



Executive Office of Elder Affairs

RESPECT INDEPENDENCE INCLUSION



Vision

Older adults and individuals with disabilities will have access to the resources they need to live well and thrive in every community in the Commonwealth.

Committed to Aging in Community

80% of an Individual's Health Is due to their Environment, including Where They Live



- Ernst New data on health across the U.S. shows that high housing costs are harming Americans'
 - health and that some communities are affected more than others.
- Twiter

- Recognize stable housing is a key component
- EOEA prioritized housing by establishing a Chief Housing Officer position
- Directly linked to MassHealth state Medicaid Agency

Homelessness Among Older Adults



The aged homeless population is growing rapidly and will continue to grow for the next decade

For Homeless People, 50 is the new 75

Prevalence of geriatric conditions among homeless people is worse than those in the general population in their 70s and 80s

Statewide Homeless Data Warehouse

HMIS data from 15 separate Continuums of Care and state family shelter system

Aggregated and deduplicated data

Public facing aggregated deidentified "canned" reports

Identifiable data for care coordination, determining eligibility, coordinated entry (limited access with proper consent)



Homeless "Surges"

South Boston event offers housing, hope to homeless

By Cristela Guerra Globe Staff, November 17, 2016, 9:52 p.m



Hope Daniels and HomeStark worker Gabrielle Vacheresse held hands Thursday at the "Housing Surge" event in South Boston. Daniels, who had been homeless, got an a part ment through the event. (PAT OREENHOUSE/CLOBE STAFF)

- One-day events over 35 agencies participated
- Targeted invitation lists; all attendees prescreened
- Link to vacant public housing units and CoC vouchers
- Link to MassHealth services

<u>3 SURGES FOR CH ELDERS</u>

88 offers of public housing on the spot16 CoC vouchers issued133 elders enrolled in services

Homeless Preference in Affordable Housing

Targeted to seniors that don't score high on vulnerability index

Need affordable housing with limited supports, if any

HUD 202 ELDERLY PROPERTY OWNERS & PROPERTY MANAGERS ROUNDTABLE

ADOPTING AN ELDERLY HOMELESS PREFERENCE COMMUNITY PURPOSE CAN BE GOOD FOR YOUR BUSINESS

Sandor is a 64 year old African American male who first came to the shelter in 2015 due to owing back rent to his landlord. He was helped with rapid rehousing money to pay off arrears and rent another room from the same landlord. Sandor returned to the shelter in 2016 due to the conditions of the rooming house. He reported the rooming house being infested with bed bugs. Sandor has a job at a restaurant. He does not have mental health or substance use disorder. He is over-income for some homeless housing programs, but still requires a subsidized unit.

Medicaid-Funded Housing Supports

Community Support Program for Persons Experiencing Chronic Homelessness

- Specialized community–based case management for people experiencing chronic homelessness who have a diagnosis of mental illness or substance use disorder or increased medical risk
- Housing search, supports through transition to housing, and housing stabilization
- Chronically Homeless with BH/SUD

Accountable Care Organization (ACO) Flexible Services

- Focused program piloting whether ACOs can reduce Total Cost of Care (TCOC) and improve members' health outcomes by implementing targeted evidence-based programs that address certain members' Health Related Social Needs
- Domains: Housing and Nutrition
 - Housing search, tenancy related supports, home modifications
- Non-duals aged 0-64

Prevention is Important

44% with first episode of homelessness after age 50



- Abuse/neglect as child
- Incarceration
- Low income attainment in early adulthood
- Mental health problems
- Substance use disorders

- History of low wage and unskilled labor
- Loss of employment
- Health crisis of self/partner
- Death of spouse/partner or parent

Economic Security Impacts Housing Stability



In Massachusetts, 42% of single older adults and 25% of couples do not have incomes low enough to qualify for many programs and services, but do not have enough money to make ends meet.

Almost 75% of Social Security recipients over the age of 65 depend on Social Security for all or most of their monthly income.



Resident Service Coordinators (RSCs)

The availability of an on-site service coordinator at federally subsidized senior housing reduced the odds of having a hospital admission among residents by 18% (Leading Age)

Older people in housing with services were 51% less likely to be hospitalized and if hospitalized, spent less time in the hospital than a comparison group

(Selfhelp Active Services for Aging Model)

EOEA Funds RSCs in Senior Housing





Setting the Stage for Health Care...

MassHealth Commonwealth of Massachusetts Executive Office of Health and Human Services Office of Medicaid unumass.cov/masshealth

> MassHealth Managed Care Entity Bulletin 8 July 2018

TO: Senior Care Options (SCO) Plans



FROM: Daniel Tsai, Assistant Secretary for MassHealth

RE: Housing-Related Activities and the MLR

Housing-Related Activities and the Medical Loss Ratio (MLR): Guidance for SCO Plans

With the goal of improving health and patient care for its members, MassHealth understands the importance of addressing the social determinants of members' health, such as housing. Through care coordination and interactions with members, managed care plans have an opportunity to positively affect the housing situation of members, which in turn is expected to improve members' quality of life, reduce medical utilization, and have financial benefit for payers.

While MassHealth does not require Senior Care Options (SCO) plans to conduct housing-related activities or provide housing-related services outside of Community Support Program (CSP) services, plans may voluntarily choose to do so per 42 CFR 438.3(e)(1)(i), though the cost of these services will not be included when determining payment rates.

A plan that elects to provide such additional benefits, pursuant to 42 CFR 438.8(e)(2)(A) and 42 CFR 438.3(e)(1)(i), may include the cost of any optional housing-related services that it voluntarily provides to an enrollee when calculating its "incurred claims." Incurred claims are a component of the numerator of the plan's Medicaid-only MLR, as defined in Section 2.13.Q.1 of the First Amended and Restated Contract between Senior Care

https://www.mass.gov/files/documents/2018/07/23/mce-8-bulletin.pdf

Recent Efforts:

- Developed a statewide inventory of senior affordable housing properties to encourage "hotspotting"
- Implemented a survey to assess the presence of Service Coordinators in senior affordable housing
- Issued guidance allowing DSNPs to use resources for embedded staff and count towards Medicaid MLR

"Supporting staff embedded onsite at housing properties to provide nonduplicative services to residents. This could include funding for housing staff located onsite in senior housing properties that provide resident service coordination; wellness programming activities; or providing medical support, such as through a nurse or social worker."

Program for the All Inclusive Care of the Elderly (PACE)

The PACE Interdisciplinary Team (IDT)

Activity **Primary Care** Coordinator Physician Social Worker Physical Therapist Personal Care Occupational Therapist Attendant Participant & Family Home Care Registered Nurse Dietician Transportation Registered Coordinator Nurse **PACE Site** Director

Age 55+ Nursing Facility Level of Care Interdisciplinary Team model Robust needs-based services 24/7 access to staff Geographically based

PACE and Housing



Harborlight House, Beverly Harborlight & Element Care PACE 30 units Hillside Residence, West Springfield Sisters of Providence & Mercy Life PACE 34 units



Ludlow



PACE Set-Asides in Public Housing in:

Boston Cambridge Fitchburg Leominster



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