

Washington State's Foundational Community Supports (FCS)



What is FCS?

Supportive housing and supported employment services under 1115 Medicaid Transformation Project waiver (MTP)

MTP is a 5-year renewable waiver

2022: COVID extension year

2023: new 5-year waiver approved by CMS

FCS addresses health-related social needs (HRSN) of housing and employment by removing barriers to them while *promoting recovery*

FCS services launched in Jan 2018

- Over 14,000 individuals currently enrolled
- 40,000+ individuals enrolled since the program's inception
- 220+ contracted providers serving individuals across 560+ service locations



Evidence-based Practices and Principles

Fidelity reviews ensure adherence to each evidence-based practice. The following EBP's are used as a framework for FCS service provision:

▶ **SAMHSA's Dimensions of Permanent Supportive Housing (PSH)**

- ▶ Choice of housing
- ▶ Access to housing
- ▶ Community integration
- ▶ Decent, safe, affordable
- ▶ Rights of tenancy
- ▶ Separation of housing and services
- ▶ Flexible and voluntary services

▶ **Individual Placement and Support (IPS)**

- ▶ Competitive employment
- ▶ Integration with treatment
- ▶ Zero exclusion
- ▶ Client choice is honored
- ▶ Benefits planning and education
- ▶ Rapid job search
- ▶ Systematic job development
- ▶ Time unlimited supports

FCS Supportive Housing Services

► Pre-tenancy supports

- ▶ Conducting assessments
- ▶ Care coordination
- ▶ Development of community supports
- ▶ Treatment planning
- ▶ Advocacy
- ▶ Landlord liaison
- ▶ Financial skill building
- ▶ Benefits support

► Tenancy Sustaining Services

- ▶ Coordination of care
- ▶ Employment and/or vocational Support
- ▶ Informal community support development
- ▶ Independent living skill development
- ▶ Advocacy
- ▶ Treatment planning
- ▶ Increasing Activities of Daily Living (ADLs)
- ▶ Housing retention
- ▶ Benefits management

Eligibility criteria



[FCS benefits](#) are reserved for people with the greatest need. To qualify, an individual must:

Be enrolled in Apple Health (Medicaid)

- [Apple Health](#) is the name of Washington's Medicaid program

Be at least 16 years of age

- Both services, FCS Supportive Housing and FCS Supported Employment, can serve individuals 16+ years of age

Meet **complex needs criteria**:

- 1) An individual must have a [medical necessity](#) **relating to mental health, substance use disorder (SUD), activities of daily living, or complex physical health need(s)** that prevents them from functioning successfully or living independently.
- 2) An individual **must also meet one or more of the following risk factors** chronic homelessness, frequent or lengthy stays in an institutional setting (e.g., skilled nursing, inpatient hospital, psychiatric institution, prison or jail), frequent stays in residential care settings, frequent turnover of in-home caregivers, and/or Predictive Risk Intelligence System (PRISM) score of 1.5 or above (PRISM measures how much you use medical, social service, behavioral health and long-term care services)

Wellpoint: FCS's third-party administrator (TPA)

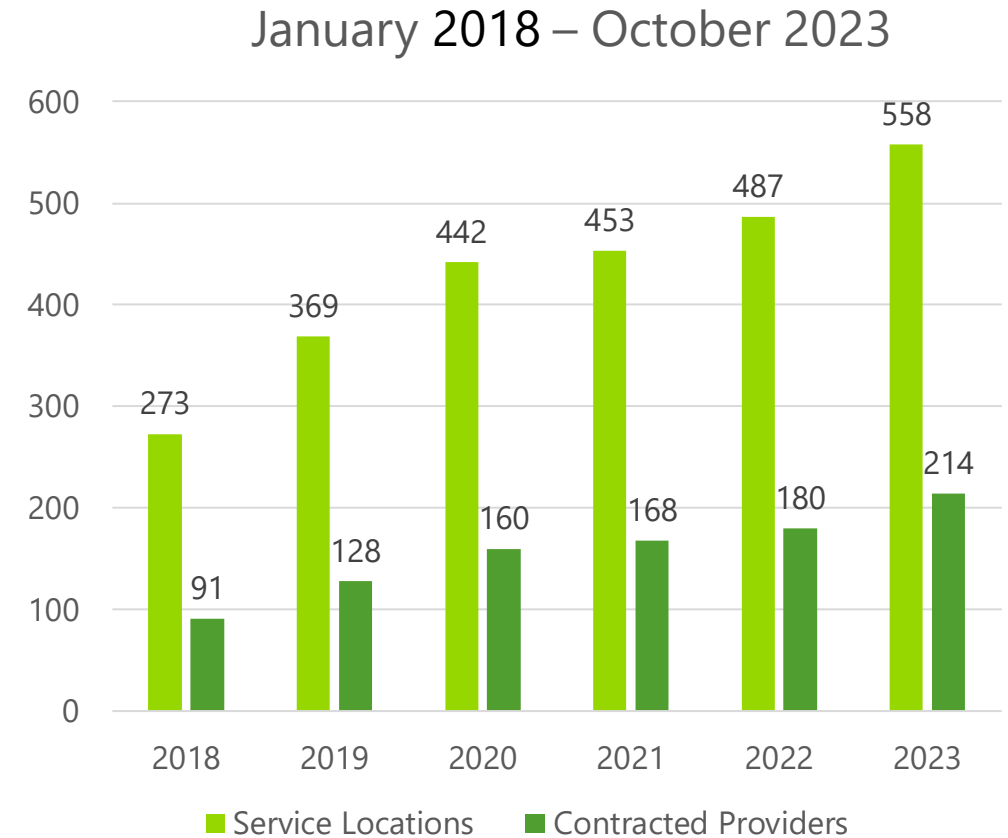
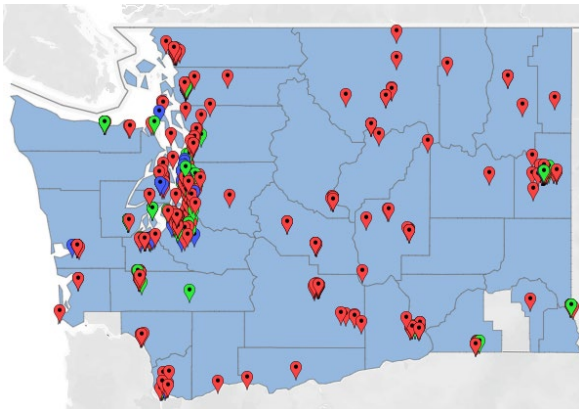
- ▶ **Wellpoint Washington** is contracted with Washington State Health Care Authority (HCA) as the **TPA** of the FCS program.
 - ▶ Wellpoint provides **administrative oversight** of:
 - FCS Provider Network
 - FCS Service Authorizations
 - Claims payment and encounter tracking/reporting
 - Quality improvement and measuring outcomes
 - Sustainability Plan
 - Quarterly FCS Advisory Council



Washington's FCS Provider Network

- ▶ An FCS Provider Network has been built across Washington state with a variety of provider types:

- Community-based organizations (social services)
- Health care providers
- Community behavioral health agencies
- Long-term services & supports providers
- Tribal providers



FCS-related initiatives



Discharge Planners Toolkit

- A tool supporting discharge planners, case managers and other staff in connecting patients with appropriate housing resources in their area
- Features an electronic decision tree to generate a comprehensive list of potentially available resources

Transition Assistance Program (TAP)

- Flexible funding resource in support of FCS Supportive Housing enrollees
- Covers move-in costs, interim rent costs, and other housing-related costs that arise along an enrollee's pathway to permanent housing
- FCS providers must be contracted with Wellpoint to access funding

Glidepath (to supported employment)

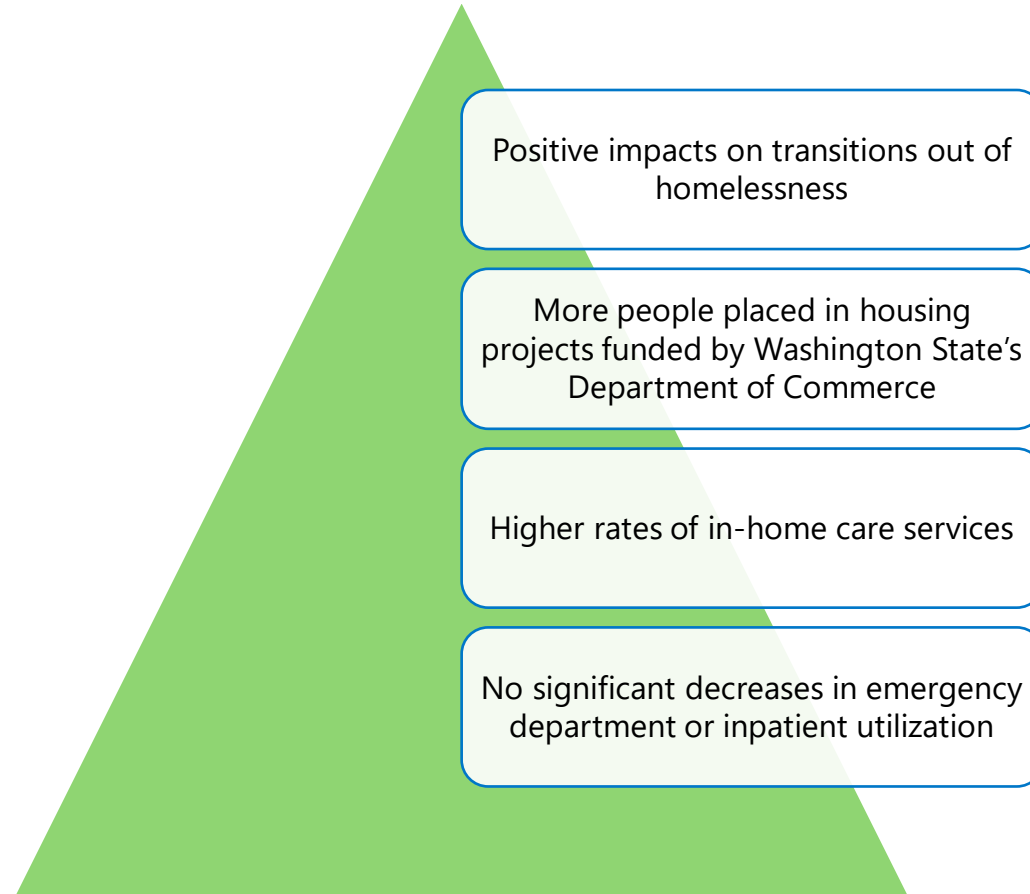
- Supported Employment & HEN expansion
- Offers up to 9-months of rental assistance to individuals who are falling off HEN (Housing and Essential Needs) due to an increase in income through employment
- Also offers flexible funding to cover employment-related costs such as job certifications, workwear, and more
- FCS provider in each Integrated Managed Care region managing the funding and providing benefit planning

Apple Health and Homes (ESBH1866)

- Pairs FCS pre-tenancy and tenancy-sustaining supportive housing services with Department of Commerce's AHAH Permanent Supportive Housing (PSH) resources



Housing outcomes



Research and Data Analysis, DSHS (2021). (rep.). [*The Foundational Community Supports Program: Preliminary Evaluation Findings.*](#)

Lessons learned

Generate network capacity and closeness among peer agencies	<ul style="list-style-type: none">• Increases ability to transmit best practices• Administrative lift of FCS – agencies should consider internal growth vs need to identify entities to contract with for admin/billing
Equity in access to BH services and affordable housing	<ul style="list-style-type: none">• Rural/urban areas and historically underserved and marginalized populations• Compounding barriers to access for many BIPOC individuals
Consider need for collaboration & coordination at every level	<ul style="list-style-type: none">• Must align programs (subsidies and services) across agencies• Identify and engage stakeholders early• Don't assume housing providers plan to provide supported employment services and vice-versa; many are not equal advocates for both services• Partnerships are critical at every level!
Holistic Training Resources	<ul style="list-style-type: none">• Medicaid Academy• Supportive Housing Institute• Specific trainers• Monthly webinars• Ad hoc Trainings based on agency needs
Adaptable COVID response	<ul style="list-style-type: none">• Statewide cell phone distribution

Thank you

▶ Kimberly Castle

- ▶ FCS Quality and Alignment Analyst
- ▶ Contact: Kimberly.Castly@hca.wa.gov

▶ Scott Tankersley

- ▶ FCS Program Administrator
- ▶ Contact: Scott.Tankersley@hca.wa.gov

Supportive Housing Impact: Georgia Housing Voucher Program

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Georgia Department of Behavioral Health & Developmental Disabilities

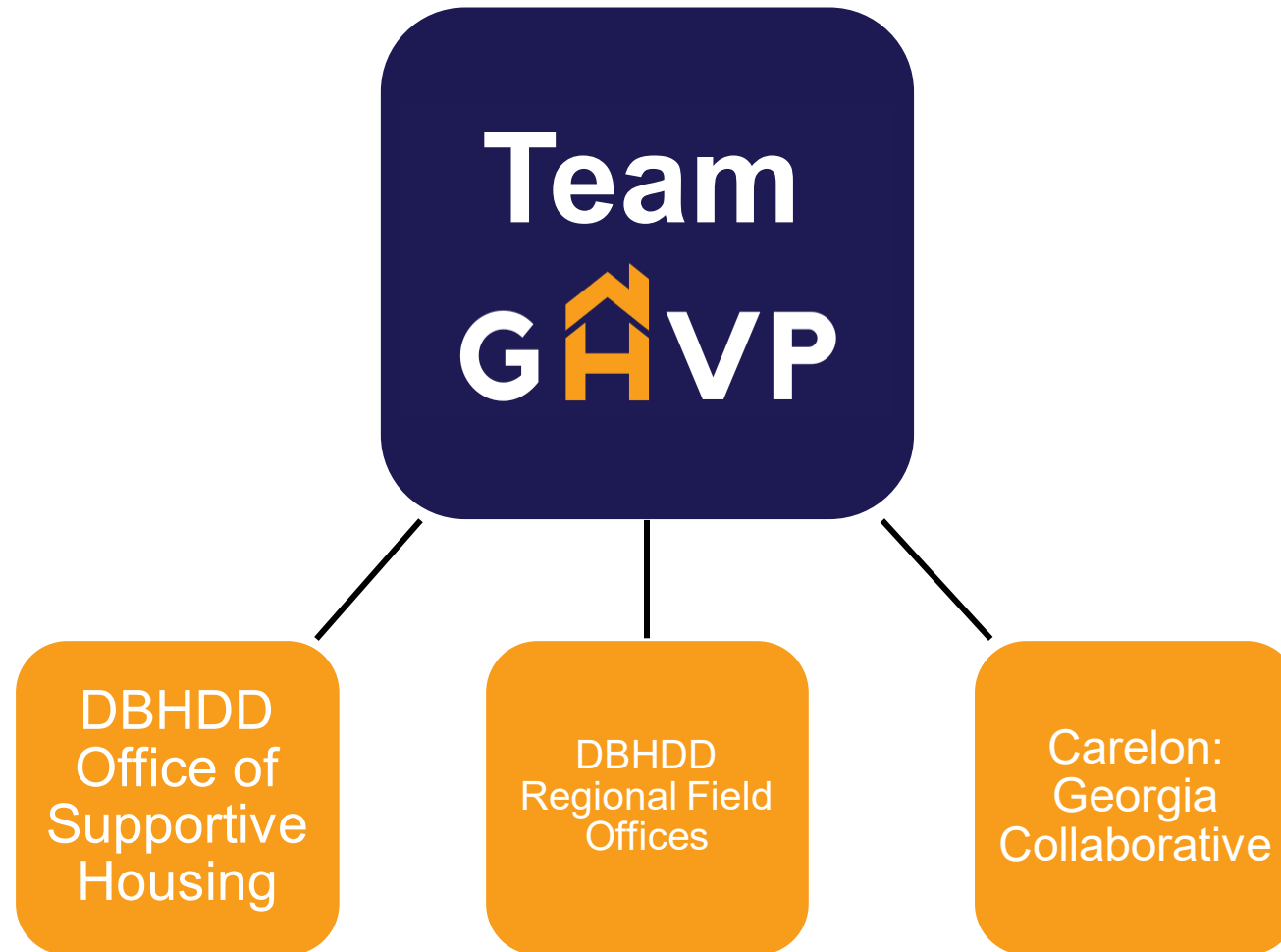
Maxwell Ruppensburg, MPA, PMP, Director of Supportive Housing
Jessica Foust, LPC, Carelon Chief Administrative Officer
Renee Jolissaint, LCSW, Carelon Operations Manager



Contents

- Georgia Housing Voucher Program (GHVP) Summary
- Role of Carelon as Administrative Services Organization
- GHVP Data and Research Findings

Understanding Team GHVP





HOUSING IS HEALTHCARE.

Georgia Housing Voucher Program (GHVP)



Supportive Housing System Phases

1. Outreach

- Individual is connected to a provider or presents for intake.
- Individual is identified at DBHDD Hospital.
- Individual receives outreach in correctional facility.
- PATH outreach occurs.

2. Assessment

- Determination of eligibility.
- Completion of NSH survey.
- If not eligible, individual is referred to other resources.

3. Application

- Completion of referral process for GHVP.
- Forms and document submission.
- Results in FO review of referral and issuance of voucher if appropriate.

4. Housing Search

- Housing search supported by provider begins.
- Individual exercises choice.
- Unit must accept vouchers and meet standards.

5. Leasing

- Lease signing and final paperwork gathered.
- Inspection scheduled and conducted prior to move-in.
- Furnishing and utility startup via Bridge Funding.
- Landlord enrollment.

6. Stability

- Individual receives ongoing housing support services.
- Optional treatment services.
- Program fidelity monitoring and evaluation.

GHVP Program

- Tenant-based voucher program providing independent Permanent Supportive Housing to individuals living with a psychiatric disability who are experiencing homelessness or at imminent risk.
- Born out of Olmstead settlement agreement.
- GHVP is accessed by assessment and referral via DBHDD provider.
- Housing First model:
 - Lease in participant's name. Participants maintain tenancy rights.
 - No requirement for treatment nor sobriety. No housing "readiness".
 - Participants receive wellness visits from Housing Support Program.
- Participant not intended to pay more than 30% of income.
 - GHVP pays rent directly to landlord.
 - Some participants have no income and GHVP pays 100% of the rent.
 - GHVP cannot cover ongoing utility costs unless built into rent.

GHVP Eligibility

- Adults (18+)
- Income not exceeding 50% Area Median Income
- Diagnosis of Serious and Persistent Mental Illness (SPMI)
- Currently experiencing homelessness or in a residential program
- Meets one of below criteria
 - Chronically homeless (HUD definition)
 - Currently being served in DBHDD state hospital
 - 3 or more hospitalizations or residential program visits in last 12 mos.
 - 3 or more ER visits in last 12 mos.
 - Exiting correctional system in last 90 days
 - Has a forensic status w/ DBHDD (incarcerated, preparing to be released)

GHVP Bridge Funding

- Bridge Funding Program is available to GHVP participants once they are approved for a voucher and begin the housing search.
- Helps cover the cost of typical housing startup costs, move-in, and other categories created by DBHDD to address need gaps.
- Bridge payments made via DBHDD provider on behalf of individual and DBHDD reimburses the provider agencies.

GHVP Bridge Funding Available

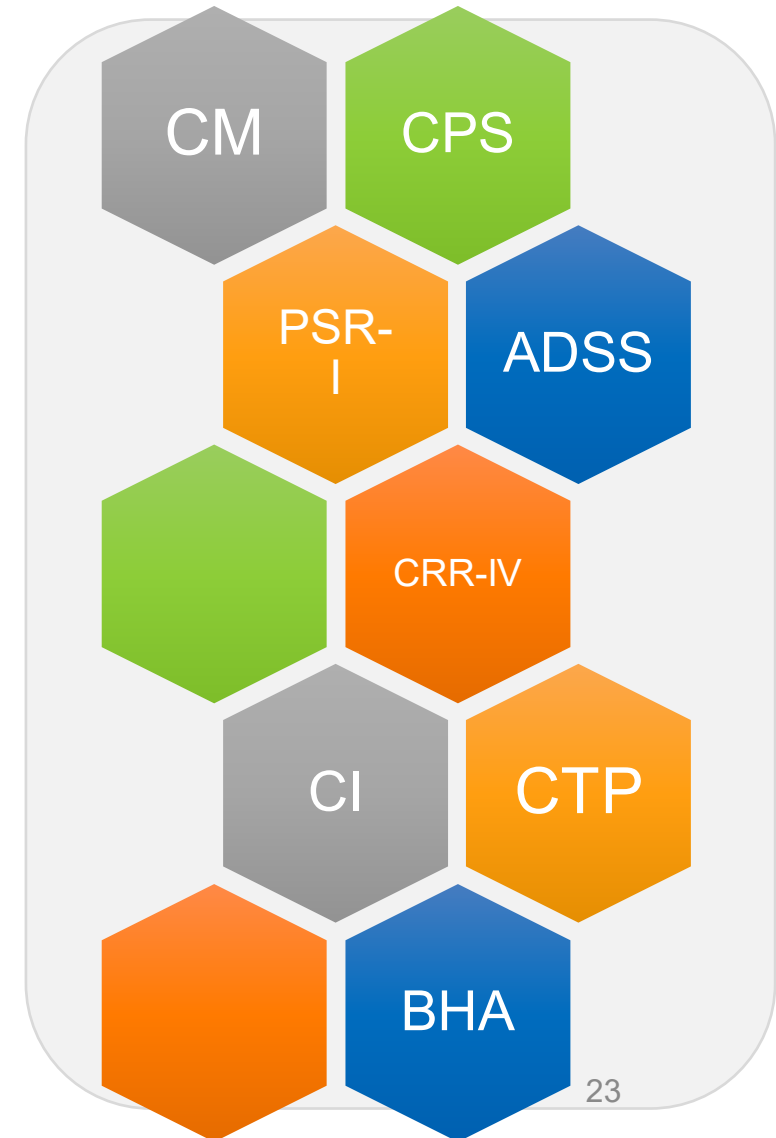
Bridge Funding Support Type	Budget per household
Startup Household Expenses	\$3,000
Security Deposit	\$2,500
Landlord Administrative Incentive	\$1,500 (\$750 can be used twice)
Inspection Repair Assistance	\$1,000
Landlord Risk Mitigation (Eviction Prevention)	\$1,000
Temporary Shelter (hotel/motel)	\$1,500
Short-Term Utility Assistance (HSP only)	\$2,500
Provider “Fee” (Initial, Renewal, Transfer)	\$500 per household

Housing Support Program Description

- Ensures **all** program participants receive ongoing housing support to maintain their housing stability and to promote their individual recovery, wellness, and independence.
- Ensures regular wellness visits and continued access to behavioral health services to meet program participants' needs and preferences.
- Comprised of multiple recovery supports (see next slide)
- Required component of GHVP. Treatment still not required.

Housing Support Program Medicaid-Billable Activities

- Combination of unbundled Medicaid-billable services will make up the program.
- Providers can bill for the following:
 - Behavioral Health Assessment
 - Case Management (CM)
 - MH and/or SUD Peer Supports (PS)
 - Psychosocial Rehabilitation – Individual (PSR-I)
 - Addictive Disease Support Services (ADSS)
 - Crisis Intervention
 - Community Residential Rehabilitation (CRR-IV)
 - Community Transition Planning (CTP)



Carelon Behavioral Health



Carelon Behavioral Health

DBHDD contracts with Carelon Behavioral Health to provide administrative services in support of Georgia's publicly funded services system. Services include:

Maintaining a 24/7 crisis and access line and providing focused utilization management and review services.

Using state-of-the-art technologies to create efficiencies and improve the quality of care.

Quality Management oversight and consultation for all DBHDD contracted providers.

Carelon and GHVP

Carelon Behavioral Health, in collaboration with and under the direction of DBHDD provides program support of the GHVP

- Billing and claims support, processing monthly rental and Bridge claim payments.
- Eligibility review screening for new GHVP applicants and connecting participants to their regional Housing Support Program.
- Supporting landlord network management, enrollment and retention.

Carelon Claims Process

GHVP Rental Payments



Ongoing management of GHVP participant rental authorization and property payment data.



Validate monthly and weekly reports to create claims for rental payments.

GHVP Bridge Claims



Providers submit claims for reimbursement of paid Bridge expenses.

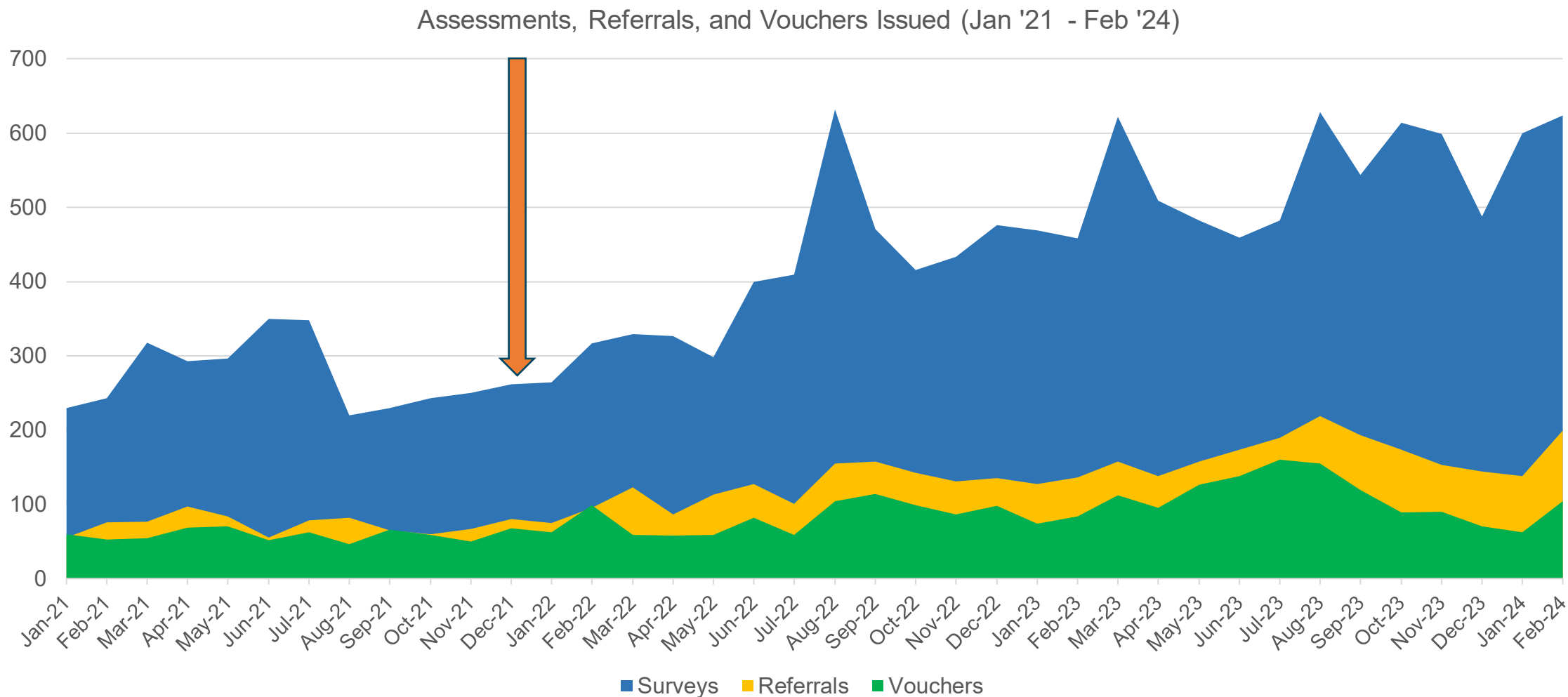


Review and validate submitted documentation to ensure appropriate payments are made to the providers.

GHVP Data and Outcomes



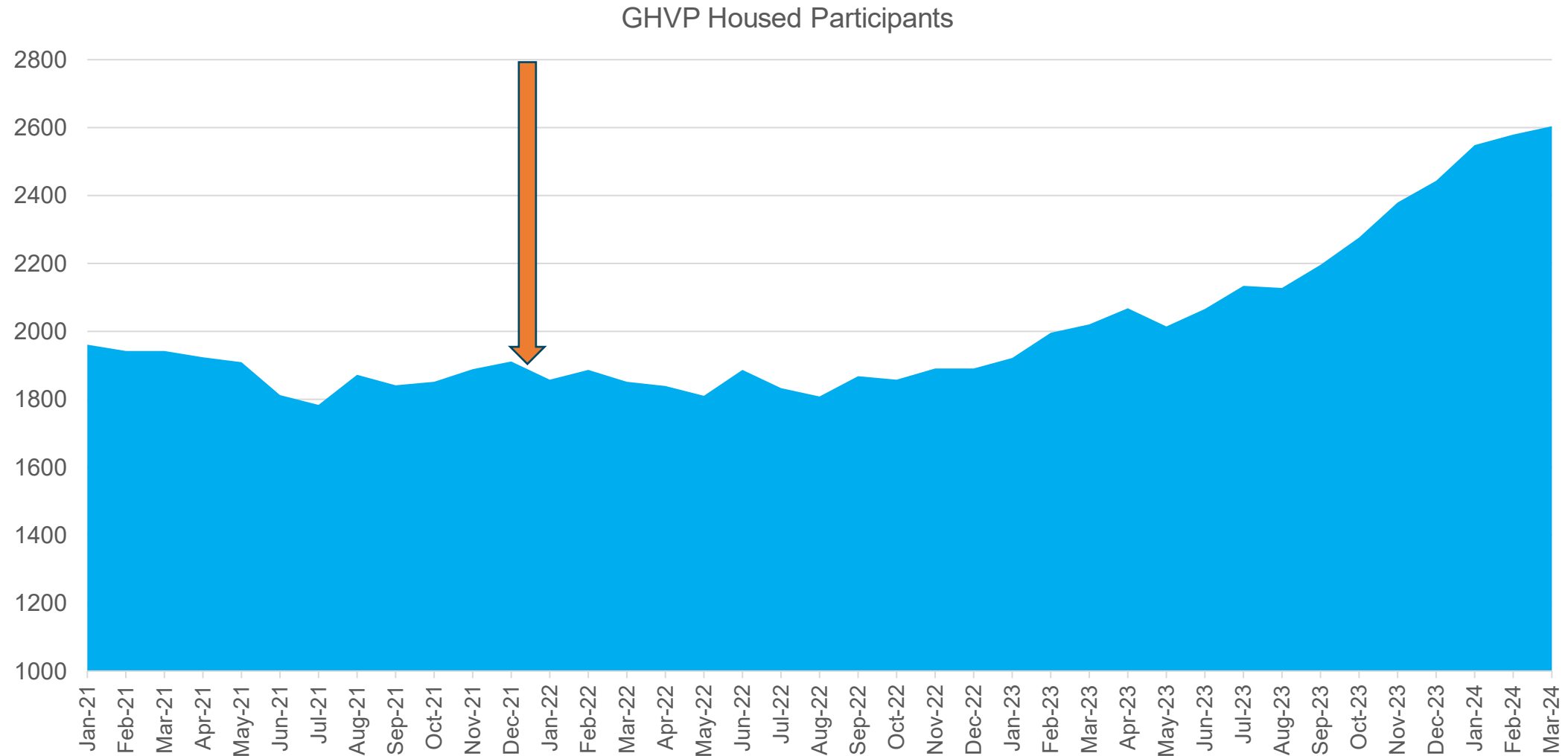
Growth in Access, Application, and Entry to GHVP



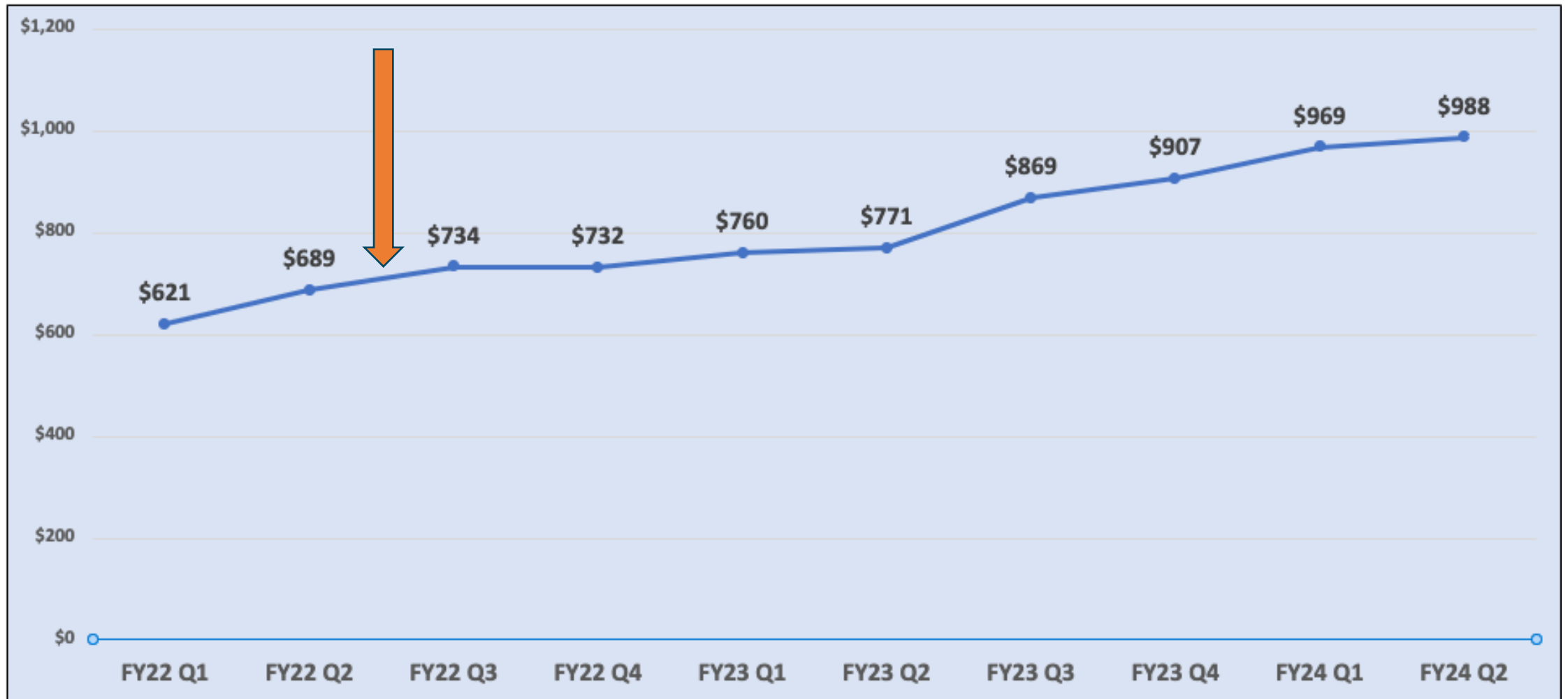
Program Entries and Exits since January 2021



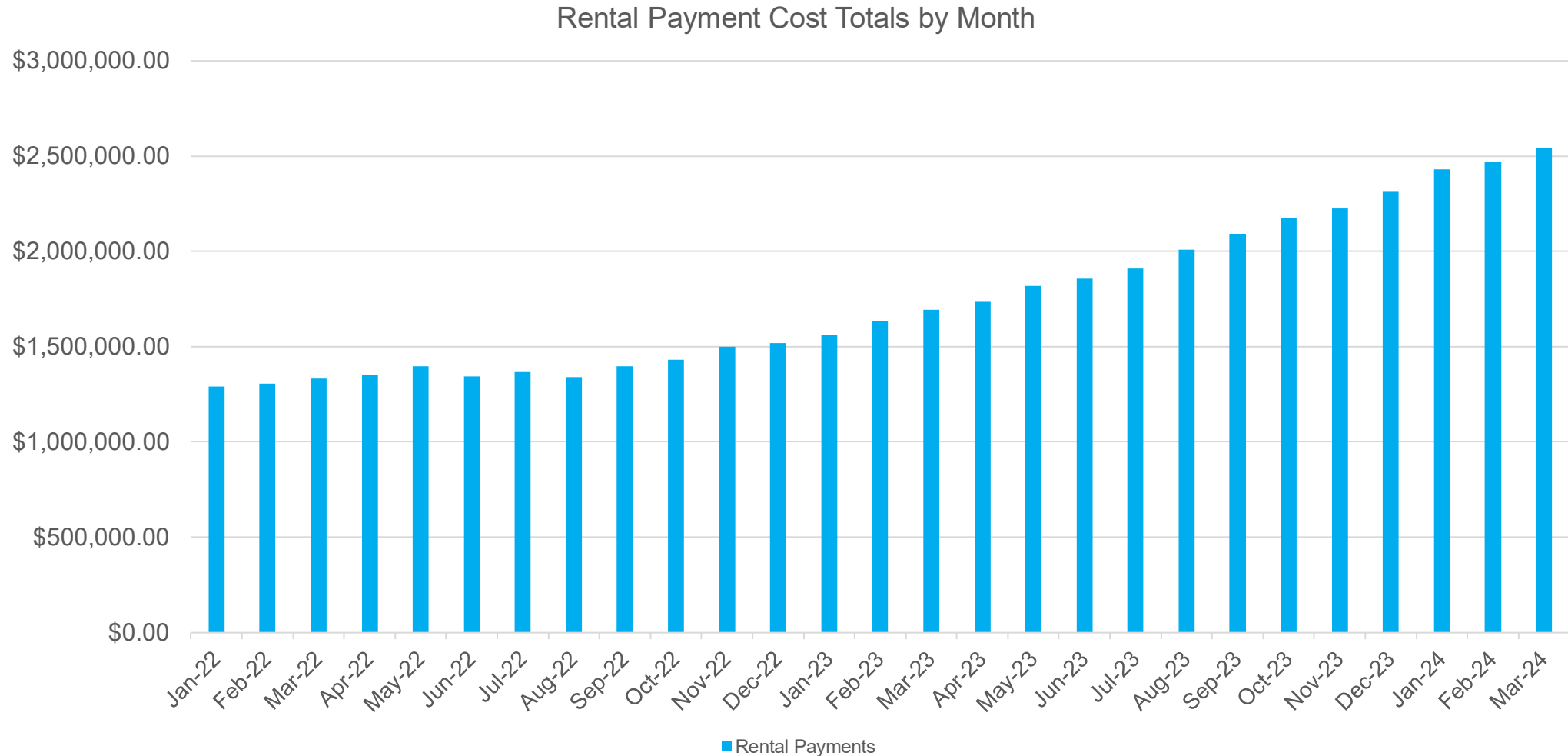
GHVP Program Housed Participant Total by Month



Housing costs rising rapidly in last few years



Program cost growth as a product of rent and participant growth

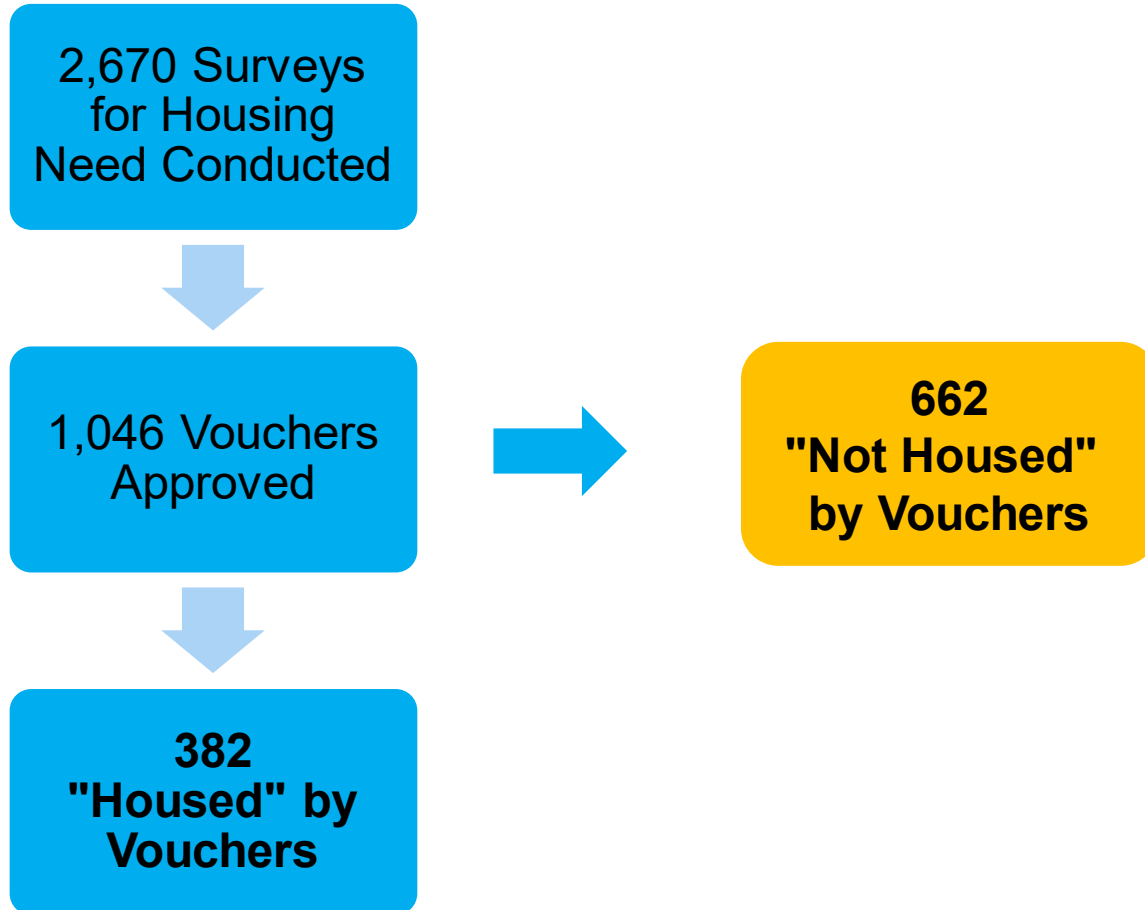


Comparing Voucher Recipient Outcomes: "Housed" vs. "Not housed"

What is the impact of housing on crisis service utilization and healthy supportive service utilization?

From a sample population of individuals that were approved for the voucher, we compared those who achieved housing with the voucher to those who were not able to realize housing for whatever reason, looking for any significant trends in outcomes.

For the housed, we compared 6 months before achieving housing to 6 months after becoming housed.



Crisis Service Types and Descriptions

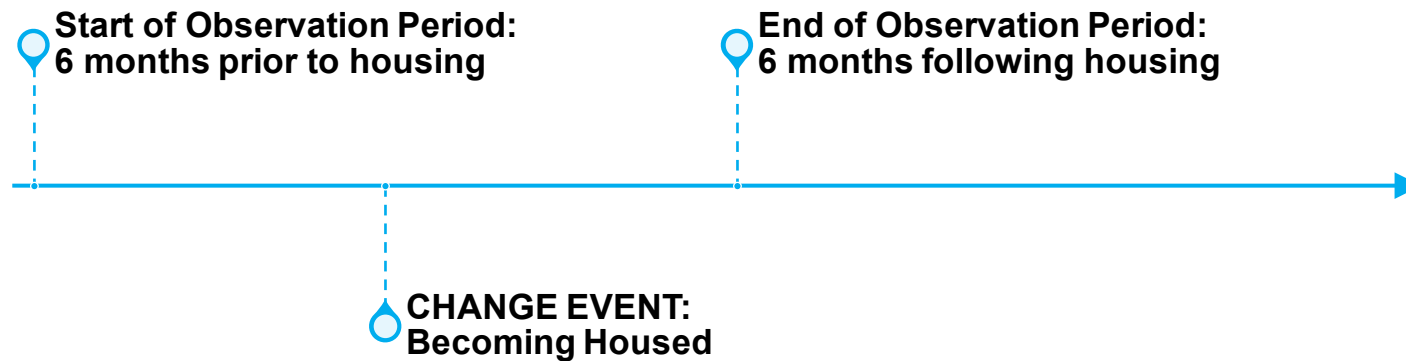
- Unit value = one (1) day
- **Community Inpatient:** A short-term stay in a licensed and accredited community-based hospital for the treatment or rehabilitation of a psychiatric and/or substance related disorder. Services are of short duration and provide treatment for an acute psychiatric or behavioral episode.
- **Crisis Stabilization Unit (CSU):** This is a residential alternative to or diversion from inpatient hospitalization, offering psychiatric stabilization and withdrawal management services. The program provides medically monitored residential services for the purpose of providing psychiatric stabilization and/or withdrawal management on a short-term basis.
- **Crisis Service Center:** A Crisis Service Center (CSC) provides short-term, 24/7, facility-based, walk-in psychiatric/substance related crisis evaluation and brief intervention services to support an individual who is experiencing an abrupt and substantial change in behavior noted by severe impairment of functioning typically associated with a precipitating situation or a marked increase in personal distress.
- **Residential Detoxification:** Residential Substance Detoxification is an organized and voluntary service that may be delivered by appropriately trained staff who provide 24-hour per day, 7 days per week supervision, observation and support for individuals during withdrawal management.
- Unit value = One (1) encounter (admission)
- **Crisis Intervention:** Crisis Intervention supports the individual who is experiencing an abrupt and substantial change in behavior which is usually associated with a precipitating situation and which is in the direction of severe impairment of functioning or a marked increase in distress. Interventions are designed to prevent out of community placement or hospitalization. Crisis services are time-limited and present-focused to address the immediate crisis and develop appropriate links to alternate services.
- **Temporary Observation:** Temporary observation is a facility-based program that provides a physically secure and medically safe environment during which an individual in crisis is further assessed, stabilized and referred to the next appropriate level of care (generally within 24 hours).

Community-Based Supportive Services (non-crisis)

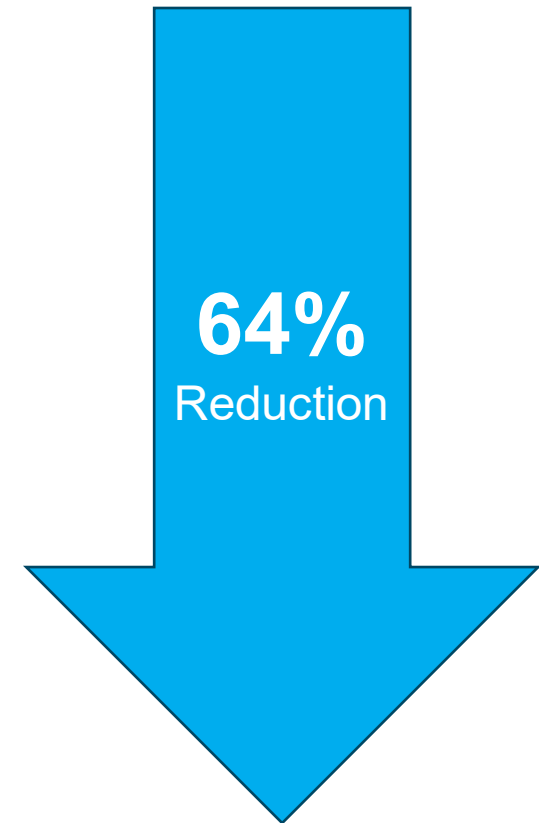
- Unit value = Fifteen (15) minutes
- **Addictive Disease Support:** Addictive Disease Support is a cluster of outpatient services to support individuals during addictive disease management.
- **Case Management Services:** Case Management services consist of providing environmental support and care coordination considered essential to assist the individual with improving his/her functioning, gaining access to necessary services, and creating an environment that promotes recovery as identified in his/her Individual Recovery Plan (IRP).
- **Family Outpatient Services:** A therapeutic intervention or counseling service shown to be successful with identified family populations, diagnoses and service needs, provided by a qualified clinician or practitioner. Includes Family Counseling and Family Training.
- **Group Outpatient Services:** A therapeutic intervention or counseling service shown to be successful with identified populations, diagnoses and service needs, provided in a group format by a qualified clinician or practitioner. Services are directed toward achievement of specific goals defined by the individual and specified in the Individualized Recovery Plan.
- **Peer Support:** This service provides structured activities (in an agency or community-based setting) which promote recovery, self-advocacy, relationship enhancement, self-awareness and values, and self-directed care. Includes peer support group, individual, and whole health.

Impact of Supportive Housing on Crisis Service Utilization

- For those who entered housing with a GHVP voucher during FY22, comparisons were made between the six-month period before households became housed and the six-month period after they became housed.



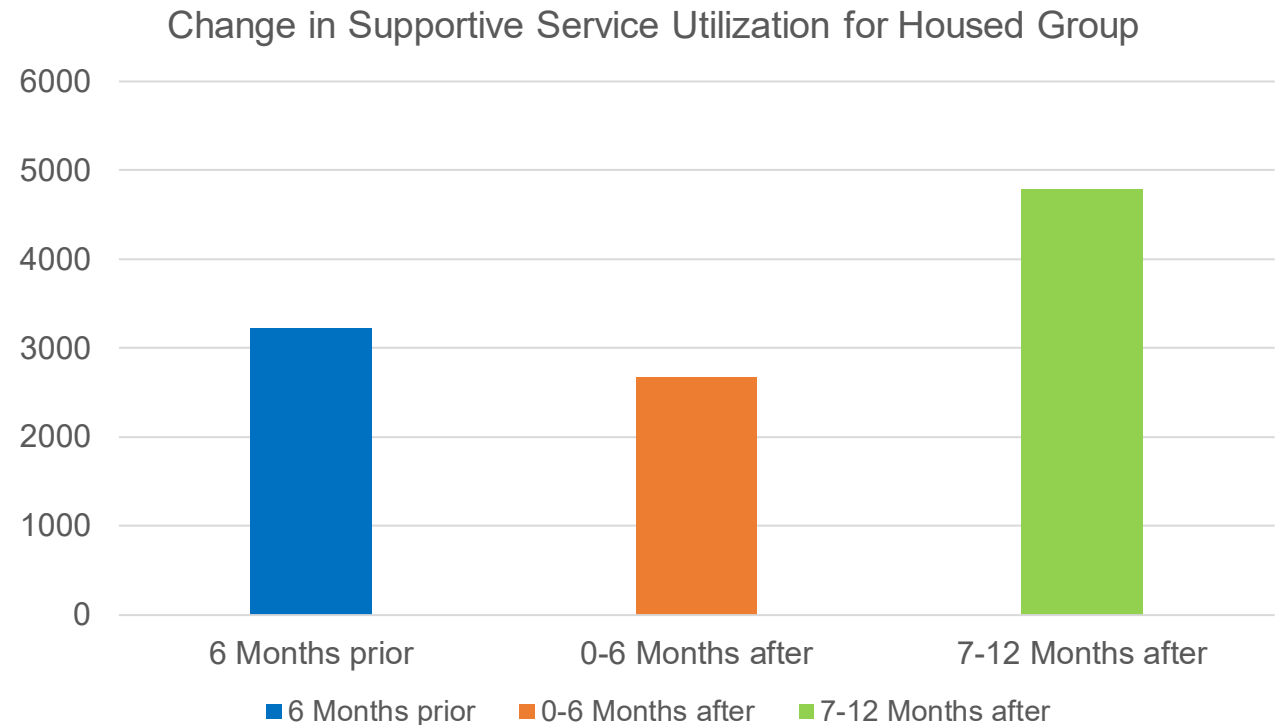
In the first six months of housing, there was an overall **64.3% decrease in the number of days of crisis services utilized** by the housed group compared to the six months before they entered supportive housing.



Use of Supportive Services following successful Housing Intervention

For the housed group, there was an initial **20.3% decrease** in the usage of supportive services during the first six months in housing.

The same group experienced a **78.2% increase in utilization** of supportive services in the 6-12 months of their first year in housing.



Unanswered Questions for Future Exploration

- What is the cost of not achieving housing with a voucher for the unhoused group? Can we identify needs gaps?
- Impact on non-DBHDD system services:
 - ERs, Hospitals, Correctional System (jails, prison, courts)
- Medicaid cost saving impacts of Housing Supports
- Impact on quality of life

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