LEAVITT PARTNERS
An HMA Company

Facilitating Medicaid Payment for Housing Services

Presented by:

SARAH HUDSON SCHOLLE

RAJNI SHANKAR-BROWN

ERIC JAHN

Session Agenda

Purpose

The purpose of this session is to create a space for cross-sector reflection and dialogue, and to understand how an open-source data model and approaches for documenting identity and consent developed for health apps could make it easier for housing services providers to get Medicaid payments.

Discussion Questions

- What are the challenges in getting paid for housing services through Medicaid?
- How could the data model work in your setting?
- What questions or concerns do you have about digital identity and consumer-directed data sharing?

GET READY TO LEARN AND SHARE!

Presenters

Sarah Hudson Scholle
Principal at Leavitt Partners
Sarah specializes in supporting multi-sector alliances to promote improvement in quality and interoperability.

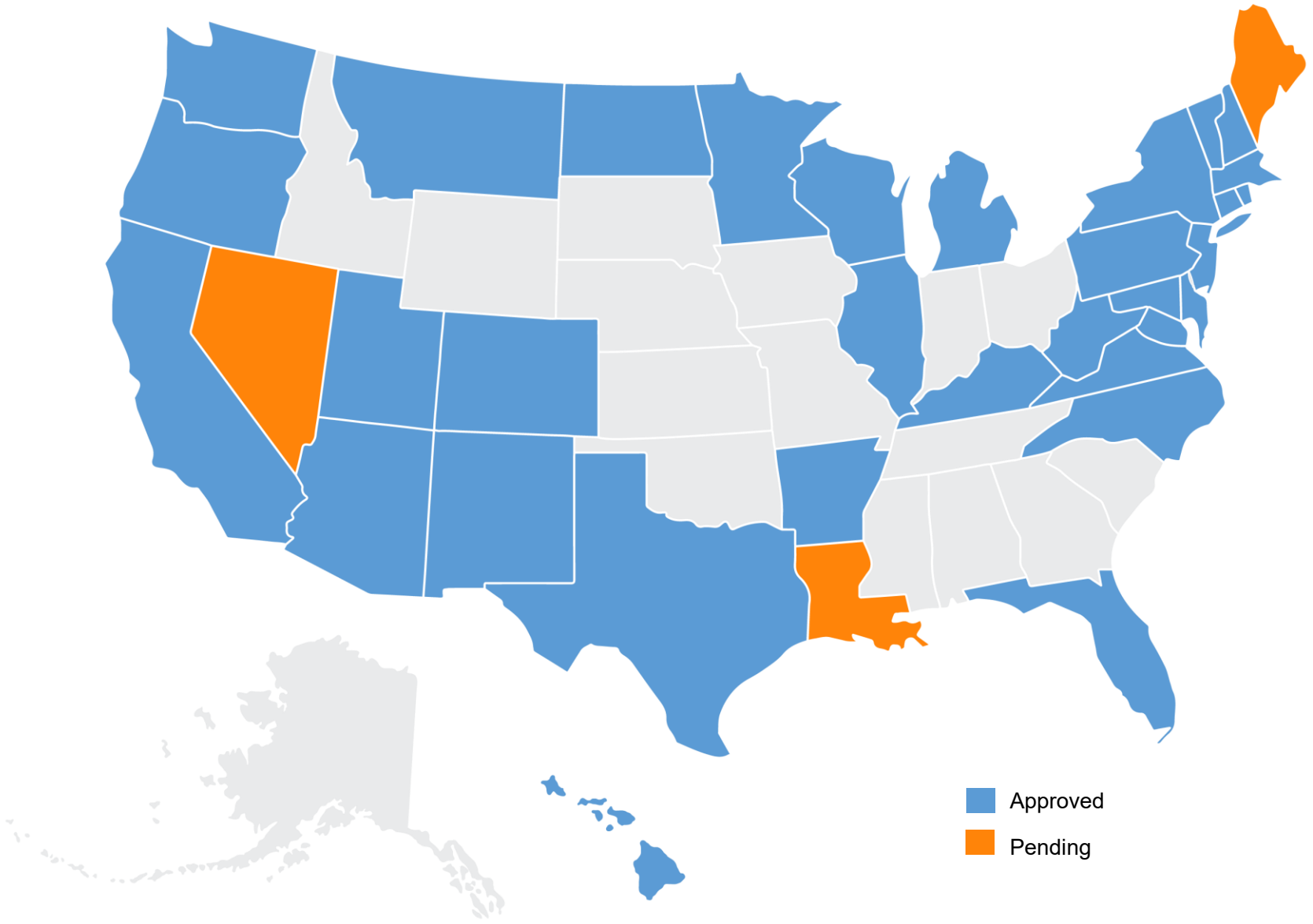
Dr. Rajni Shankar-Brown
Stetson University and National Coalition for the Homeless
Rajni is a housing and economic justice leader with intersecting identities and lived experience

Eric Jahn
Senior Interoperability Architect at Bitfocus
Eric helps to bridge all domains of human services and healthcare together under one interoperable roof

Housing Payment Data Coalition

30+ States

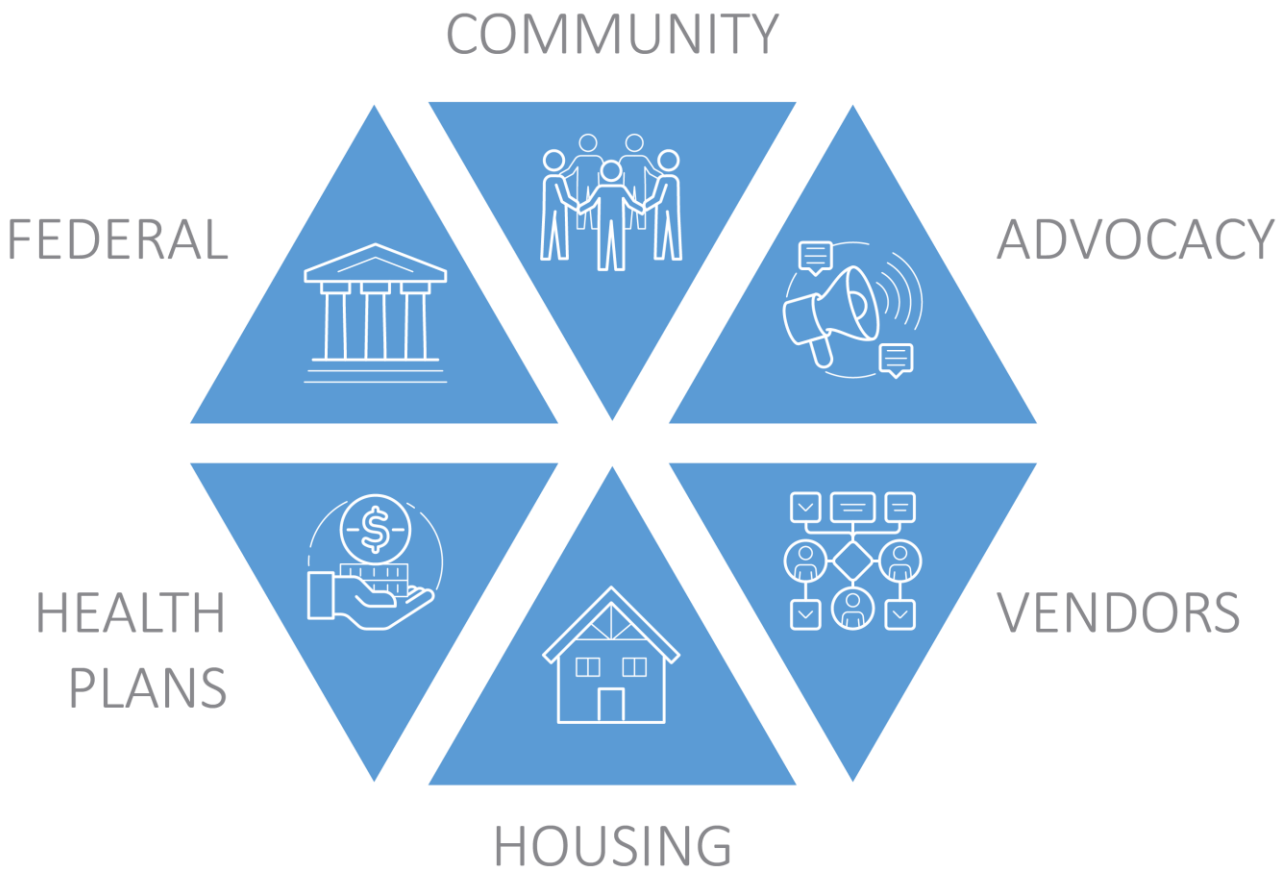
have Medicaid Authorities that allow coverage for housing support services



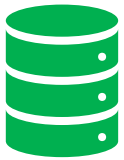
Housing Payment Data Coalition

To develop *open-source* solutions that will make it easier for housing service providers to get paid for services through healthcare dollars

Broad Stakeholder Participation



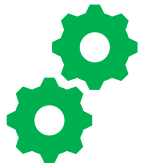
Challenges Identified During Workshop



Data and Technology

Payment

Identity, Privacy, and Security



Operations

Priorities for Action

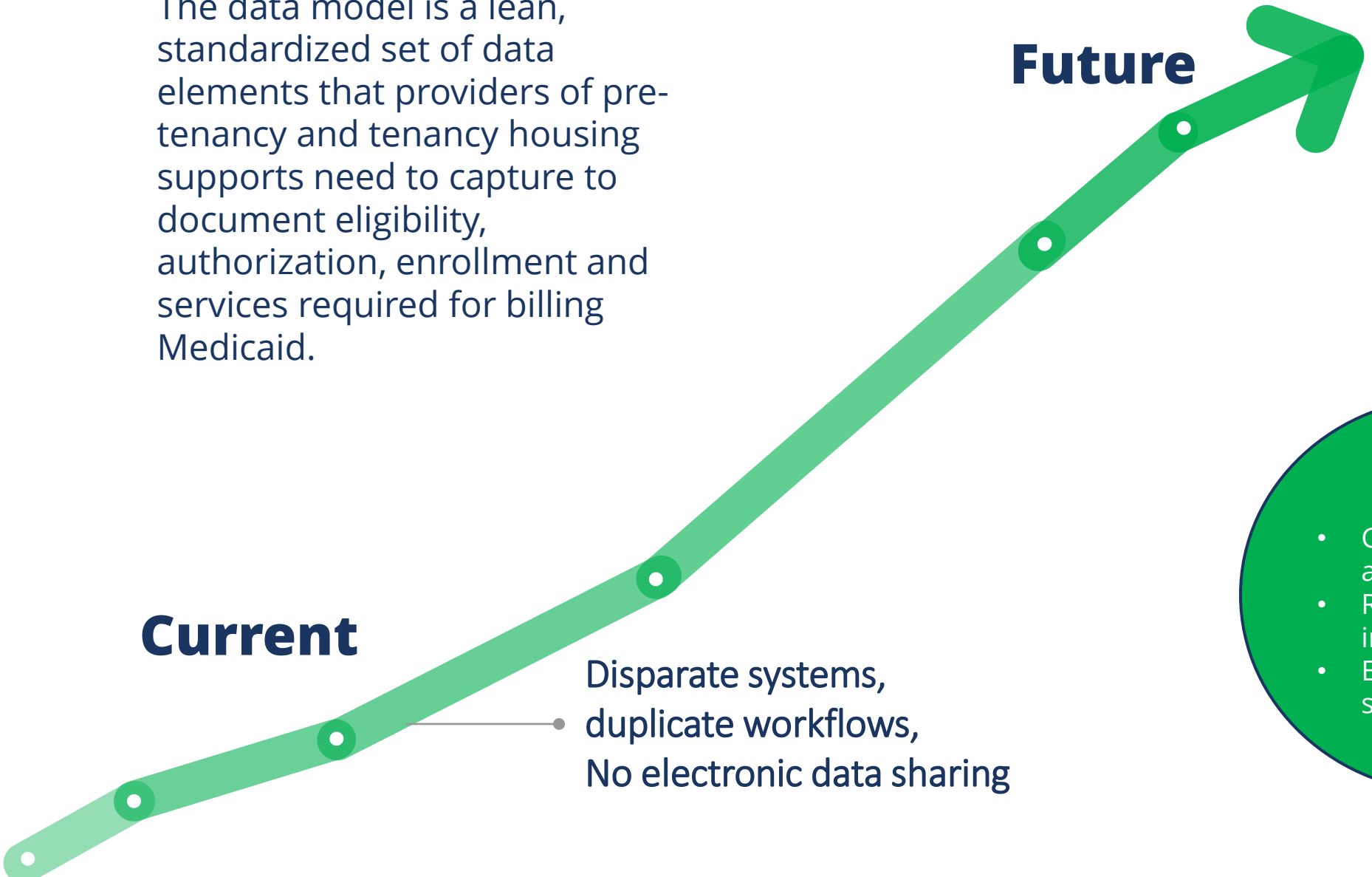
Identification of a data model to support bi-directional exchange of data for payment of housing services.

Best practices for addressing identity and consent across HIPAA and non-HIPAA environments.

Work with communities and the federal government to pilot, update and promote the data model.

Medicaid Payment Data Model for HMIS

The data model is a lean, standardized set of data elements that providers of pre-tenancy and tenancy housing supports need to capture to document eligibility, authorization, enrollment and services required for billing Medicaid.



Future

Real-time data exchange for eligibility, authorization and billing

- Electronic query /APIs to capture and update eligibility and authorization
- Staff work in one system to capture services and get reimburse

Current

Disparate systems,
duplicate workflows,
No electronic data sharing

Benefits

- Greater efficiency and less rework
- Reduced cost of implementation
- Ease of data sharing

Identity

Individuals prove their identity through online credentials

Consent

Once authenticated, individuals consent to data sharing.

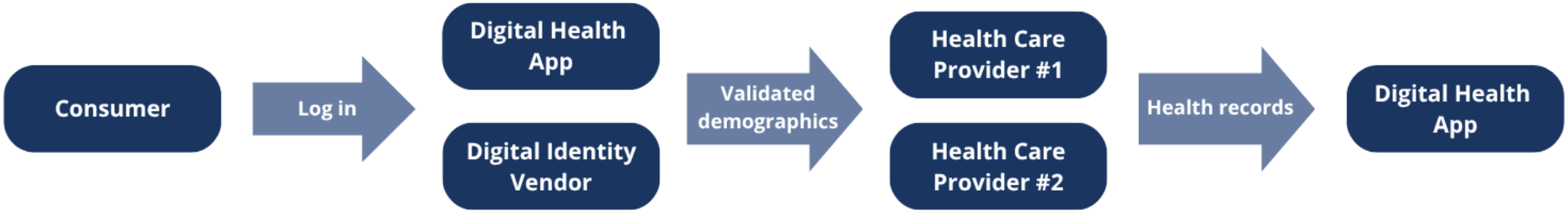
Data Exchange

Data can be shared for purposes of care delivery, billing, etc.

Identity and Consent Enable Data Exchange

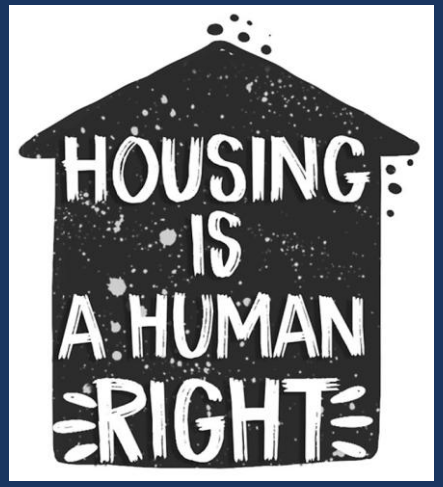
This model is operating today for consumer-based apps.
How could this model work in exchange between housing and health care?

Consumer-Directed Data Exchange Across Regulated Environments in Action



Can this workflow support data exchange between housing and healthcare?

Voices from Lived and Living Experience



What is Lived Experience?

Lived experience is defined as "personal knowledge about the world gained through direct, first-hand involvement in everyday events rather than through representations constructed by other people."

Art by Damolo Ayegbayo

It is also defined as "the experiences of people on whom a social issue or combination of issues has had a direct impact."

PLE = People with Lived Experience

References:

Chandler, D., & Munday, R. (2016). *Oxford: A dictionary of media and communication* (2nd ed.). New York, NY: Oxford University Press.

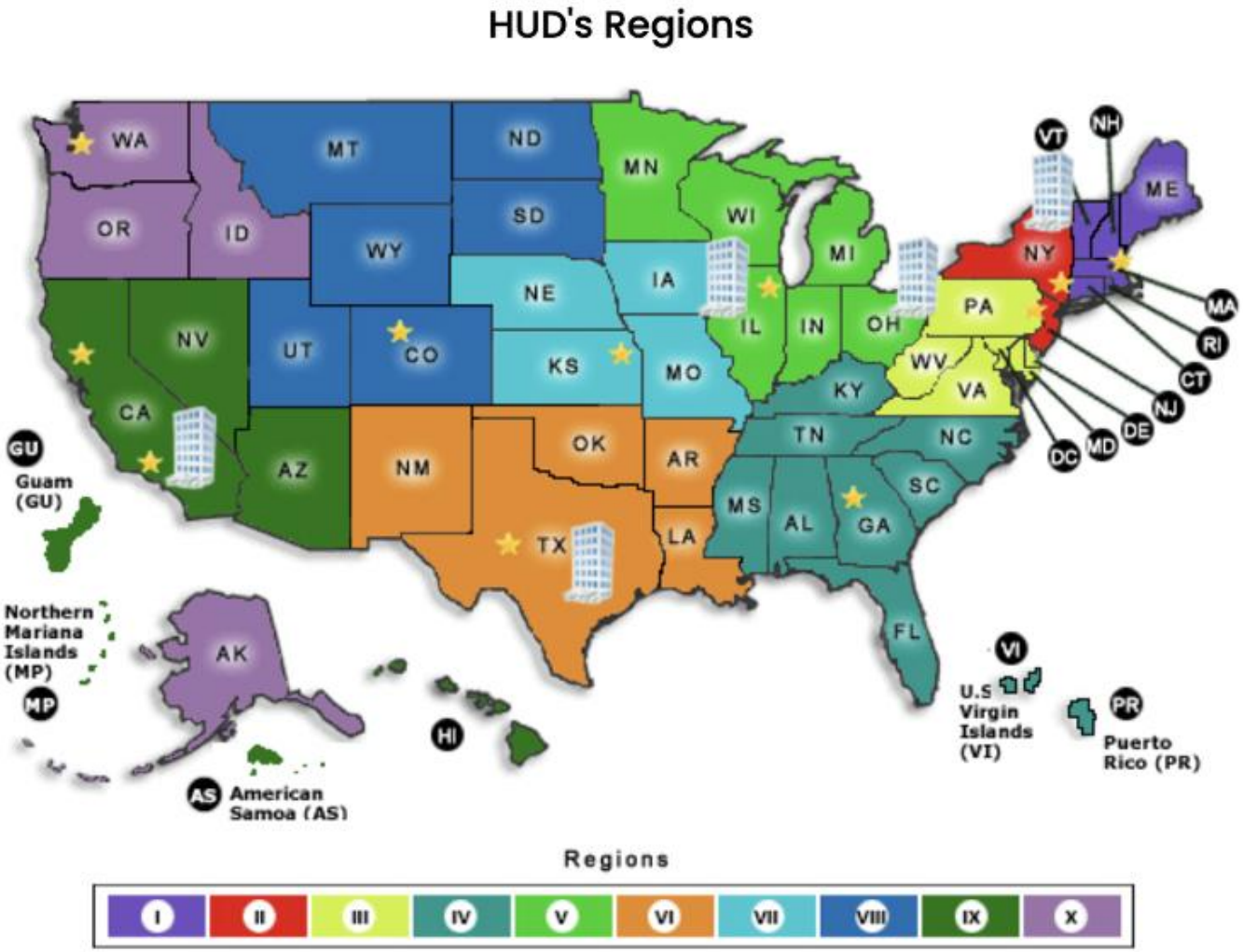
Sandu, B. (2017). *The value of lived experience in social change: The need for leadership and organizational development in the social sector*.

Research Overview

This qualitative research explores the **critical intersection of housing and healthcare services for individuals with lived or living experience of homelessness**, with a particular focus on how data systems across these sectors can be better aligned to improve service delivery and outcomes.

- Qualitative
- 2 Voluntary Focus Groups
- Semi-Structured Questions
- 12 Participants
- Unsheltered & Sheltered
- Broad Representation

Representation



Findings

Most participants (9 out of 12 in the focus groups) strongly supported the development of a consumer-directed data exchange model.

Participants who did not support this noted concerns mainly around confidentiality and surveillance.

“As a person with lived experience and now a case manager and doing street outreach, we really need a better system that talks between housing services and healthcare, as the disconnect hurts people. I have experienced and witnessed this firsthand. If they communicated, then case managers could better help individuals with housing needs that take health into account, and health professionals could better support housing needs. Payment processes also need to be improved…a total mess, and not just where I live but in many different states.”

Common descriptors used by participants to explain the current state of housing and healthcare systems included: “**frustrating**,” “**tiring**,” “**confusing**,” “**messy**,” and “**broken**.”

“…It’s like, you go to one place, they tell you to go to another, then that place don’t have your info or say you need some form you already gave but no one has it now…the hospital don’t have my housing info and don’t even know how to help. It just keeps going in circles. Circles and circles, I be dizzy for real. It’s damn confusing and real frustrating.”

Voices and Insights:
Lived and Living Experience of Homelessness

"It would help take some stress off too, as it is traumatic having to constantly explain things over and over again."

"The systems don't line up. Every place does it their own way. And if you're trying to get help, especially with housing and health stuff, you end up stuck because they don't share the right information, or the forms don't match, or records are messed up. It's a total mess, you see. For real, it causes sometimes causes more trauma instead of helping."

"The emergency housing staff often don't understand I have certain health needs...like because of my muscle disorder, I can't be in a top bunk. If I say this, sometimes they don't believe me, and it is frustrating. If they had access to my medical record, they would see that."

"I can't even get my healthcare because my housing isn't sorted out...and when I get medical, they won't take the payment and give me a hard time. Medicaid and housing a mess too. And I don't have a permanent address. It's a mess. And most of the time I can't even see my own records and I am afraid they are mixing things up...it scares me."

Critical Considerations

“Who sees and controls the data?”

“If my medical records are shared, I may not get housing and that worries me…”

“Already housing discrimination in housing.”

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11 of the 12 participants shared that they **strongly feared** that sensitive information might be used to make decisions about eligibility or risk that could negatively affect their access to services or result in discrimination, and one of the twelve noted somewhat being concerned about this issue.

Key Considerations

Most participants support the development of a consumer-directed data exchange model.

- Data Model
- Commitment to Privacy, Consent, and Education
- Trauma-Informed, Culturally Responsive, and Healing-Centered Approaches
- Clear Data Ownership and Access
- Commitment to ongoing Multisector and Lived/Living Experience Engagement

Table Discussion

- What are the biggest challenges you/your organization faces in getting paid for housing services through Medicaid or other health care programs?
- What are your questions about identity, consent and privacy?

Medicaid Payment Data Model for HMIS

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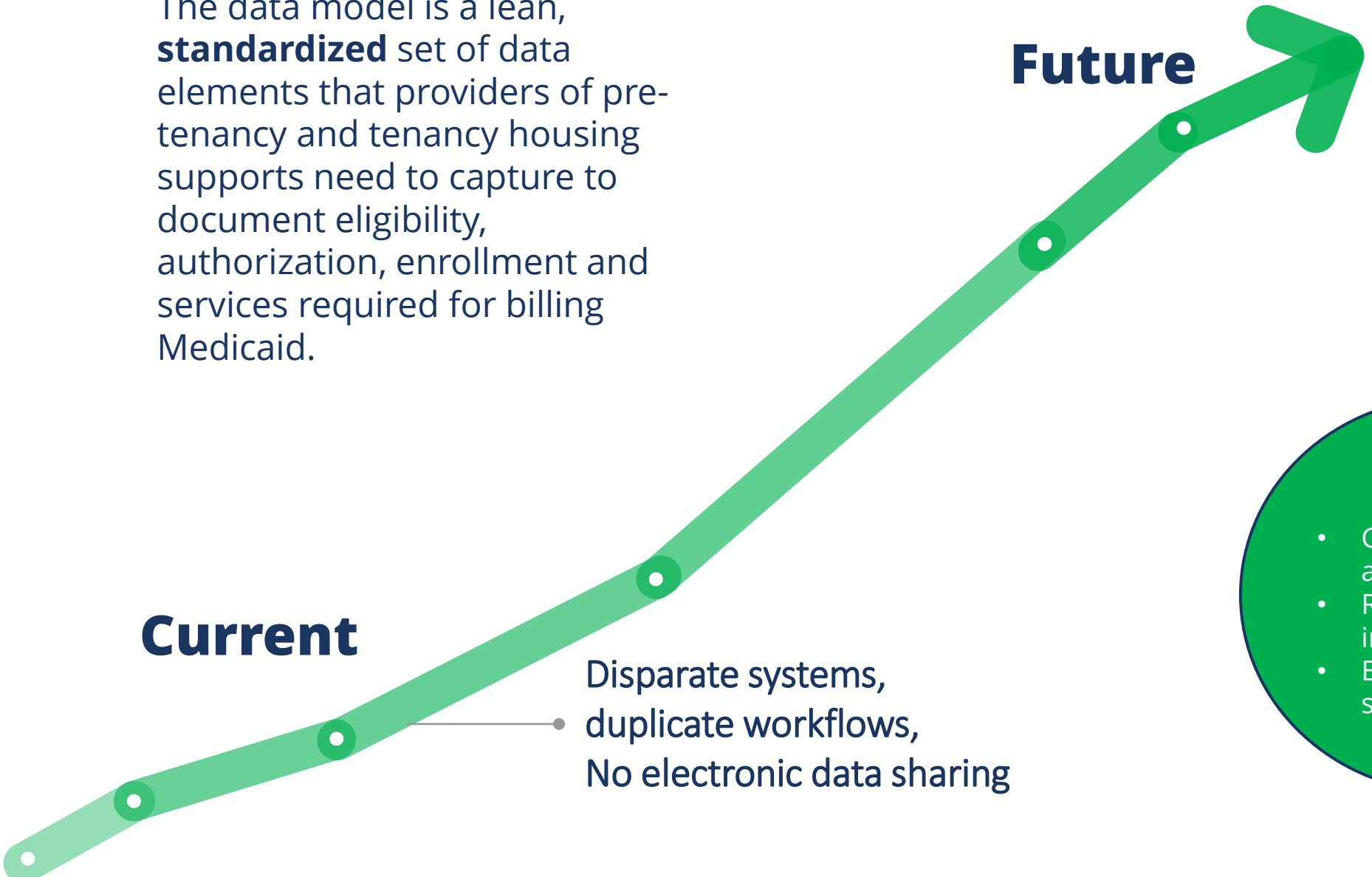

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Value Proposition for Stakeholders

Housing service providers

- Increase the volume of services covered through health care funding
- Reduce staff time and administrative burden of eligibility determination and billing

Clients and Community

- Simplify process
- Reduce need for redundant data collection

Health plans

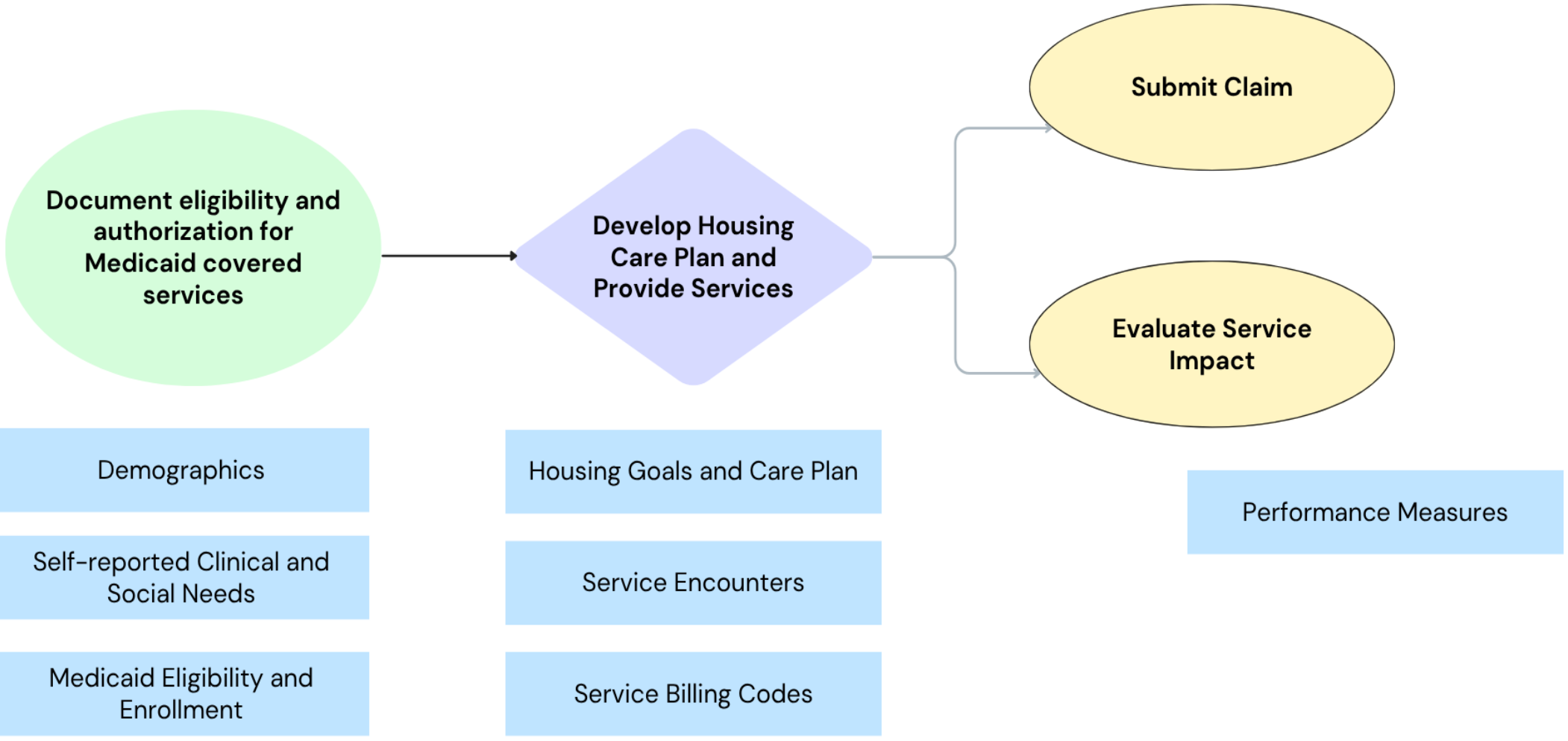
- Ensure housing services are provided by a sufficient network of qualified providers
- Reduce administrative burden of managing claims and eligibility

Vendors

- Simplify data exchange for customers
- Reduce administrative burden for customers

State Medicaid programs and health plans can draw from this standard set in their requirements. Federal Medicaid policymakers can point to this standard set of data elements in waiver guidance.

Medicaid Payment Data Model for HMIS



Medicaid Payment Data Model for HMIS

DOCUMENT ELIGIBILITY AND AUTHORIZATION FOR MEDICAID COVERED SERVICES

Demographics

- Name
- SSN
- Date of birth
- Sex
- Veteran Status
- Tribal affiliation
- Medicaid enrollment

Self-Reported Clinical and Social Needs

- Serious mental illness (SMI)
- Substance use disorder (SUD)
- Chronic conditions
- Pregnant/postpartum
- Risk of hospitalization
- Planned procedure
- Special health care needs

Transitions

- Foster care, child welfare
- Carceral/justice settings
- Institutional settings
- Hospital

Domestic violence or trafficking

Authorization & Enrollment

- Medicaid ID
- Health Plan Name
- Health Plan ID
- Referral to Medicaid MCO
- Housing services authorization
- Housing services provider assigned
- Diagnosis code for housing need (Z-code)

DEVELOP HOUSING CARE PLAN AND PROVIDE SERVICES

Housing Goals and Care Plan

- Date when care plan established
- Goal description
- Type of goal

Service Encounters

- Date of interaction
- Place of service
- Notes
- Topic addressed
- Time spent
- Code for Service

EVALUATE SERVICE IMPACT

Performance Measures (HUD SPM measures)

- The Extent to which Persons Who Exit Homelessness to Permanent Housing Destinations Return to Homelessness within 6, 12, and 24 months
- Length of time persons experience homelessness
- Time in housing (1-30 days, 31-60, 61-90, 91-180, > 180)

Green= HMIS in needed format
Red = HMIS, not suitable format
Blue = New element for standardized payment data model

Table Discussion

- How would a standardized data model help you obtain payment for tenancy services through Medicaid?
- How does this workflow match your organization's?
- How well do the proposed data elements match the data that you collect? What is missing? What is not needed?

Next Steps

- To learn more about the Coalition and ways to participate, contact Sarah Hudson Scholle (sarah.scholle@leavittpartners.com)