STATEWIDE MEDICAID MANAGED CARE
HOUSING ASSISTANCE PILOT

PLAN NAME:

PLAN TYPE:

Program Overview - During the 2016 Florida Legislative Session, the Agency for Health Care Administration (Agency) was directed to seek federal approval to pay for flexible services for persons with severe mental illness (SMI) or substance use disorders (SUD), including, but not limited to, temporary housing assistance. Payments will be made to managed care plans that meet the requirements of section 409.968(4), Florida Statutes (F.S.). The Agency recently received approval from the Centers for Medicare and Medicaid Services (CMS) to implement this initiative.

Through this pilot program, Florida Medicaid will be providing permanency related housing supports using evidence-based practices. The goal is to provide additional behavioral health services and supportive housing assistance services for enrollees ages 21 and older with a SMI, a SUD, or SMI with co-occurring SUD, who are homeless or at risk of homelessness due to their condition. Ultimately, the goal is to keep Medicaid members who have SMI, SUD, or a combination of both in sustainable housing through improved supports and to avoid avoidable high cost services through better care coordination, such as potentially preventable hospital events.

Definitions for Housing Pilot Program: By submitting an application, the plan agrees to these definitions.

- **At Risk of Homelessness** – As defined in 24 CFR § 578.3.
- **Co-occurring Disorders** – The coexistence of both a serious mental illness and a substance use disorder.
- **Homeless** – as defined in 24 CFR § 578.3.
- **Serious Mental Illness** - General descriptor for one, or a combination of the following diagnostic categories: psychotic disorders, bipolar disorder, major depression, schizophrenia, delusional disorder, or obsessive-compulsive disorder. Members must be identified using the Agency's SMI algorithm and be flagged as such on the plan's 834 enrollment file.
- **Substance Use Disorder** - General descriptor for the recurrent use of alcohol and/or drugs that causes clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home. (Substance Abuse and Mental Health Services Administration). *Members must have a diagnosis code in the range of F10-F16 and F18-F19.*
- **Permanent Housing** - As defined in 24 CFR § 578.3.

Health Plan Participation - Participating plans must either be a Managed Medical Assistance (MMA) only plan, comprehensive plan, or specialty plan that serves individuals diagnosed with SMI and/ or SUD and must meet all of the following requirements:
- Provide MMA services in regions five and/or seven.
- Include providers furnishing services in accordance with Chapters 394 and 397, F.S. in its provider network.
- Have the capability to provide housing assistance through agreements with housing providers and have relationships with local housing coalitions.

Pilot Services - Participating plans will be required to provide the following services using evidence-based practices to participate in this pilot program and receive reimbursement from the Agency for each member receiving services. The plan must utilize the procedures codes identified below when reporting encounters.

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Service Name	Service Description	Procedure Code
Transitional Housing Services	Services that support a member in the preparation for and transition into housing. This is an intensive service that includes activities such as conducting a tenant screening and housing assessment, developing an individualized housing support plan, assisting with the search for housing and the application process, identifying resources to pay for on-going housing expenses such as rent, and ensuring that the living environment is safe and ready for move-in. • As a part of this services, plans may cover **one-time** incidentals such as cash assistance for rental deposit(s), rent, utilities, moving expenses, etc.	H0043 HK Incidentals - H0043 HK GD
Tenancy Sustaining Services	Services that support a member in being a successful tenant. Tenancy support services include activities such as: early identification and intervention for behaviors that may jeopardize housing such as late rental payment or other lease violations, education and training on the roles, rights and responsibilities of the tenant and landlord, coaching on developing and maintaining key relationships with landlord/property managers, assistance in resolving disputes with landlords and/or neighbors to reduce risk of eviction, advocacy and linkage with community resources to prevent eviction, assistance with the housing recertification process, and coordinating with the enrollee to review, update, and modify their housing support and crisis plans.	H2015 HK
Mobile Crisis Management	The delivery of immediate de-escalation services for emotional symptoms, and/or behaviors at the location in which the crisis occurs. This is provided to enrollees participating in the pilot experiencing a behavioral health crisis provided by a team of behavioral health professionals who are available 24 hours per day, seven days per week, 365 days a year for the purpose of preventing loss of a housing arrangement or emergency inpatient psychiatric service when possible.	H2011 HK
Self-Help/Peer Support	Person centered service promoting skills for coping with and managing symptoms while utilizing natural resources and the preservation and enhancement of community living skills with the assistance of a peer support specialist.	H0038 HK

Funding - The pilot is limited to serving no more than 4,000 members per SFY. The estimated per member per month enhanced (add on) payment is $194.29 for year 2019-2020. Payments will be made to the plans by the Agency on a quarterly basis for the preceding quarter that the plan provided services to a participating member. Plans will be required to submit details about the members who are over 21 years of age and have an SMI, SUD, or a combination of an SMI and SUD diagnosis, and are also homeless or at risk of being homeless through a monthly enrollee report. The quarterly payments will be based on the data submitted in these reports.
1. Slots will be allocated to the plans by the Agency.
2. Prior to implementation slots, will be equally distributed among all participating plans.
3. After four months, any open slots will go into a pool. The pool is available, as needed, for redistribution by the Agency to participating plans.

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To successfully provide these services plans must use permanent and stable supportive housing, evidence-based practices, and services to address the needs of the member.

Reporting Requirements – Participating plans will be required to submit a participant roster report to the Agency on a monthly basis. See Exhibit A for the information that must be reported monthly to the Agency. This data will also be used to assist with making quarterly payments to the plans.

Application Instructions - Plans interested in providing services pursuant to this pilot project must complete Sections A through F and submit to housing waiver folder on health plan's FTP site by **5:00 PM EDT on Friday, Friday August 9, 2019**. Gray boxes indicate fields that must be completed by the plan. Incomplete or late applications will not be accepted. Additional timeline details are provided below:

Step	Due Date
1. The Agency sends application to eligible plans in Regions 5 & 7	Wednesday, July 10, 2019
2. Eligible health plans review the application and send any questions to Anna Cleveland via email at: Anna.Cleveland@ahca.myflorida.com	Wednesday, July 17, 2019
3. The Agency hosts an ad hoc call technical assistance with all eligible health plans to discuss the questions received	Friday, July 19, 2019
4. Due date for interested plans to submit completed applications to the Agency Plans submit their applications through their FTP site and notify their contract manager upon submission.	**5:00PM EDT, Friday, August 9, 2019**
5. Plans that submit a complete application and demonstrate the ability and capacity to provide the services required under the pilot notified of their advancement to the plan readiness process	Friday, September 6, 2019

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Section A Instructions (Application Questions): The plan must include concise narratives responding to the statements below. Responses must be kept within the specified limits.

Item	Question	Health Plan Response
A.	**Enrollee Identification**	
1.	Describe your plan's process for identifying members as: I. being homeless II. being at risk of homelessness (*limited to 1,000 words*)	
2.	Describe your process for how a member is selected for participation in the pilot and prioritized by acuity. (*limited to 1,000 words*)	
3.	What is the estimated number of current members that your plan projects will qualify for participation in the pilot? (*limited to 250 words*)	
B.	**Service Provision**	
1.	Describe the housing support services your plan currently provides. Include information on the providers and resources that are used to render these services. (*limited to 1500 words*)	
2.	Describe the plan's experience with providing transitional housing services as described in the application. Describe how you will use this service to meet the intended goals of the pilot for individuals with an SMI and/or an SUD diagnosis. (*limited to 1,500 words*) *Note: Attach a policy and procedure with the submission, if available*	

3.	Describe the plan's experience with providing tenancy support services as described in the application. Describe how you will use this service to meet the intended goals of the pilot for individuals with an SMI and/or an SUD diagnosis. *(limited to 1,500 words)* *Note: Attach a policy and procedure with the submission, if available*	
4.	Describe the plan's experience providing mobile crisis management services. Describe how your plan will operationalize use of mobile crisis management, specifically for this pilot and the intended population. What resources will be used and how will this service be managed by the plan (e.g., subcontracted, etc.)? *(limited to 1,500 words)* *Note: Attach a policy and procedure with the submission, if available*	
5.	How will your plan handle a situation where a member has traveled temporarily to a rural location or a location outside of regions five and seven and during that time requires the response of mobile crisis management? *(limited to 500 words)*	
6.	Describe the plan's experience providing self-help/peer support services. Describe how your plan will operationalize use of mobile crisis management, specifically for this pilot and the intended population. *(limited to 1,000 words)* *Note: Attach a policy and procedure with the submission, if available*	

7.	Will your plan have a prior authorization process for the covered housing support services? If yes, explain your plan's process and criteria to determine medical necessity for these services. *(limited to 1,500 words)* *Note: Plan may submit supplemental utilization management materials, if needed.*	
8.	What other services and supports will be used by your plan to complement the services covered under the pilot? *(limited to 1,000 words)*	
9.	Describe strategies that will be used for members who have recurring and significant interaction with the criminal justice system and who are participating in the pilot. How will services/strategies for this population differ from those who do not have a significant criminal background? *(limited to 1,500 words)*	
C.	**Case Management**	
1.	Describe how the intended population is currently case managed and how participation in the pilot will enhance care coordination and receipt of services. *(limited to 1,000 words)*	
2.	Explain how your plan will coordinate care and services for participants in the pilot to prevent significant gaps in treatment that will assist with sustaining the member in housing. *(Limited to 1,000 words)*	
3.	Describe a case manager's caseload, contact frequency, and modality of contact with the members as part of this pilot. Detail what the case manager-to-member ratio will be. *(limited to 250 words)*	

4.	Describe any evidence-based models that your plan will use in effectively providing case management services to the population. *(limited to 1,500 words)*	
5.	How will your plan assist members when they are ready for discharge (i.e. graduation) from the program? What type of discharge planning will be in place? What will your plan do in regards to aftercare and follow up to ensure that the member can remain in permanent housing? *(limited to 1,500 words)*	
D.	**Provider Network**	
1.	Submit your plan's network development plan. The plan should demonstrate its current network capacity and/or strategy to develop a network that delivers the four required supportive housing services. Include the provider type(s) that will provide each service and network adequacy standards, if available for each service. *(limited to 2,500 words)*	
2.	Describe how your plan will include and use providers of behavioral health services pursuant to Chapters 394 and 397, Florida Statutes in your networks to further the goals of the pilot. *(limited to 1,000 words)*	
3.	Describe what strategies your plan will use to ensure the network of providers serving participants understands the needs individuals with substance abuse and/or mental disorders and are thoroughly trained on the requirements of the pilot and their role in meeting the intended objectives. *(limited to 1,000 words)*	

4.	Propose timely access standards your plan will commit to for services provided as part of this pilot project. *(limited to 1,000 words)*	
E.	**Partner and Community Relationships**	
1.	Explain how your plan currently collaborates with local housing authorities, housing coalitions and homelessness organizations to deliver services. Detail the formal agreements your plans has with these organizations, including sharing of the data? *(limited to 1,200 words)*	
2.	Describe your plan's current relationship with the Department of Children of Families (DCF) and managing entities that contract with DCF in your pilot regions. Detail the formal agreements your plan has with local managing entities? How does this working relationship and agreement enhance your ability to achieve the goals of this pilot program? *(limited to 1,000 words)*	
3.	Explain how your plan will coordinate with DCF, local housing authorities, housing coalitions, and other non-profit organizations to prevent the duplication of services. *(limited to 1,500 words)*	
F.	**Reporting**	
1.	Provide examples of tracking and/or reporting tools that the plan would use to monitor the health and success pilot.	

	Note: The plan may submit copies in lieu of a narrative description.	

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Section B Instructions (Performance Measures): Provide the plan's agreement to collect data and report quarterly on the following performance measures.

Measure Type	Measure Description	Health Plan Response	
		YES	No
Process	Number/percent of participants that received a comprehensive health risk assessment within 30 days of enrollment in the pilot.		
Process	Number/percent of participants that received at least one core housing assistance service each month.		
Outcome	Number/percent of participants whose housing condition was upgraded during the preceding quarter. *For example, homeless status to temporary housing, temporary housing to short- term lease establishment, or short-term lease establishment to long-term lease establishment (12 or more months)*		
Outcome	Number/percent of participants who had stable and permanent housing during the preceding quarter.		
Outcome	Number/percent of participants whose days of homelessness (of those who meet the definition of homeless) during the preceding quarter are reduced.		
Outcome	Number/percent of participants with an SUD diagnosis who have received medication assisted treatment (medication and behavioral therapy) in the past quarter.		
Outcome	Number/percent of participants with an SUD diagnosis who report no drug use in the past month.		
Outcome	Number/percent of participants employed or with increased hours worked during the past month.		
Outcome	Number/percent of participants with an SMI diagnosis who are compliant with medication management requirements.		
Outcome	Number/percent of reduced emergency department visits among participants in the past quarter. (Plans must create a baseline using historical data available about the recipient).		
Outcome	Number/percent of reduced hospital admissions or readmissions among participants in the past quarter. (Plans must create a baseline using historical data available about the recipient).		
Outcome	Housing permanency achieved for 60% of participants (i.e., graduation from the program) in the past month.		

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Section C Instructions (Home and Community Based Services Assurances): The plan must indicate its agreement to comply with the following home and community based assurances, as required by CMS.

Item Description	Health Plan Response	
	YES	**NO**
Home and Community-Based Settings Assurances		
The plan will ensure that each member participating in this pilot will have a service plan that is updated monthly and: I. Addresses assessed needs of participants; II. Documents choice of services and providers; and III. Is available at any time at the request of the Agency.		
The plan will ensure that: I. An assessment for transitional housing services and tenancy services is provided to members when there is reasonable indication that transitional housing services and tenancy services may be needed in the future; II. The processes and instruments for determining transitional housing services and tenancy support services needs are applied appropriately; and III. Appropriateness of services for enrolled members is re-evaluated at least quarterly or more frequently, as needed.		

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Section D Instructions (Financial): Indicate agreement with the Agency's proposal by selecting "Accept" in the "Health Plan Acceptance" column. For any items where the plan rejects the contractual standard, select "Reject" in the "Health Plan Acceptance" column. Do no submit supplemental documentation for these items.

Item	Item Description	Health Plan Response	
		Accept	Reject
1	Plan agrees to accept a $194.29 monthly add on payment per member receiving services for the 2018/2019 year. The add on payment will be reimbursed on a quarterly basis to the plan for each month a member received services. Rates for the 2019/2020 year will be updated and will be made available to the plan as soon as this rate has been set.		
2	Plan agrees to accept the number of allocated pilot slots by the Agency based upon information in this application and availability region wide. The plan understands pilot slots are limited and may be reallocated to another plan if not used within a quarter. The Agency has sole discretion on slot allocation by plan and by region.		

Section E Instructions (Plan Attestation): An authorized official of the plan must sign and date the application attesting to the veracity of the information submitted and commitment to compliance with the terms of the pilot.

_____   _____
Authorized Official Signature   **Date**

_____
Authorized Official Printed Name

_____
Authorized Official Title

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