



# **Review of the Secretary's Report on Medicaid Housing Supports for Individuals with Substance Use Disorder**

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**Medicaid and CHIP Payment and Access Commission**

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# Overview

- Background
- Report summary
- Possible areas for MACPAC comment
- Next steps

# Background

- Section 1017 of the SUPPORT Act (P.L. 115-271) directed the Secretary to report to Congress on:
  - Medicaid authorities states may use to cover housing-related services and lessons learned from the use of Sections 1115 and 1915 of the Social Security Act
  - State initiatives that have increased housing stability for Medicaid beneficiaries with SUD experiencing or at risk of homelessness
  - Strategies used by plans and providers to provide housing-related services
  - State Medicaid efforts to identify and enroll eligible individuals with SUD experiencing or at risk of homelessness

# Medicaid Authorities

- The report describes federal authorities states can pursue such as:
  - Section 1945 health homes
  - Section 1915(c) home and community-based services (HCBS) waivers
  - Section 1915(i) HCBS state plan authority
  - Section 1115 demonstrations

# State Efforts

- Programs target high-cost, high-need Medicaid beneficiaries, including many individuals with SUD
- States coordinate federal, state, local, and philanthropic resources to provide non-Medicaid funded services
- Strategies broadly adopted include providing local flexibility, peer supports, care coordination, and technical assistance to providers
- Outcomes are promising, but more research is needed to establish a causal relationship

# State Experiences Using Sections 1115 and 1915

- Difficult for states to determine appropriate authority for providing housing-related services to individuals with SUD
- Section 1115 demonstrations used most often to provide housing-related services to this population
- Few states use Section 1915(c) HCBS waivers for this purpose
- Using Section 1915(i) state plan authority for HCBS can be challenging, but state interest is growing

# Plan and Provider Strategies

- Many plans and providers are expanding services to improve health outcomes and avoid unnecessary costs
- Examples include:
  - Managed care organizations employing housing navigators
  - Accountable care organizations providing supportive housing
  - Hospitals funding medical respite programs

# Enrollment Strategies

- CMS regulations and policies give states flexibility to address common barriers to Medicaid enrollment (e.g., lack of a fixed address)
- State efforts to identify and enroll individuals with SUD experiencing or at risk of homelessness include:
  - Data-matching across plans, providers, and public systems
  - Peer support specialists and community health workers providing outreach and engagement
  - Facilitating Medicaid enrollment upon release from prison or jail



# Possible Areas for MACPAC Comment

- Encourage CMS to provide more guidance on:
  - Medicaid HCBS for individuals with behavioral health conditions
  - How Section 1115 demonstrations can be used to address housing for people with behavioral health conditions
  - Opportunities to address housing in Section 1115 guidance on release from correctional facilities

# Possible Areas for MACPAC Comment, cont.

- Importance of addressing non-Medicaid barriers to housing stability that may require congressional action
  - Time-limited ban against living in U.S. Department of Housing and Urban Development-assisted housing for individuals evicted due to drug-related activities
  - Federal policies allowing housing agencies to prohibit or limit housing assistance to individuals who have a past history of drug use or considered at risk for engaging in illegal drug use
  - Limited funding for rental assistance

# Next Steps

- Discuss possible areas for comment
- Staff to draft letter based on discussion



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