



Homeless Service Use and Medicaid Spending in New Jersey: Research Plans

Presentation to the HMIS Advisory Council

December 2, 2016

Housing and Mortgage Finance Agency
Trenton, NJ

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Acknowledgement and Disclaimer

Derek DeLia, Sujoy Chakravarty, and Margaret Koller of Rutgers Center for State Health Policy and Katelyn Cunningham, Taiisa Kelly, and Richard Brown of Monarch Housing Associates contributed to the development of the work presented here.

We are grateful to colleagues in the New Jersey Division of Medical Assistance and Health Services (Medicaid), New Jersey Housing and Mortgage Finance Agency, and The Nicholson Foundation for their guidance and support.

This project presented here is under review, *funding is not yet approved, and data use agreements are not fully executed.* The content of the project is subject to change.

The views expressed in this presentation are exclusively those of the Rutgers team, and may not reflect those of the State of New Jersey or prospective funders of this work.

Outline

- About Rutgers Center for State Health Policy
- Findings about High-Cost Medicaid Patients
- Selected Medicaid Developments
- Planned Study of Supportive Housing and Medicaid Spending

About Rutgers Center for State Health Policy

Mission

To inform, support, and stimulate sound and creative state health policy in New Jersey and around the nation.

Current Focus

- Health system performance
- Health coverage and access to care
- Long-term services and supports policy
- Population health

History

Established in 1999 within Rutgers University Institute for Health, Health Care Policy and Aging Research with a major grant from the Robert Wood Johnson Foundation. Became part of Rutgers Biomedical and Health Sciences in 2013.

Visit us at www.cshp.rutgers.edu or on Twitter @RutgersCSHP

Analysis of High-Cost Medicaid Patients

- Governor Christie charged Rutgers Biomedical and Health Sciences (RBHS) with helping New Jersey “...devise a program to innovate and improve health care delivery under Medicaid and FamilyCare” focusing on health care delivery improvements for “super-utilizers”

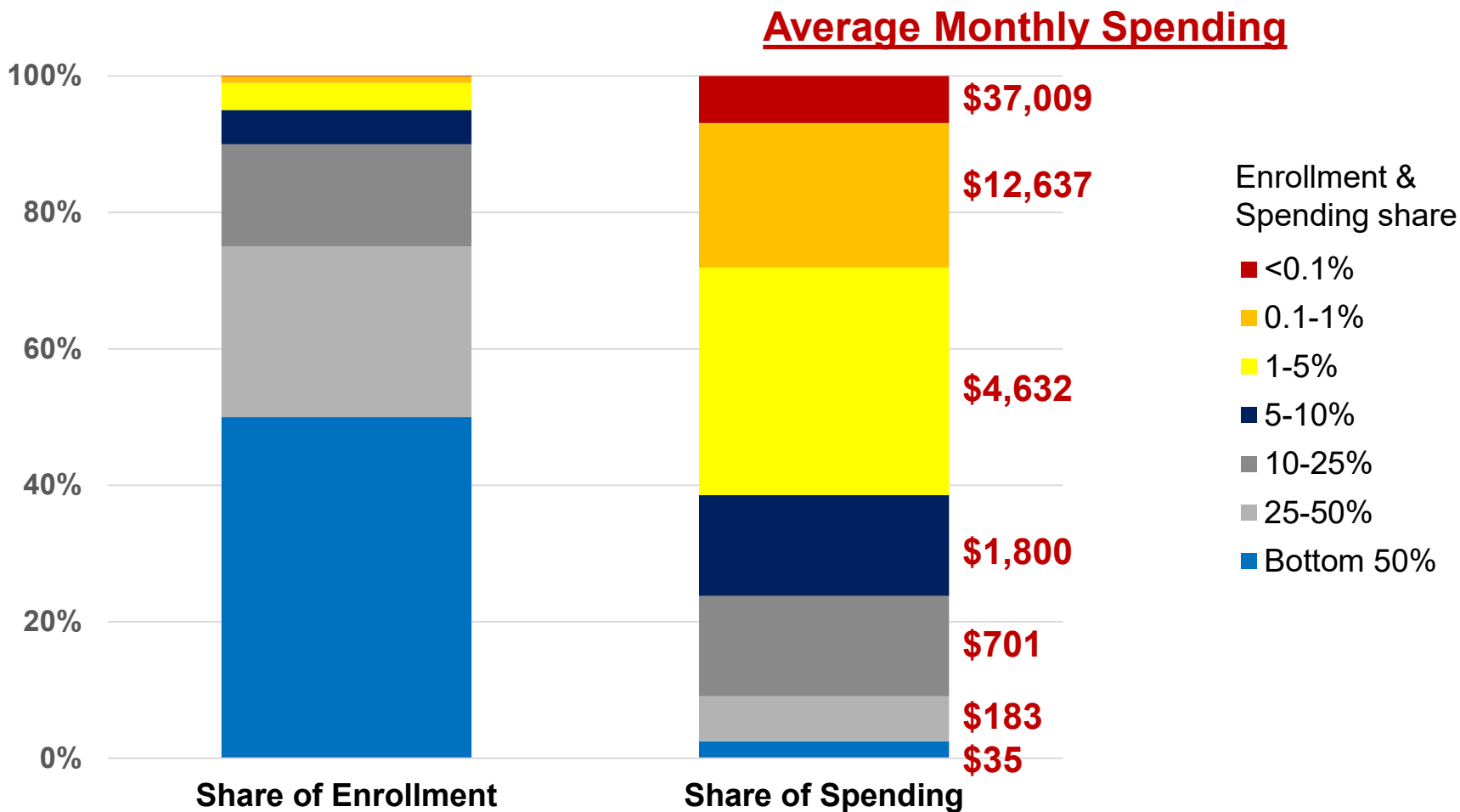
FY2015 Budget Address

- RBHS Working Group on Medicaid High Utilizers
 - Examining opportunities to improve care, reduce cost for highest-cost beneficiaries
- Selected findings...

Full report available at:

Cantor JC, Tallia AF, Koller M, DeLia D and Farnham J; for the Rutgers Biomedical and Health Sciences Working Group on Medicaid High Utilizers. *Analysis and Recommendations for Medicaid High Utilizers in New Jersey*. Newark, NJ: Rutgers Biomedical and Health Sciences, 2016. <http://cshp.rutgers.edu/Downloads/10890.pdf>.

Distribution of Medicaid Spending is Highly Concentrated, 2013

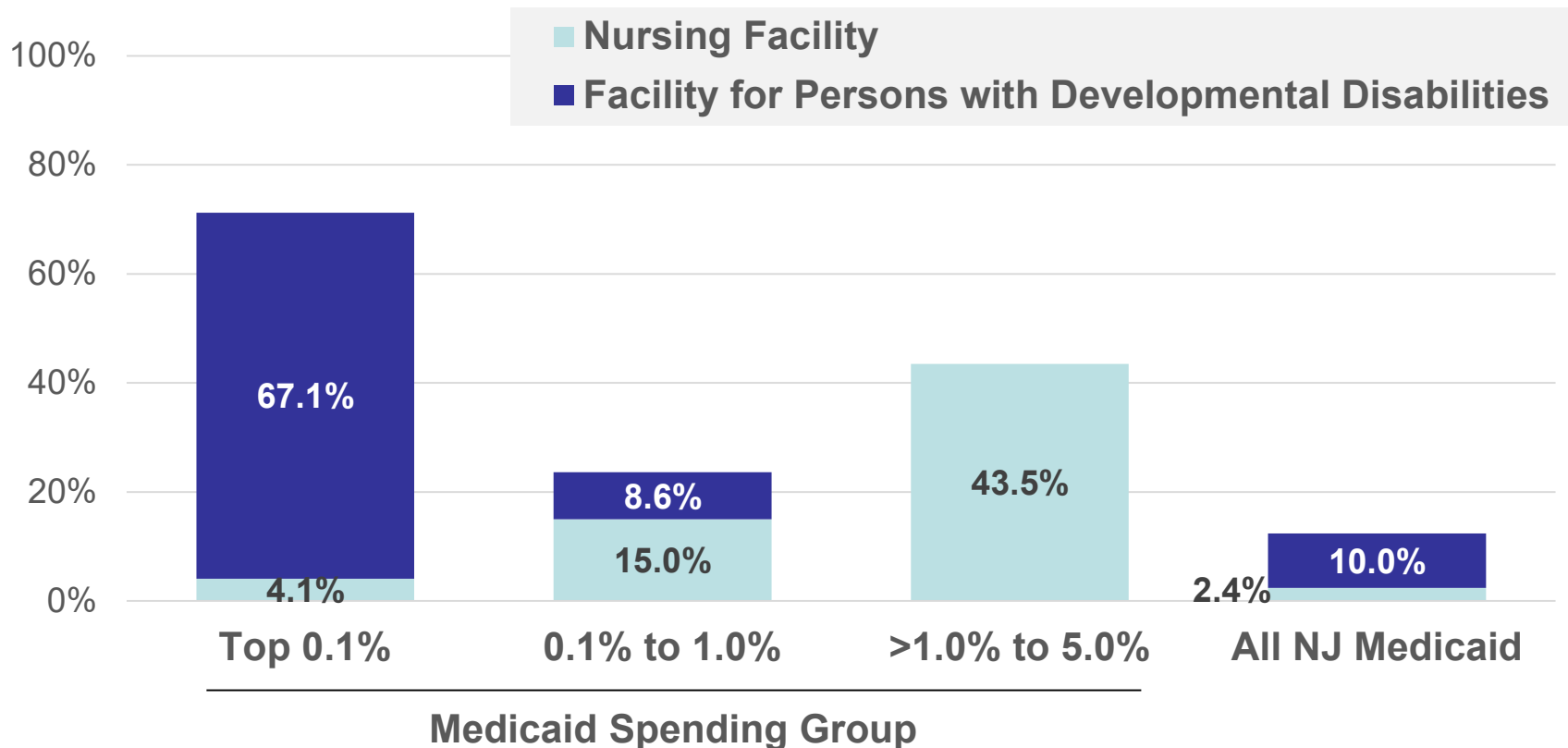


Source: Rutgers Biomedical and Health Sciences Working Group on Medicaid High Utilizers
 Center for State Health Policy
 Institute for Health, Health Care Policy and Aging Research

Spending Levels are Highly Persistent, 2012-2013

		Spending group in 2013						
		≤ 0.1%	0.1-1%	1-5%	5-10%	10-25%	25-50%	Bottom 50%
Spending group in 2012	≤ 0.1%	63.1%	28.7%	4.3%	1.8%	0.8%	0.6%	0.8%
	0.1-1%	3.4%	67.9%	19.5%	3.9%	3.1%	1.1%	1.2%
	1-5%	0.1%	4.2%	67.8%	13.5%	8.5%	3.1%	2.8%
	5-10%	0.01%	0.7%	12.3%	46.6%	24.9%	8.5%	6.9%
	10-25%	0.01%	0.2%	1.9%	8.9%	44.0%	26.6%	18.5%
	25-50%	0.0%	0.1%	0.4%	1.8%	16.7%	41.4%	39.7%
	Bottom 50%	0.0%	0.03%	0.2%	0.6%	5.2%	20.2%	73.7%

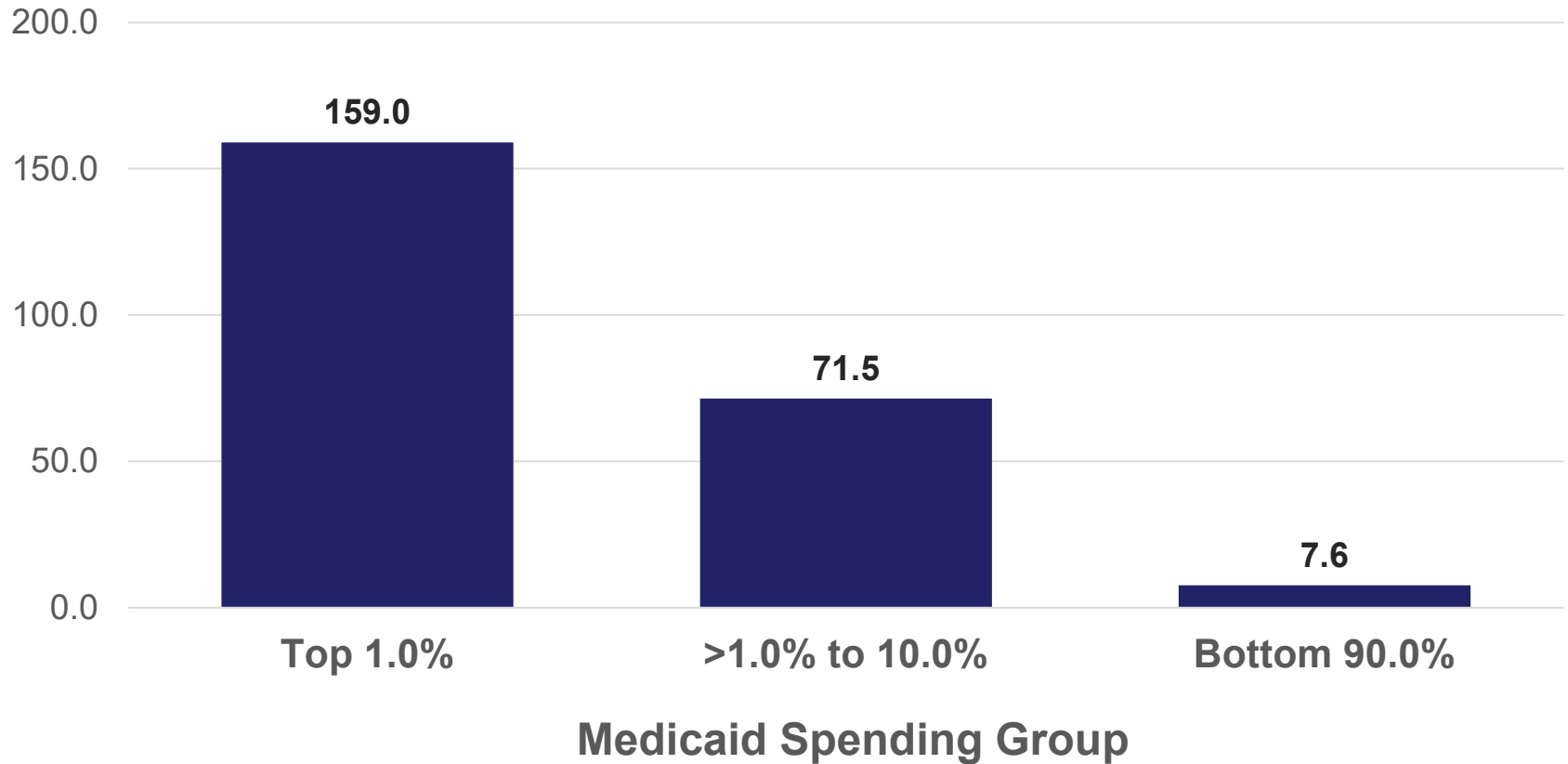
Percent Living in Facilities within Spending Groups, 2013



Source: Rutgers Biomedical and Health Sciences Working Group on Medicaid High Utilizers

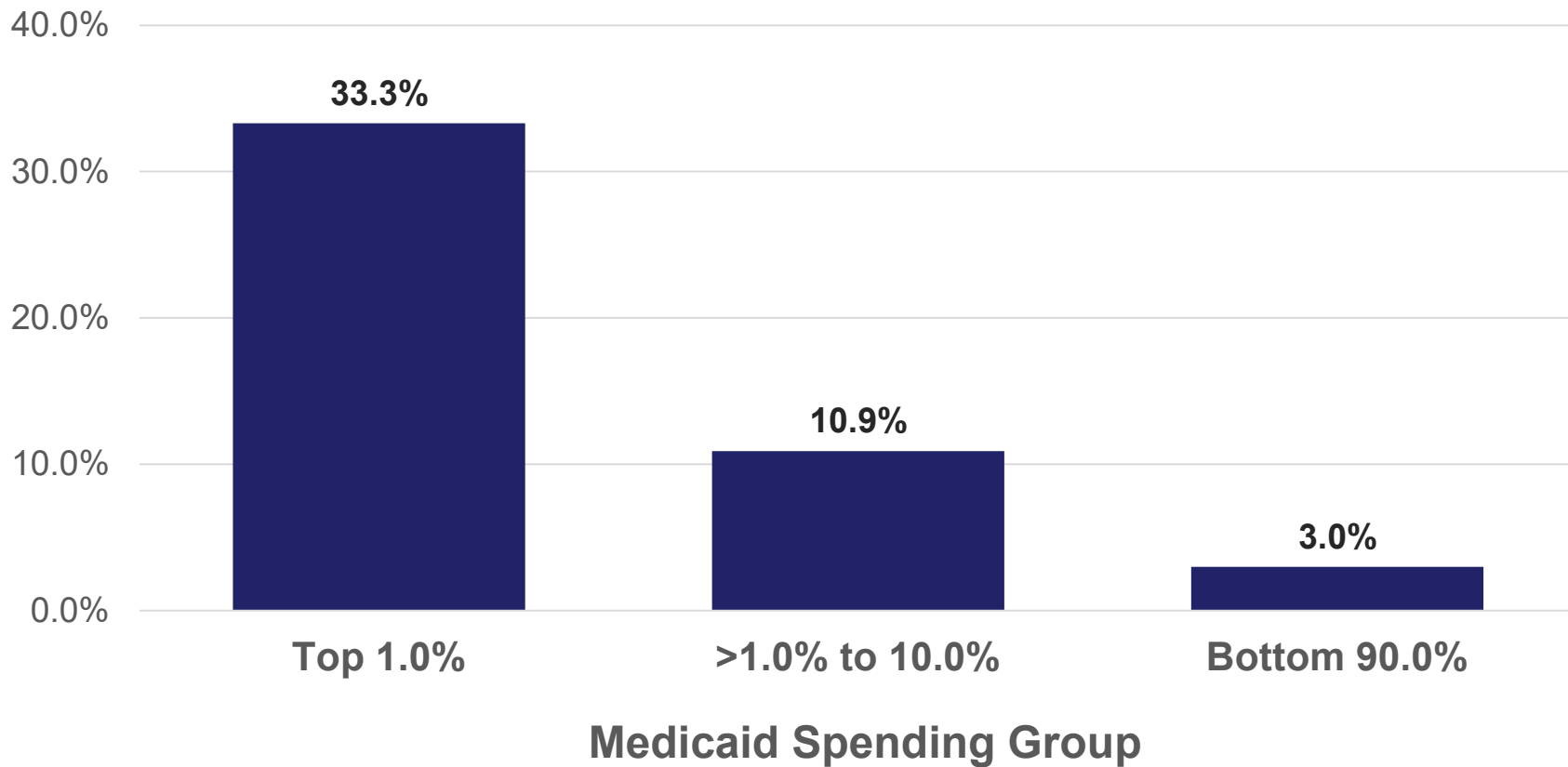
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Avoidable Hospitalization Rate per 1,000 Adult Recipients by Spending Group, 2013



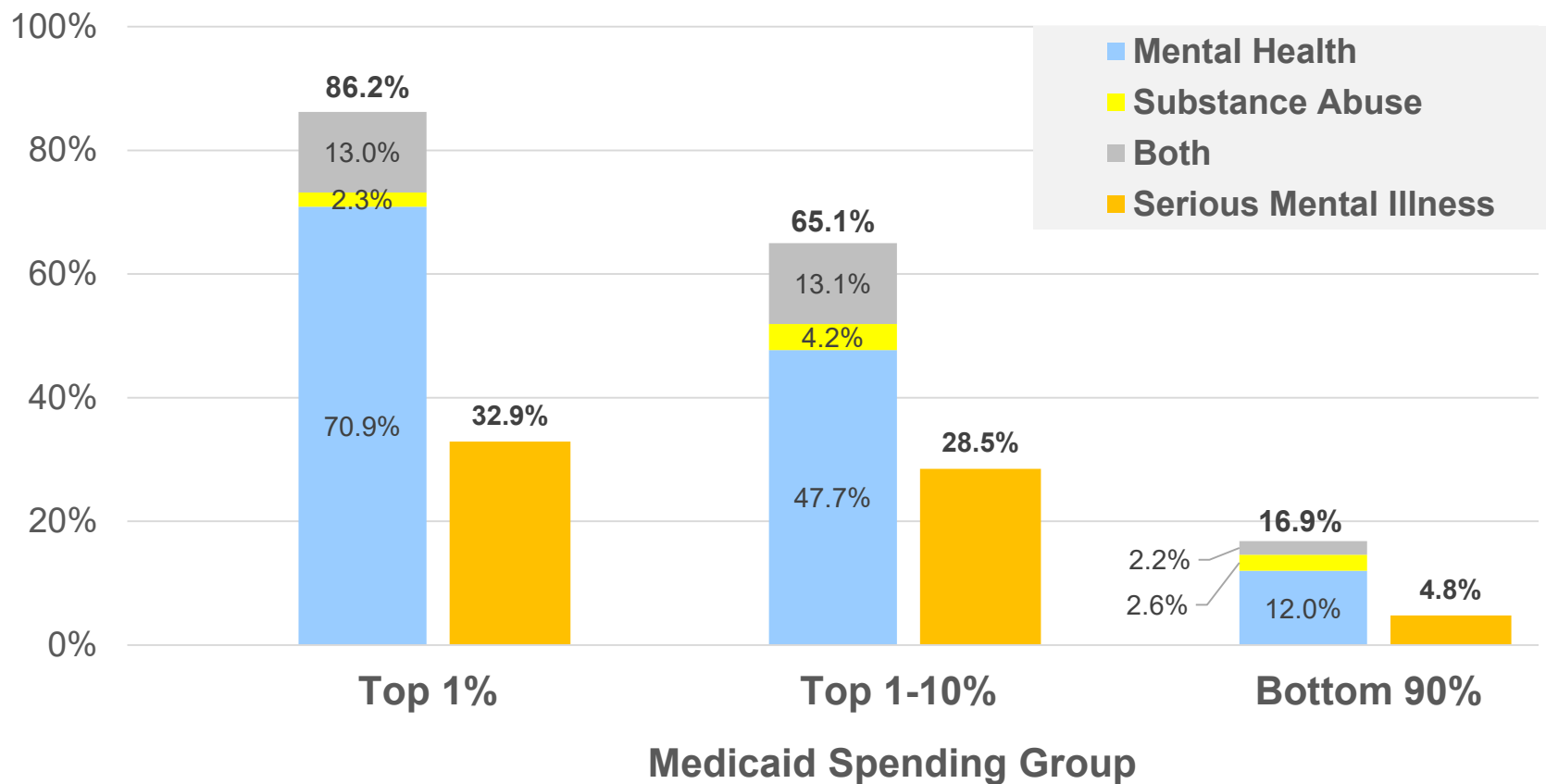
Source: Rutgers Biomedical and Health Sciences Working Group on Medicaid High Utilizers
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30-Day All-Cause Hospital Readmission Rate among Adult Recipients by Spending Group, 2013



Source: Rutgers Biomedical and Health Sciences Working Group on Medicaid High Utilizers
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Mental Health and Substance Use Disorder Diagnoses by Spending Group, 2013



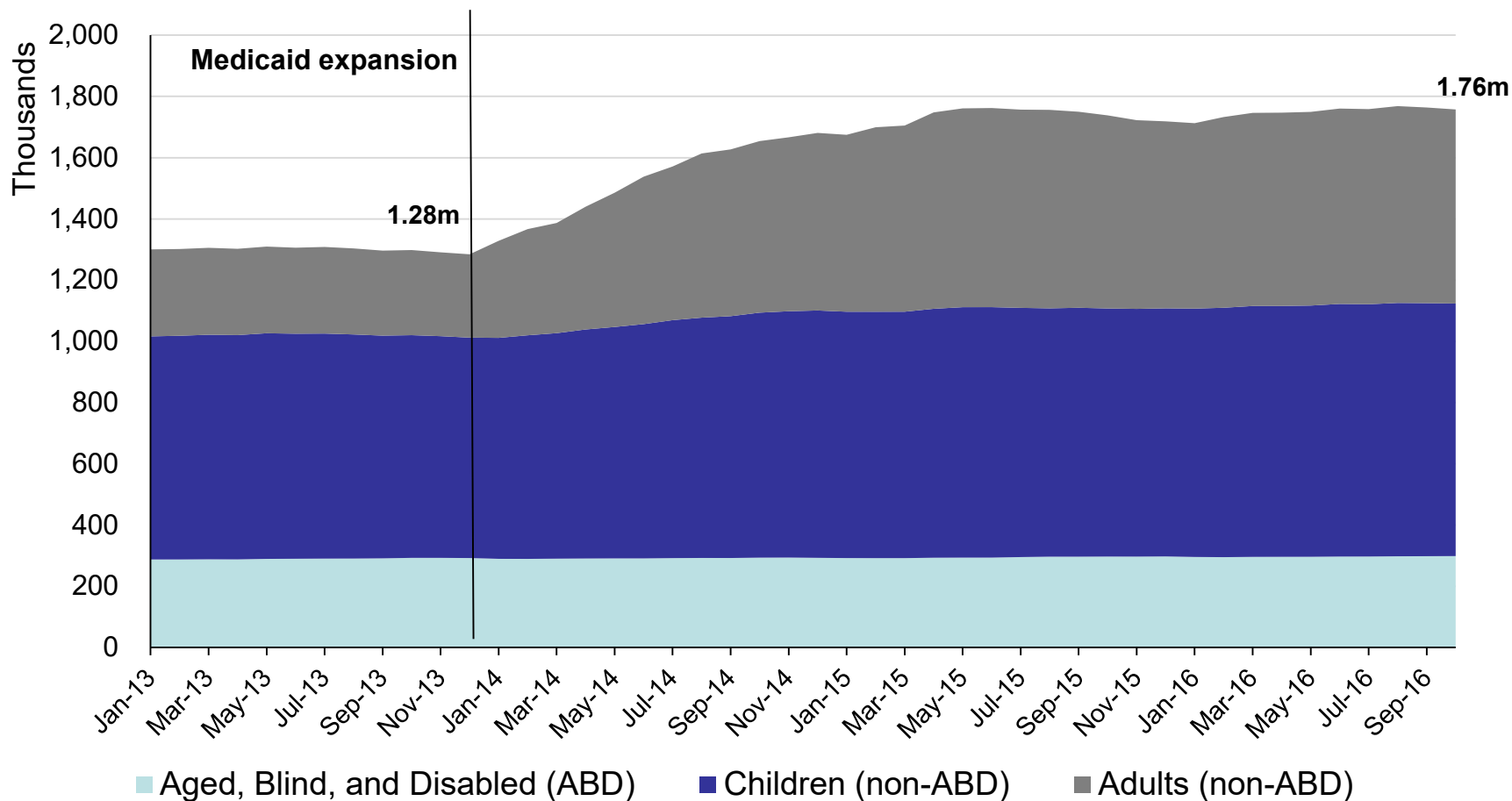
Source: Rutgers Biomedical and Health Sciences Working Group on Medicaid High Utilizers

Selected Medicaid Developments

- Medicaid eligibility expansion, 2014
- Increase payment rates for behavioral health services
- Improve delivery of mental health and substance use disorder services
- Implement rapid transition to care of formerly incarcerated
- Participate in Innovation Accelerator Program (IAP) for Housing-Related Services and Partnership
- Medicaid 1115 Comprehensive Waiver renewal proposal

NJ FamilyCare (Medicaid) Enrollment Jan. 2013-Oct. 2016

By eligibility category



Source: NJ Department of Human Services.
<http://www.state.nj.us/humanservices/dmahs/news/reports/index.html>. Note: Children are under age 21.

1115 Waiver Proposal – Supportive Services

“DMAHS’ strategic partnership with Rutgers Biomedical and Health Sciences (RBHS) has uniquely positioned New Jersey to make **significant data-driven investments in permanent supportive housing programs that will directly help the costliest and neediest consumers**. The RBHS report recommends that these interventions coordinate with social services because **“factors outside the health care system, including homelessness,” directly exacerbate medical conditions and lead to high-cost episodic treatment**. RBHS’s recommendation is corroborated by national studies demonstrating significantly higher health care spending for this population.” (p. 17)

Emphasis added

NJ FamilyCare 1115 Comprehensive Waiver Demonstration Application for Renewal
Available at: <http://www.nj.gov/humanservices/dmahs/home/waiver.html>

1115 Waiver Proposal – Supportive Services (continued)

- Build on expansion of High Fidelity Housing First
- Provide housing-related supportive services to help high-need populations
 - Screening (e.g., housing assessments, plan development, application assistance)
 - Transition (e.g., moving and start-up expenses, safe living environments, crisis planning)
 - Sustaining (e.g., education and coaching for successful tenancy, recertification assistance, update support/crisis plans, dispute resolution)

NJ FamilyCare 1115 Comprehensive Waiver Demonstration Application for Renewal
Available at: <http://www.nj.gov/humanservices/dmahs/home/waiver.html>

Planned Study of Supportive Housing & Medicaid Spending

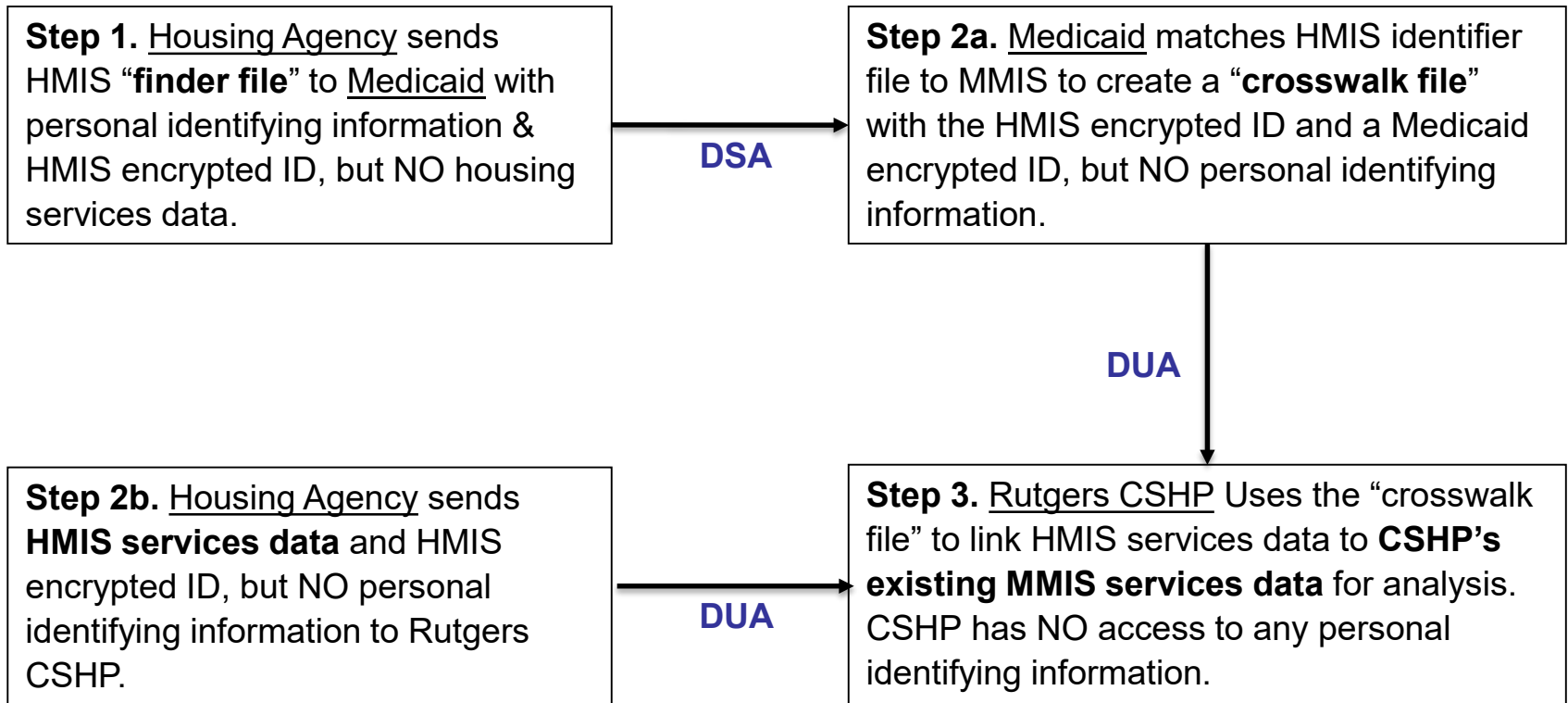
Goals

1. Link NJ Homeless Management Information System (HMIS) data for 19 of New Jersey's 21 counties with statewide Medicaid Management Information System (MMIS) data for the years 2011-2015.
2. Identify opportunities to generate Medicaid savings and improve patient outcomes among Medicaid beneficiaries who use homeless services.
3. Estimate the impact on Medicaid spending of permanent supportive housing (PSH) placements in 2011-2015, and conduct in-depth return-on-investment case studies.
4. Engage with state officials responsible for Medicaid and supportive housing policy and other interested stakeholders to refine analysis plans and disseminate findings.

Goal 4: Engage State Officials and Other Stakeholders

- Collaboration of CSHP and Monarch Housing Associates
- Meet regularly with state officials responsible for Medicaid, behavioral health, and housing policy
- Host two broader stakeholder meetings to obtain input on analysis plans and preliminary findings
- Disseminate findings broadly to state and national audiences

Goal 1: Link HMIS to MMIS for 2011-2015



- **Neither agency has access to the other's services data**
- **Rutgers CSHP never receives personal identifying information**

NOTE: DSA is Data Sharing Agreement, DUA is Data Use Agreement

Goal 2: Identify Opportunities for Medicaid Savings and Improved Outcomes Among Beneficiaries Using Homeless Services

- Descriptive analysis of Medicaid utilization and spending patterns
 - Total spending and spending/use related to preventable hospitalizations, readmissions, ED use, behavioral health services, and other markers of care adequacy.
 - By homeless services use history (crisis shelter stays, rapid rehousing, permanent supportive housing).
 - By health conditions (mental health and substance use disorders, chronic physical conditions).
- “Benchmark” potential savings and outcome improvements
 - Multivariate analysis to identify groups with potential to benefit from Medicaid savings/outcomes improvements from placements in supportive housing.
 - Adjust for demographics, behavioral and physical conditions, homeless service use histories, etc.
 - Apply assumptions based on prior literature.

Goal 3: Evaluate Medicaid Spending Impact and ROI from Permanent Supportive Housing Placements

- Examine Medicaid spending among those with PSH placements to matched cohorts on individuals not receiving placements
 - Statistically match non-PSH comparison group by demographics, eligibility category, behavioral and physical conditions, health services use histories, homeless service use histories, etc.
 - Model potential savings
- Five to seven in-depth ROI case studies
 - Select based on scale, program design, eligibility criteria
 - Document PSH approach and resource use (review available documents, conduct interviews)
 - Calculate ROI
 - Extrapolate potential impact of expanding effective models of PSH

Questions