

Strategies for Housing-Based Supports

This brief is a summary of the conversation within [Convergence Dialogue on Reimagining Care for Older Adults](#) and subsequent input by Dialogue members. The recommendations below are intended to encourage feedback on and to test interest in potential reforms. They were agreed to by most participants, but they do not necessarily constitute a consensus view.

Fostering greater collaboration between agencies and organizations to align systems of housing and services systems would enable many more people to live independently for longer in accommodations that align with their preferences. Unfortunately, today many older adults lack the supports they need. Collaborative strategies should involve federal programs and policies and carry through to systems and providers who are serving older and disabled adults. While it is important to expand Medicaid home and community-based services (HCBS), we must also identify innovative ways to connect support services to a variety of congregate housing and other settings. Recognizing that there is a severe shortage of affordable housing, and an even more limited supply of housing with support services, several administrative steps can be taken in the short term, even as a more comprehensive solution to the housing and support services shortage is being worked on. These include:

Building out existing programs that combine housing and services.

- The Centers for Medicare and Medicaid Services (CMS) and the Center for Medicare and Medicaid Innovation (CMMI) should focus more funding initiatives on integrated programs and strategies, including [Program of All-Inclusive Care for the Elderly \(PACE\)](#) and [Special Needs Plans \(SNPs\)](#), and encourage health system investment in housing-based care. The federal government should also change and streamline rules to make it easy for housing organizations and support service organizations to work together. Improved federal guidance on allowable data sharing is crucial to these efforts. To start this process, the Department of Housing and Urban Development (HUD) and the Department of Health and Human Services (HHS) should convene an interagency task force to review and adjust regulations and grant rules to identify where coordination can be explicitly encouraged.
- The White House should strongly support the recent [partnership](#) by HHS and HUD, designed to coordinate networks and grantees, and build on the work of Interdepartmental Policy Committees and other cross-department approaches. Guidance on allowable braiding and blending of funds between sectors, and consistent federal auditing of jointly funded projects, should be developed across federal departments. In addition, in order to foster cross-sector collaboration, all levels of government should take steps to improve data sharing across agencies, and with health plans, to foster service coordination at the household level. Further, HUD should build on the ongoing evaluation results of the Integrated Wellness in Supportive Housing ([IWISH](#)) program, which created service coordinator/wellness nurse teams in affordable housing, similar to Vermont's [SASH model](#).
- CMS should revise regulations to make it easier (to the extent permitted by statute) for states to add evidence-based approaches to Medicaid coverage that improve the ability of older adults with

disabilities to receive HCBS services in a setting of their choice, such as [Community Aging in Place—Advancing Better Living for Elders \(CAPABLE\)](#); states should also add such services to [Money Follows the Person \(MFP\)](#) programs and other HCBS programs. CMS should also develop options to add such evidence-based approaches to Medicare whenever possible and consider encouraging state adoption of such approaches through an enhanced federal match rate.

- States and local governments should consider using some American Rescue Plan Act (ARPA) funds to help support local housing-health collaboration for older adults and the disabled. Communities need direction on the potential and support to create the partnerships needed for these efforts. The federal government could help by establishing a clearinghouse and technical assistance center to assist jurisdictions needing operational support in using these funds. The federal government should make states more aware of examples like [Colorado's braiding](#) of ARPA HCBS funds with ARPA Emergency Housing Vouchers should be amplified by the federal government.

Encourage innovative place-based models.

- The federal government, working with states and localities, should create housing-based care pilot programs and provide greater flexibility for the levels of government that are best positioned to take action. The federal government should help states make greater use of Medicaid waivers and support the cross-sector partnerships needed for alignment, coordination and potentially integration between systems. CMMI can directly support pilots that could improve health outcomes through collaborative housing-health-support services, including new models for dual-eligible residents in affordable senior housing. It should use that power to pilot versions of programs like Vermont's SASH in other states.
- HUD and HHS should make grants to help build an infrastructure of better information-sharing and service coordination systems at the local level that are needed to link housing with health and social services – it could allow states to acquire these systems as an administrative expense (qualifying for a 90-10 federal match if systems meet certain criteria (e.g., interoperability). Medicare should similarly allow information-sharing and collaboration that aims to coordinate home services within buildings, e.g., senior housing. In addition, HUD and HHS should encourage and provide technical assistance for experimental partnerships to improve alignment between coverage for care services and for housing supports.
- States and localities should, through administrative action, establish interagency councils and similar bodies to encourage health care and social services agencies to work with housing departments to jointly plan and coordinate supportive housing for older adults. Such councils could coordinate different programs and streamline regulations and financing streams to actively support wide provision of home-based care and related services.
- HUD should prioritize developing a wider array of financing models and housing programs focusing on housing options for a rapidly growing population of older adults with disabilities.
- HHS and HUD should make supporting health care and housing partnerships a priority. HUD should review existing policies and regulatory requirements dating from the period before the growth of HCBS, PACE and SNPs. Recognizing the widespread adoption of Managed Care, HHS/ CMS should consider how a shift to an equity and population health focus makes these

partnerships necessary and offer guidance on promising models, potential funding streams and develop expertise at the local, state and federal level at this intersection.

- The federal government and states should move quickly to use ARPA funds to make broadband universally available, and to pilot a variety of monitoring and other types of health and support technologies that may subsequently become reimbursable under Medicare and Medicaid.
- Local zoning and permitting authorities should develop policies and strategies, including rules for modifications, designed to make it more practical to age in place and live at home with disabilities.

Foster private action and initiatives.

- The flexibility provided to Medicare Advantage (MA) plans, allowing them to include a variety of non-clinical LTSS services, should be widened to allow more housing-based services. The impact due to health plans offering “Health-Related Services,” such as in North Carolina, Oregon, and Massachusetts should inform these efforts particularly for dual-eligibles but also for the Medicare-only population.
- CMS should offer clearer guidance on health-related services, particularly covering the intersection of these services with housing, including services for the homeless and housing-unstable populations.
- With several major health plans investing in housing and housing-based services, CMS should review what strategies would support these investments. For example, consideration should be given to community benefit requirements, and what related spending could be included in medical loss ratio (MLR) requirements. CMS should also convene Medicaid financing experts to consider other strategies to broaden these investments.
- The federal government should encourage state and local governments to explore new payments systems and regulations to encourage pay-for-success capital firms to submit proposals for innovative development projects that combine housing and support services.



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