

## Massa, Cody

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**From:** Leeanne Sacino <lsacino@outlook.com>  
**Sent:** Friday, June 3, 2022 4:46 PM  
**To:** solicitation.questions  
**Subject:** Response to RFI 014-21/22  
**Attachments:** FCEH\_RFI\_Response\_0622.docx

Cody Massa,

On behalf of our Homeless Continuum of Care (CoC) Members and their 500+ homeless service organizations in the State of Florida, Florida Coalition to End Homelessness (FCEH) appreciates the opportunity to provide comments in response to the Florida Agency for Healthcare Administration's (AHCA) request for information (RFI) regarding the re-procurement of the Statewide Medicaid Managed Care Program.

We welcome the opportunity to discuss our response in greater detail. Please contact us with any questions.

Thank you again for this opportunity,

Leeanne Sacino  
Executive Director  
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June 1, 2022

Cody Massa  
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***RE: Request for Information: RE-PROCUREMENT OF THE STATEWIDE MEDICAID MANAGED CARE PROGRAM***

On behalf of our Homeless Continuum of Care (CoC) Members and their 500+ homeless service organizations in the State of Florida, Florida Coalition to End Homelessness (FCEH) appreciates the opportunity to provide comments in response to the Florida Agency for Healthcare Administration's (AHCA) request for information (RFI) regarding the re-procurement of the Statewide Medicaid Managed Care Program.

We are especially thankful for AHCA implementing the Section 1115 Homeless Housing Pilot Program in Regions 5 and 7. Based on the encouraging preliminary data from this Pilot Program, the collaboration between the homeless Continuum of Care and managed care programs are providing cost savings and better care for severely mentally ill individuals experiencing homelessness.

*Housing is Healthcare.* As AHCA works to address key social determinants of health through the State Medicaid procurement process, the coalition of partners represented by FCEH believes now is the time to explore the expansion of housing-related supports that will result in cost savings, and better health outcomes, and reduce homelessness.

**Respondent Information**

The mission of the Florida Coalition to End Homelessness (FCEH) is to work collaboratively to prevent and end homelessness in Florida through advocacy and education. FCEH brings together a cross-sectoral coalition, collaborating with homeless Continuums of Care, their community-based service partner agencies, local Government, school districts, healthcare leaders, and other leaders dedicated to ending homelessness.

FCEH works throughout the State of Florida to ensure that community leaders working to end homelessness are equipped with best practices, training, and advocacy support.

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**Recommendations:**

**1. FCEH recommends adding housing support as an essential service to all contracted health plans**

As illustrated in the preliminary data that the Agency has shared from the State’s Section 1115 Medicaid Housing Waiver Pilot (‘Waiver Pilot’), there is a significant cost benefit to providing housing and housing support services to individuals experiencing homelessness. While the Waiver Pilot was limited to providing services to only individuals diagnosed with a severe mental illness (SMI) and/or substance use disorder (SUD) experiencing homelessness, it is clear that the outcomes shown in the pilot can be extrapolated to other high-risk/high cost populations within the state’s Medicaid program who also experience homelessness.

It is also important to note that the positive preliminary results of the Agency's Waiver Pilot are further validated through the work of other stakeholders in the state, including the Florida Housing Finance Corporation (FHFC) and their High Needs/High Cost pilot.<sup>1</sup> The FHFC pilot found that there are significant savings in community provided services, greater permanent housing retention, and better outcomes when housing providers and housing service organizations work together to serve individuals experiencing homelessness.

The State-wide cost savings opportunities are evident in all Florida Medicaid target populations, specifically pregnant women and children, seniors with disabilities and unaccompanied youth with behavioral health risks.

FCEH commends the AHCA’s commitment to Improve birth outcomes for mothers and

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<sup>1</sup> Florida Housing Finance Corporation. (2021). *Report on the Findings of the High Needs High Cost Pilot*. Retrieved from [floridahousing.org: https://floridahousing.org/docs/default-source/programs/special-programs/florida-high-needs-high-cost-pilot/florida-high-needs-high-cost-pilot.pdf?sfvrsn=63a6f87b\\_2](https://floridahousing.org/docs/default-source/programs/special-programs/florida-high-needs-high-cost-pilot/florida-high-needs-high-cost-pilot.pdf?sfvrsn=63a6f87b_2)

infants through its statewide medicaid managed care delivery system by making this population a central focus of the upcoming re-procurement. We also applauded the state for acknowledging that programs and services should extend well beyond the 12-month postpartum coverage period. FCEH understands that pregnancy can increase a woman's risk of becoming homeless, and pregnant women face significantly greater health risks while unstably housed<sup>2</sup>. The Healthy Beginnings at Home Study showed that housing instability and homelessness increases the likelihood of preterm birth, infant mortality, and acute health conditions. Having access to housing and housing services would not only contribute to better birth outcomes but would increase the capacity of women to take care of their children and lead to an overall reduction in Medicaid spending<sup>3</sup>.

To address these significant challenges FCEH recommends that AHCA establish enhanced housing supports as a standard benefit across all participating MCOS, to offer reimbursement through medicaid eligible housing supports. Such a change would result not only in better outcomes for this vulnerable population, but would be key to decreasing immediate and long term costs.

FCEH applauds the AHCA's intent to seek best practices, via this request for information (RFI), on improving mental health outcomes for children and adolescents within the Medicaid program. We recommend that any additional investment in the managed care delivery system focused on enhancing mental outcomes for this population, first start with addressing homelessness or housing insecurity. Especially true for unaccompanied youth and families with at-risk children or adolescents. The trauma of homelessness can have a major effect on a youth's future development. Children who experience homelessness have significantly higher rates of emotional, behavioral, and other long-term health problems. They often struggle with self-esteem, which puts them at risk for substance use, suicide, and other negative outcomes. They have numerous academic difficulties, including below-grade level reading, high rate of learning disabilities, poor school attendance, and failure to advance to the next grade or graduate. Four out of five children who are experiencing homelessness have been exposed to at least one serious violent event by age 12.

Unaccompanied youth can find it extremely difficult to find a place to live and someone willing to rent them a room. CoCs are using Rapid Rehousing, Permanent Supportive Housing and additional funding through the Youth Homeless Demonstration Program to care for this population. Parenting teens experiencing homelessness face unique challenges. Youth who identify as lesbian, gay, bi-sexual, transgender, or queer or questioning (LGBTQ) disproportionately experience homelessness. They are at high risk for family rejection, physical assaults and sexual exploitation in shelters and on the streets, trauma, and mental and substance use disorders<sup>4</sup>. Providing additional Housing stability will be key for their long term stability in housing.

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<sup>2</sup> Crawford DM, Trotter EC, Hartshorn KJ, Whitbeck LB. Pregnancy and mental health of young homeless women. *Am J Orthopsychiatry*. 2011;81(2):173–83

<sup>3</sup> Health Policy Institute of Ohio and CelebrateOne Columbus. Healthy Beginning at Home. June 2021. Received [https://2ub9uy20anky3ziffr2svyxq-wpengine.netdna-ssl.com/wp-content/uploads/2021/10/HBAHFinalReport\\_06.28.2021.pdf](https://2ub9uy20anky3ziffr2svyxq-wpengine.netdna-ssl.com/wp-content/uploads/2021/10/HBAHFinalReport_06.28.2021.pdf)

<sup>4</sup> Substance Abuse and Mental Health Service Administration. Homeless Resources: Youth. Received from HUD: <https://www.samhsa.gov/homelessness-programs-resources/hpr-resources/youth>

People ages 65 and older are the fastest growing age group of people who are homeless; by 2030 their numbers will triple. While homelessness is devastating for all, older adults face additional risks and harms from the experience<sup>5</sup>. Providing housing supports and locating shared housing for this population, rather than long term nursing home care is a better option for the individual and will result in lower Medicaid costs.

During the FY 2021 Department of Housing and Urban Development (HUD) Notice of Funding Opportunity (NOFO), additional points were provided for those CoCs that had strong partnerships with healthcare organizations in the community. Utilizing the Permanent Supportive Housing Program to serve individuals with severe disability and long-term homelessness (chronic homelessness), the Continuums of Care can provide funding for long-term housing. During the FY2021 NOFO, CoCs received a total of \$75,261,016 to serve chronically homeless individuals.

By braiding funding from Medicaid for housing support services and the HUD CoC Program funding, communities can increase rent subsidies to individuals served under the Medicaid program, providing better outcomes and long-term cost savings by reducing emergency room visits, in-patient hospitalizations, and other healthcare crises caused by these individuals continuing to live on the street.

## **2. FCEH recommends shared data and tracking housing status in client case files.**

Each CoC has a Homeless Management Information System (HMIS) that tracks housing-related services and reports program outcomes to HUD. There has been a lot of work on the homeless services side to provide data to managed care organizations through the managed care organization's increased access to the homeless management information systems (HMIS). To best address homelessness and the cost to Medicaid and healthcare providers in the State, we highly recommend the use of Z59 coding in medical records and widespread MOUs to share client-level data across both systems.

In addition, one barrier that the CoC has in assessing eligibility for long-term housing supports is the length of time an individual experienced homelessness and their housing instability over a period of time. With accurate medical records tracking their instability in housing, clients will have better access to appropriate housing supports that are available to them.

FCEH recommends utilizing NCQA's performance measures to track the outcomes of both housing screening and intervention.

**Housing screening:** The percentage of members who were screened for unmet housing needs.

**Housing intervention:** The percentage of members who received a corresponding intervention within 1 month of screening positive for unmet housing needs.

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<sup>5</sup> Culhane, Byrne, Metraux, Kuhn, Duran, Johns. The Emerging Crisis of Aged Homelessness  
<https://aisp.upenn.edu/wp-content/uploads/2019/01/Emerging-Crisis-of-Aged-Homelessness.pdf>

Sharing data between systems provide a better assessment and identification and links to appropriate interventions. There are benefits to both the homeless service system and the health care system.

By sharing data with the homeless system, the health care system can see:

- Reduced emergency department visits
- Reduced inpatient hospital stays by linking individuals with appropriate housing interventions
- The ability to locate patients for follow-up medical treatment, as many of these clients are being seen by service providers in the system.
- Better care coordination for frequent users of acute care services and better assessment of real health and housing needs.
- The ability for health providers to more effectively advocate for housing for people with complex or severe medical condition<sup>6</sup>.

When everyone works together, we can end homelessness. Ensuring access to the available resources and breaking down barriers to data collection and sharing will make that possible.

### **3. FCEH recommends easier certification requirements for housing service providers**

The Continuums of Care system has experts in housing support for individuals experiencing homelessness. Providing a more streamlined process for certification or the use of APIs to manage billing, etc. will allow access to funding through Medicaid and help reallocate funding from HUD to housing-related costs (rent, utilities, etc.). We recommend the encouragement of a Statewide MOU or Certification Process for these service providers, instead of certification for each managed care provider. FCEH could help the State develop both an MOU for data sharing and for certification if needed.

#### **Data**

As Florida Medicaid Priorities are better birth outcomes, mental health of children and adolescents, and maximizing home community-based services for the elderly, Florida Coalition to End Homelessness is a prime partner in serving individuals on Medicaid with housing and housing supports for better outcomes.

According to the 2022 Point in Time Count, there are an estimated 25,810 individuals experiencing homelessness on any given night in January and 35.4% or 9,136 of them have a disabling condition. There were 63,846 children, including 5,991 unaccompanied youth counted by the Florida Department of Education in 2022. considered homeless through the McKinney Vento definition, which is more broad and includes those living in hotels and doubled up with family<sup>7</sup>.

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<sup>6</sup> Homebase and the California Health Care Foundation. Breaking Down Silos.. Received from CHCF: <https://www.chcf.org/wp-content/uploads/2021/07/BreakingDownSilosShareDataHomelessness.pdf>

<sup>7</sup> Florida Council on Homelessness. 2022 Council on Homelessness Annual Report. Received from DCF: <https://www.myflfamilies.com/service-programs/homelessness/publications.shtml>

According to the 2021 Housing Inventory Chart<sup>8</sup>, an additional 17,392 individuals are served in Permanent Supportive Housing (PSH) and not counted in the Point in Time Chart. These individuals would also be eligible for housing support services.

## **Outcomes**

Allowing the additional Medicaid Reimbursement funding for youth in families and unaccompanied youth experiencing homelessness would allow the CoCs to reallocate funding for housing-related expenses through the CoC Rapid Rehousing, Youth Homeless Demonstration Program, PSH, and Homeless Schoolchildren Voucher Program. Stable housing and supportive services are key to better outcomes for homeless youth and adolescents.

To be eligible for the HUD CoC Permanent Supportive Housing Program, individuals must have a history of long-term homelessness with a severe and chronic disability. The program goal includes access to benefits, including Medicaid/Medicare and SSDI. The healthcare system and homeless system would benefit from collaborating more and ensuring access to medicaid housing stability supports would allow the CoCs to reallocate funding for supportive services currently being funded through HUDs CoC and increase access to rental housing subsidies through HUD's permanent supportive housing and rapid rehousing programs.

The Continuums of Care currently allocate \$16,682,891 annually to supportive service activities for individuals served in their HUD CoC housing programs<sup>9</sup>. By reallocating a portion of these funds (25%) back to housing-related expenses and accessing medicaid housing stability services, we could provide an additional 275 households housing rental subsidies, effectively ending their homelessness and ensuring better health outcomes. This is a great opportunity to collaborate closely to best serve individuals experiencing homelessness in the State of Florida, better allocate the use of funding through systems of care, and realize cost savings overall.

We welcome the opportunity to speak more about this approach. Please contact me anytime.

Sincerely,

Leeanne Sacino  
Executive Director

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<sup>8</sup> Department of Housing and Urban Development. 2007-2021 Housing Inventory Charts. Received from HUD: <https://www.huduser.gov/portal/sites/default/files/xls/2007-2021-HIC-Counts-by-State.xlsx>

<sup>9</sup> HUD Continuum of Care FY21 Grant Inventory Worksheets. Received from HUD: [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition/giws](https://www.hud.gov/program_offices/comm_planning/coc/competition/giws)