consultants help a wide range of clients successfully navigate the healthcare space.

Simply put, no one knows publicly & commercially funded healthcare like we do.

900+ Consultants

20+ Offices

We provide assistance to a wide variety of organizations, including:

- » Hospitals & Health Systems
- » Health Plans
- » Federal, State, Local Government
- » Healthcare Providers
- » Foundations
- » Investors and Investment Community
- » Associations
- » Community-Based Organizations

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AHCCCS Housing & Health Opportunities (H2O)

Demonstration Goals

Increase positive health and wellbeing outcomes for target populations.

Reduce the cost of care for individuals successfully housed.

Reduce homelessness and maintain housing stability.

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1115 Waiver H2O HRSN Services

- Outreach and Education Services
- Transitional Housing - 6 Months
 - Transitional Housing Setting (Enhanced Shelter)
 - Apartment or Rental Unit (Rental Assistance)
- One-time Transition and Moving Costs
- Home Accessibility Modifications
- Housing Pre-Tenancy Services
- Housing Tenancy Services



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Key Partner Overview

AHCCCS

Requested 1115 waiver to
implement H2O program

Solari

H2O Program Administrator

Banner

Subcontractor of Solari
Responsible for Network management,
Billing & Claims, Fraud, Waste & Abuse,
and Contracting

ABC Housing

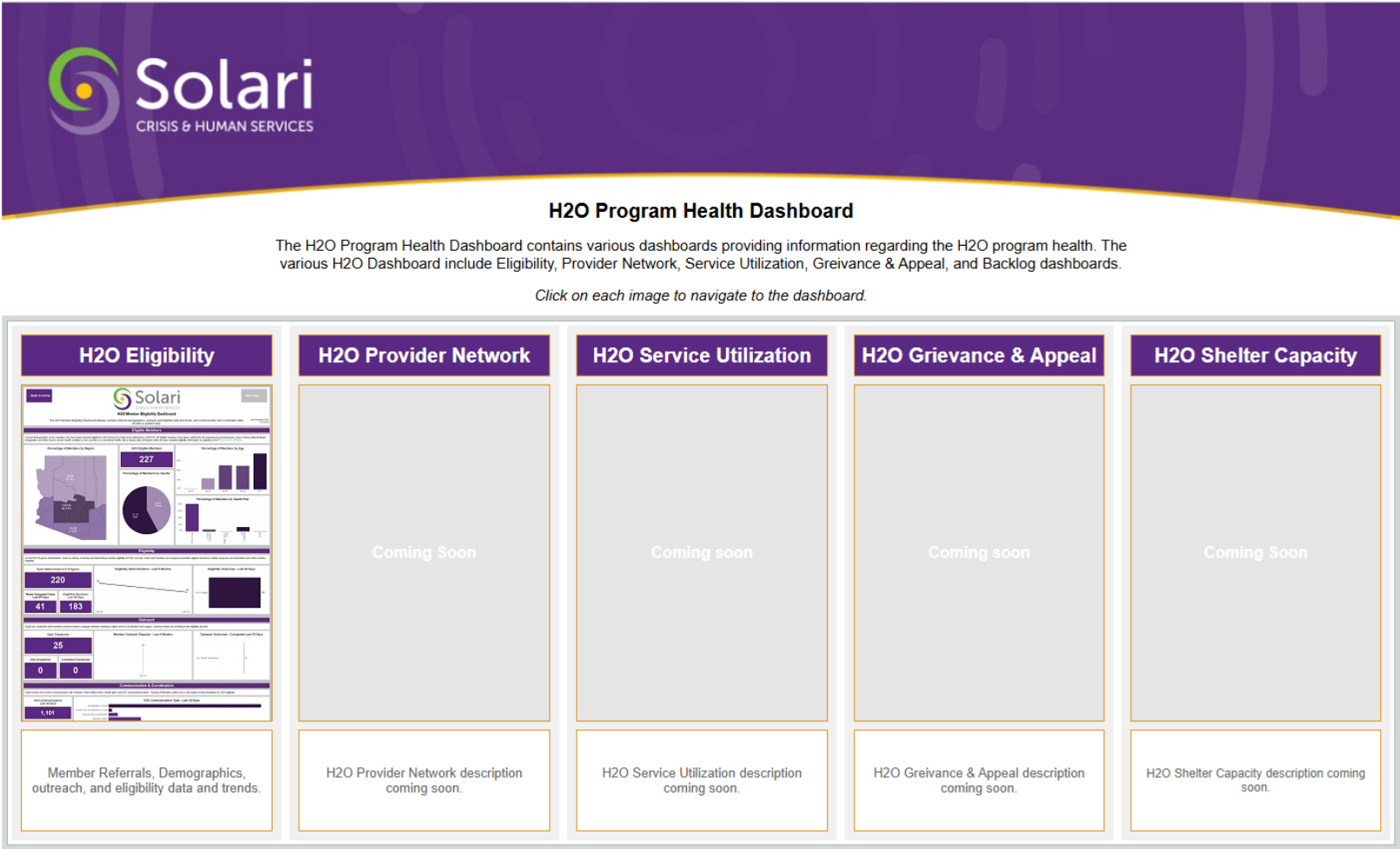
Statewide Housing Administrator
Subcontractor of Solari; responsible for
administering the housing services

HOM

Subcontractor of ABC Housing
Supporting with housing services

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H2O Program Health Dashboard



The [H2O Program Health Dashboard](#) include Eligibility, Provider Network, Service Utilization, Grievance & Appeal, and Shelter Capacity. The Eligibility Dashboard is currently live and updates daily. In the coming months, the remaining dashboards will be completed to provide information regarding the H2O program health.

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Chris Rubeo, DrPH | Feb 27, 2025

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Does Medicaid Hold the Key to Housing?



I Historical Trends

The homeless services and healthcare sectors have come to depend on each other more over time. Some trends driving this change are:

- **Growing gap in funding for supportive services in housing**
- **Medical complexity increasing, due to:**
 - Demographic trends (aging)
 - Community trends (fentanyl)
 - Structural changes (coordinated entry system & managed care)
- **Philosophical shifts**
 - New models offer shared language for cross-sector collaboration
 - e.g., Housing First, Social Determinants of Health



What we see with people who have become chronically homeless [is that] it takes a lot of effort from a **lot of different professionals in multiple different fields** to get that person back on their feet.

– STREET MEDICINE PROVIDER



One of our values is creative collaboration, and that's the only way you can house somebody. **Not one person is housed through just one agency, it just doesn't work that way.**

– HOMELESS SERVICES AGENCY DIRECTOR

I New Medicaid Reimbursement is Driving Changes

Homeless services are growing in response to CalAIM

- e.g., street medicine, medical respite
- “Foot in the door approach”

Building new capabilities

- New infrastructure
- New staff
- Capacity funding

Health care

Needs shelter and housing
support for unhoused patients.



Homeless services

Needs medical support in
housing, shelter and outreach
settings.





The pandemic forced us to come to the table together. [...] It really changed the landscape from, 'Hey, we should work together', to, 'Oh no, we have to work together.'

– MEDICAL PROVIDER, COMMUNITY HEALTH CENTER



Building and Expanding Partnerships with Healthcare.



I Partnerships with Healthcare

What does it look like today?

- Co-locating staff and services
- Jointly staffed teams
- Shared meetings and huddles
- Hiring “boundary spanners”

What's missing?

- Formal data sharing capabilities / systems



Barriers

Partnership Barriers

1. Clashing **Belief Systems**
2. Competing **Goals and Priorities**
3. Navigating Complex **Governance Dynamics**
4. Managing Complex **Performance and Accountability** Dynamics
5. **Resource Scarcity**

Partnership Strategies



“Known in the community”



“It takes three meetings”



“See the win-win”



“What makes it work is relationships”



“Performance is on display”



“Normalizing the pain points”



“We all exist for the sake of our community”

Forming



Sustaining



Partnerships are respect and relationship driven. [...] It has to go back to that we all love what we do, and we love to be out there. But good relationships are facilitated by good organizations that are well funded, that take care of their employees, that have intact management systems, that have very good mid-level and upper-level management, and excellent chief officers that believe in the mission.

– STREET MEDICINE PROVIDER



Tensions

Tensions

1. **Organizational readiness** for CalAIM.
2. **Partnerships** vs. **vertical integration**.
3. **Philosophical differences** between social services and healthcare.

I So, does Medicaid hold the key to housing?

As of today, it's unclear. But provider organizations are already positioning themselves to be able to use Medicaid to fill service funding gaps.

These **tensions** raise **important questions**:

1. **Organizational readiness** → Which housing and homeless services organizations will be able to succeed in a Medicaid ecosystem?
2. **Partnerships** → How will Medicaid reimbursement affect the relationships between organizations?
3. **Philosophical differences** → How will Medicaid reimbursement impact care quality and access in housing and homeless services?



■ Thank you!



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