

# JOHS Provider Conference

## May 29, 2024

Notes from Session: Health & Housing Integration

Presenters: Lori Kelley (JOHS) and Yoni Kahn (Northwest Pilot Project)

Moderators: Jaidra Hennessey and Suzy Phillips

Notetaker: Naomi Kolb-Untinen

### **-Key Points from Session Overview/Presentation (info not captured in presentation slide deck):**

- Medicaid exists in every single state, differs by state for rules around who can use it. There are typically federal qualifications, states can submit waivers to adjust qualifications; can't go below federal minimum, but can expand
- OHP is Oregon's Medicaid waiver, waiver is resubmitted every five years
- CCOs (coordinated care organization) are unique to Oregon, a lot of the infrastructure in Oregon hinges on administration of services from CCOs
- This year we've added health related social needs
  - Climate supports, housing supports, food supports
- Medicaid is an entitlement benefit; everyone who qualifies for that service gets that service, unlike in the housing world where you may not get access even if you qualify
- Housing services through OHP start 11/1/24 for 6 months of assistance
  - Eligible populations include people at risk of homelessness
- Working to try to line something up on the back end to extend services past 6 months if needed
- Figuring out how to coordinate around these services and connect with other pre-existing funded services
- Acuity is much higher now, example from NWPP of 5-10 years ago it was an even spread of folks with no income to low income, now 90% of clients served are extremely low income and have been homeless/on the streets for much longer
- 100% of the people who move through homeless system are eligible for OHP

### **-Questions/Answers (summarization):**

- How are flex funds able to be utilized?
  - Flex funds are there to cover what's not already covered under Medicaid, so you can't use it for something already covered; CCOs can deny flex

funds but not entitlement benefits. Very little housing benefits would be covered with flex funds

- 6 months per eligible family member, does that mean families can get benefits for longer if they have multiple eligible members?
  - Yes, if it's a family of 3, they would eligible for 18 months of benefits if all 3 qualify
- Pre-housed vs at risk vs homeless can get tricky, is there grace in that definition?
  - Pretty flexible area, basically trying to get to people who have a lease. A lot of gray area we're trying to work out, county and other entities weighing in on what areas flexibility is beneficial, versus what would muddle the work
- Specifically for the capacity building funds, is that just for adding caseworkers?
  - Meant for things like internet capacity, anything that's infrastructure etc. not a service delivery grant
- If we're a service provider and we're going to be interfacing with the county, are we going to be billing with the county or CCO?
  - Trying to figure it out right now to make sure cash flow is fast; vastly different in the housing world than the healthcare world for needing immediate reimbursements
- Where is the accountability when a member is needing assistance?
  - That's what we're trying to address with a HUB so people don't just fall off after 6 months
- With the population who'd be eligible for medical case conferencing, can the behavioral health and aging waivers be coordinated and braided together?
  - Waivers can be complicated but shouldn't be able to cancel each other out i.e. they can be coordinated
- Is there connection with the hospitals and CCOs?
  - Need to move towards new paradigm where hospitals, housing, and jurisdictional partners have cross sector case conferencing together
- Asking about flight path/inflow of clients with lack of county hospitals in Portland?
  - In the process of building cross sector relationships to understand the orientation of how people arrive at housing services organizations, the relationship building is paramount to addressing from the get go. Bringing in IHI to map out who currently does the work, how coordination is already happening to avoid duplicating work. Making sure to utilize Health Share and Care Oregon to understand the work that's already happening
- Are you already connected with aging, disability, and veterans service?
  - Yes, very connected

- Acknowledging that unitus will likely be the platform, is that part of the conversation you're having, and how does that play out for smaller organizations who have to go to multiple partners and how can we streamline?
  - JOHS working with partner to streamline unitus and get it to better talk to other systems
  - Unitus is a technological application platform that is basically a warm handoff platform, can use it to find a provider, make an appointment with a provider, and get feedback that they've accepted that referral
- Where does the ford platform (another referral system) that the county is also investing money in play into this?
  - Not sure yet, trying to determine how many navigation systems we can have in play until it gets too confusing
- When is the next population?
  - Trying to create a timeline that anticipates the next population while working with this one
- If the counties are going to be hubs, they need to have capacity to do billing and payment - are the counties going to be included in that capacity building?
  - Yes, also figuring out what other administrative functions need to be in place
- How many times can this service be accessed by an individual? If they have five different health needs, can they qualify five different times?
  - Seems like it's going to be by individual, so even with multiple conditions, you can only access one time per person
- When working with vulnerable populations, what happens with a second occurrence that may disable someone?
  - This cannot stand alone for certain populations, which is where the hubs come in

**-Main Discussion Points:**

- Part of our role here is to make sure that multiple opportunities for waivers are not missed, folks could be eligible for multiple waivers and SPAs
- One of the reasons this is happening at both the county and provider level is to figure out what policies are getting in the way of folks accessing benefits/services
- Workforce crisis across all social services and especially health care, these types of organizations are focused on keeping the trains running and don't necessarily have the capacity to be bringing on new initiatives, how do we address that?

**-Takeaways or Follow-Ups for JOHS  
(expectations/priorities/recommendations/etc):**

- Stephanie from DGM: Where should myself and our team go to in order to do a deep dive into medicaid to learn more?
  - JOHS will follow up with links
- Who's going to be on the hook for making sure providers understand how to use tracking software, whether it's unitus or something else?
- Is there a way to scale this presentation? Small team at SEI who could benefit from a version of this presentation, our populations would definitely benefit from this sometime before November
- How many times can this service be accessed by an individual? Once per year, once every five years etc?