



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

Stakeholder Meeting

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The project team includes Jose Nova, Derek DeLia*, Sujoy Chakravarty, Oliver Lontok, and Margaret Koller of Rutgers Center for State Health Policy and Taiisa Kelly and Richard Brown of Monarch Housing Associates. Katelyn Cunningham of the Hudson County Division of Housing and Community Development also contributed to the project in its early stages.

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The views expressed in this presentation are exclusively those of project team, and may not reflect those of the project sponsors or the state agencies contributing data.

Outline

- Project goals and overview
- Preliminary findings
- Discussion

Project Goals

- 1. Link 2011-16 data from the Homeless Management Information System (HMIS) to the Medicaid Management Information System (MMIS).
- 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) placement.
- 4. Engage state officials and other interested stakeholders.

Data & Methods

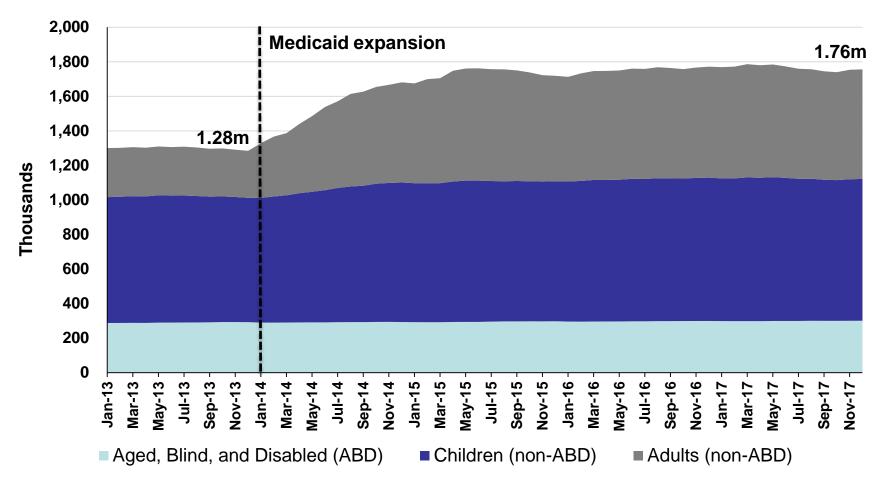
- HMIS data from the NJ Housing and Mortgage Finance Agency
 - Housing services, client characteristics
 - All counties for some services (e.g., emergency shelter) and 19 of 21 counties for other services (e.g., supportive housing).
- MMIS data from NJ Div. of Medical Assistance and Health Services
 - Beneficiary characteristics, service use, spending
 - All NJ Medicaid beneficiaries
- Data for 2011-2016 linked using client/beneficiary identifiers, and linked deidentified data shared with Rutgers for analysis under Data Use Agreements and approval of Rutgers Institutional Review Board
- Analyses exclude persons classified by Medicaid as living in a nursing facility, developmental disability facilities, or eligible for home and communitybased long-term care

Research Questions

- 1. What are the size, characteristics, and *potentially* reducible Medicaid spending among homeless people who are potentially eligible for PSH support services?
- 2. Based on available published research, how much savings can be projected from expanding PSH?
- 3. How much has PSH saved Medicaid in recent years?
 - a) Statewide analysis based on HMIS PSH indicator alone
 - b) Deeper "return-on-investment" case studies

NJ Medicaid Enrollment 2013-2017

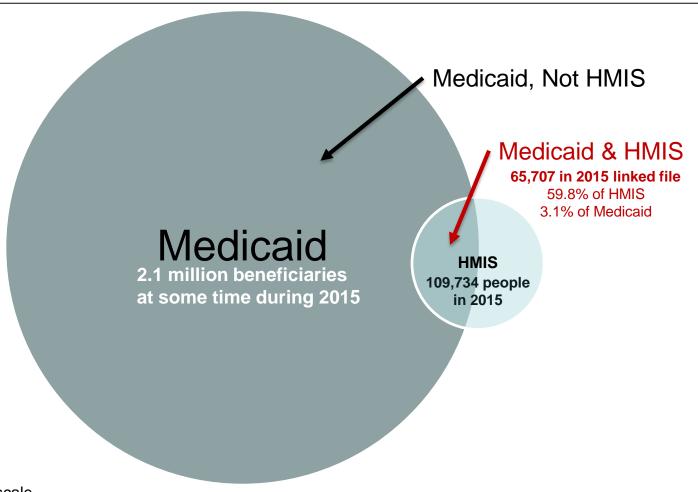
By eligibility category



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



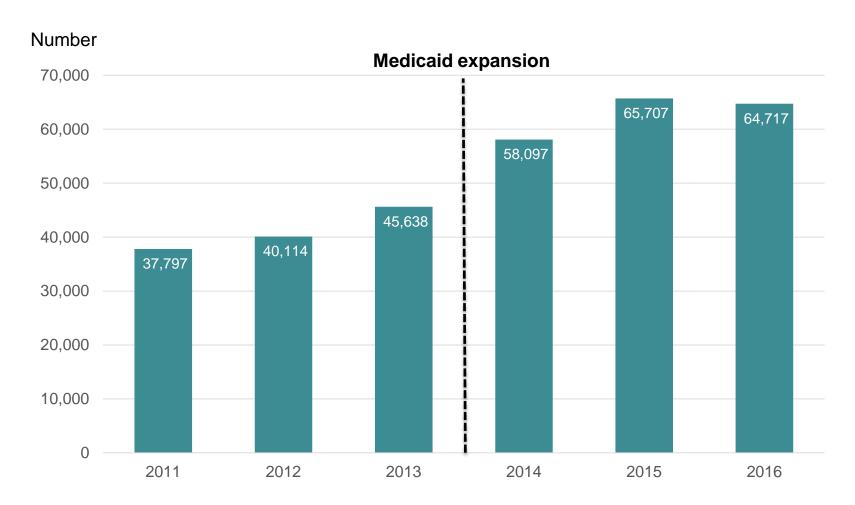
The Study Population



Note: Graphic not to scale

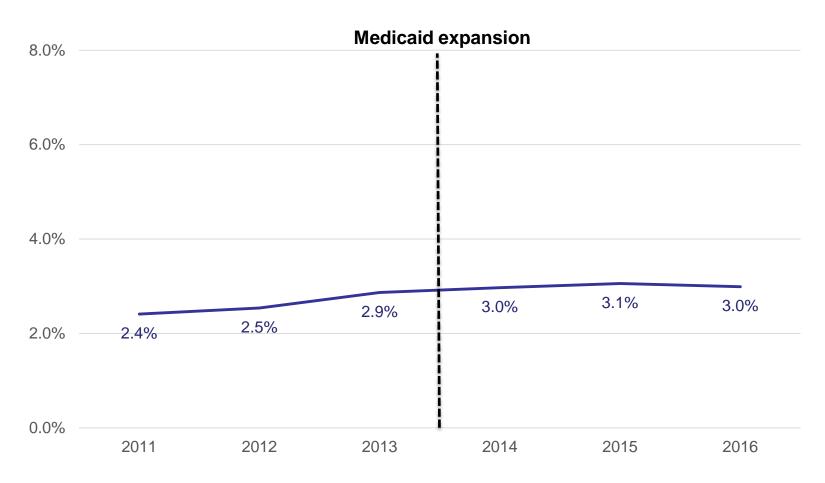
Number of Persons in Linked Medicaid and HMIS Data

Note: Individuals may appear in more than one year



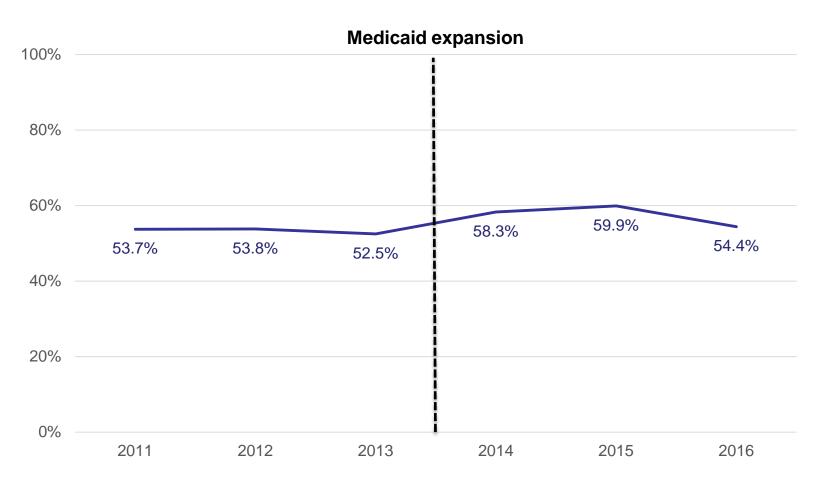
Percent of Individuals in **Medicaid** with **HMIS** Data

Note: Individuals may appear in more than one year



Percent of Individuals in HMIS with Medicaid Data

Note: Individuals may appear in more than one year



HMIS Type of Residence Groups (Last coded in 2015)

Note: Excludes Medicaid Beneficiaries living in Nursing or Developmental Disabilities Facilities or Eligible for Home and Community-Based LTC Services

Homeless (19%)

Emergency shelter, including hotel or motel paid for with emergency shelter voucher

Interim Housing

Place not meant for habitation

Safe Haven

Transitional housing for homeless persons

Transitional housing for homeless persons (including homeless youth)

Permanent Supportive Housing (PSH) (1.0%)

Permanent housing for formerly homeless persons

Permanent housing for formerly homeless persons (such as: a CoC project; HUD legacy programs; or HOPWA PH)

Rental by client, with GPD TIP subsidy

Rental by client, with VASH subsidy

Transitional or Other Housing Situation (73%)

Hotel or motel paid for without emergency shelter voucher

Owned by client, no ongoing housing subsidy

Owned by client, with ongoing housing subsidy

Rental by client, no ongoing housing subsidy

Rental by client, with other ongoing housing subsidy

Residential project or halfway house with no homeless criteria

Staying or living in a family member's room, apartment or house

Staying or living in a friend's room, apartment or house

Institutional Situation (3.8%)

Foster care home or foster care group home

Hospital or other residential non-psychiatric medical facility

Jail, prison or juvenile detention facility

Long-term care facility or nursing home

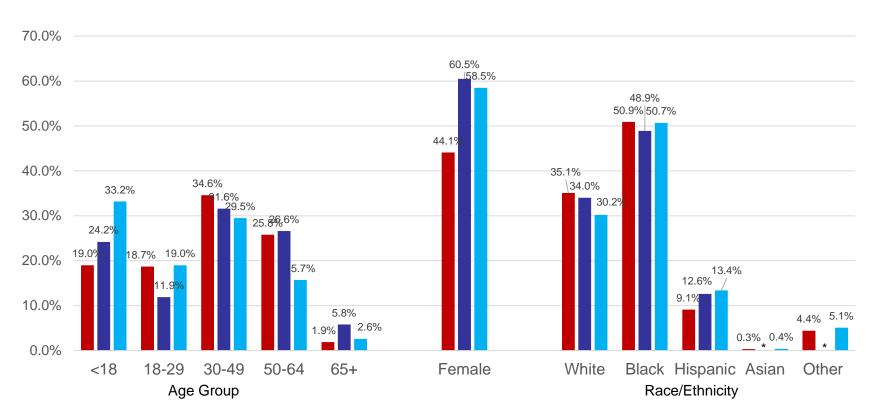
Psychiatric hospital or other psychiatric facility

Substance abuse treatment facility or detox center

Other/Unknown/Missing/Not Applicable (4.0%) (excluded from the analysis)

Demographics of Medicaid Beneficiaries by HMIS Type of Residence, 2015





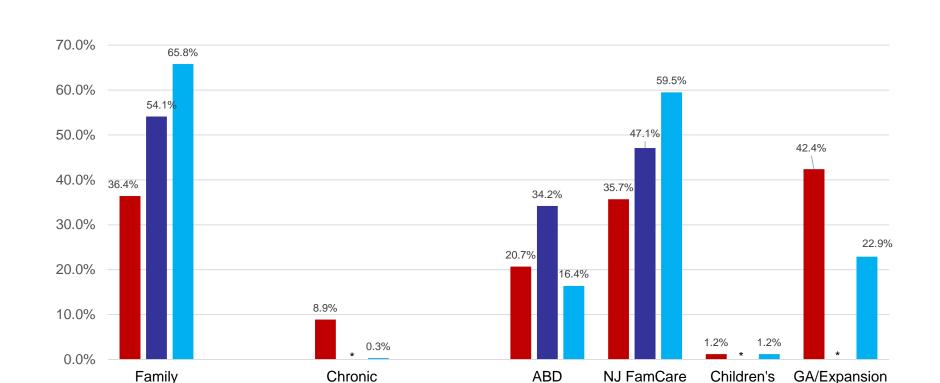
^{*}Data not shown due to small number (n<30)

HMIS Family and Chronically Homeless Status and Eligibility Category of Medicaid Beneficiaries by HMIS Type of Residence, 2015

Transitional/Other Housing

■ PSH

Homeless



HMIS Status

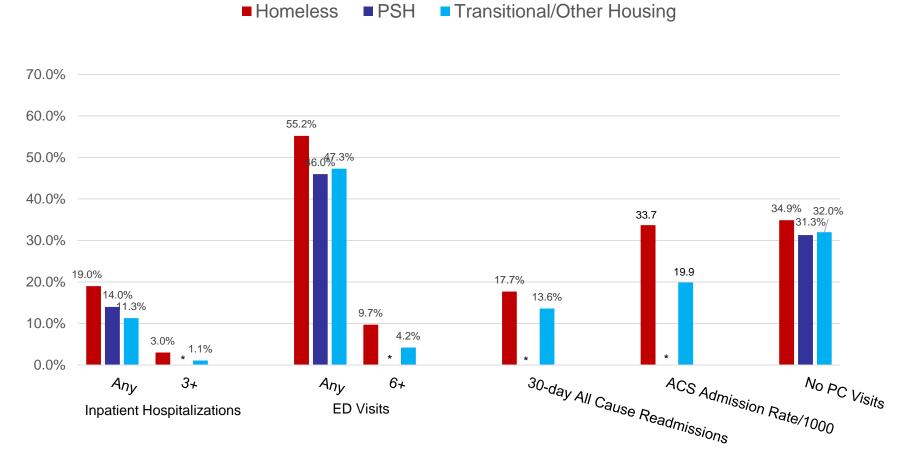
Homeless

Serv/Other

Medicaid Eligibility Category

^{*}Data not shown due to small number (n<30). ABD=Aged/Blind/Disabled. GA=General Assistance. Center for State Health Policy
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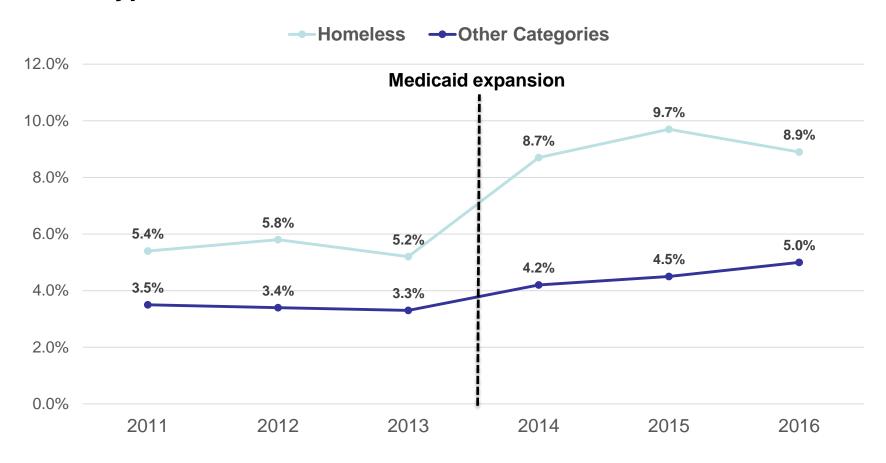
Health Care Utilization by HMIS Type of Residence, 2015



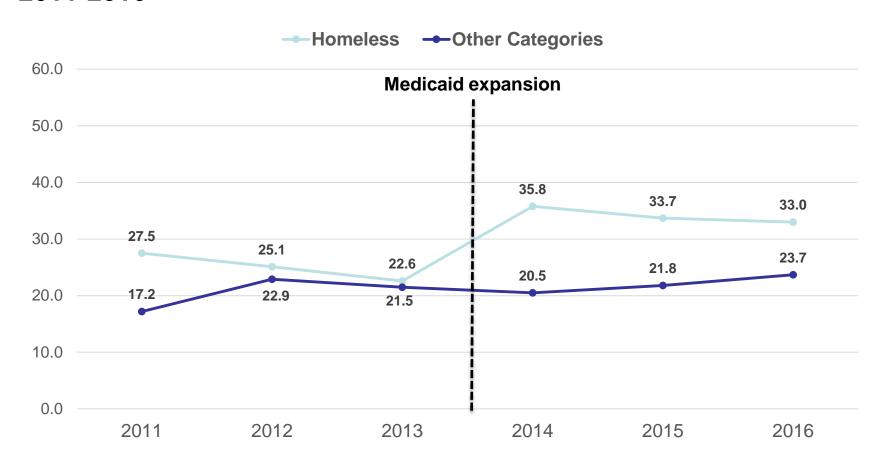
^{*}Data not shown due to small number (n<30). ED=Emergency Department (not admitted). ACS=Ambulatory Care Sensitive. Center for State Health Policy

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Percent with Six or More Annual Emergency Department Visits by HMIS Type of Residence, 2011-2016

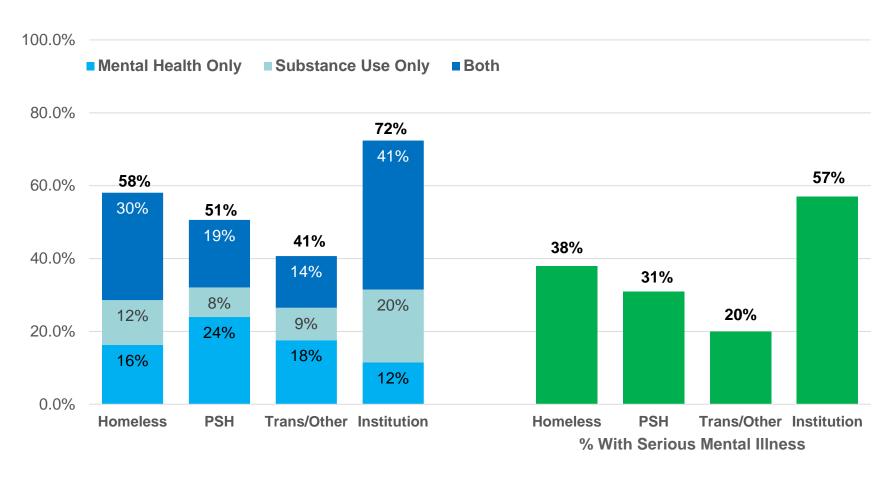


Annual ACS Admission Rate per 1000 by HMIS Type of Residence, 2011-2016

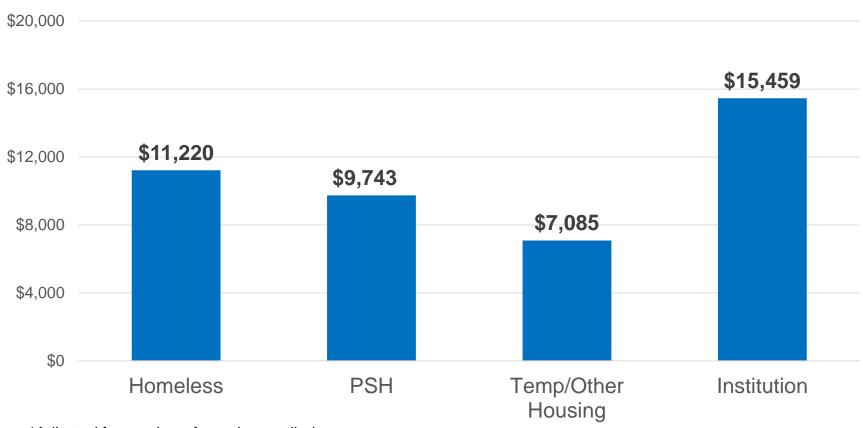


^{*}ACS=Ambulatory Care Sensitive.

Medicaid Behavioral Health Diagnoses by HMIS Type of Residence, 2015

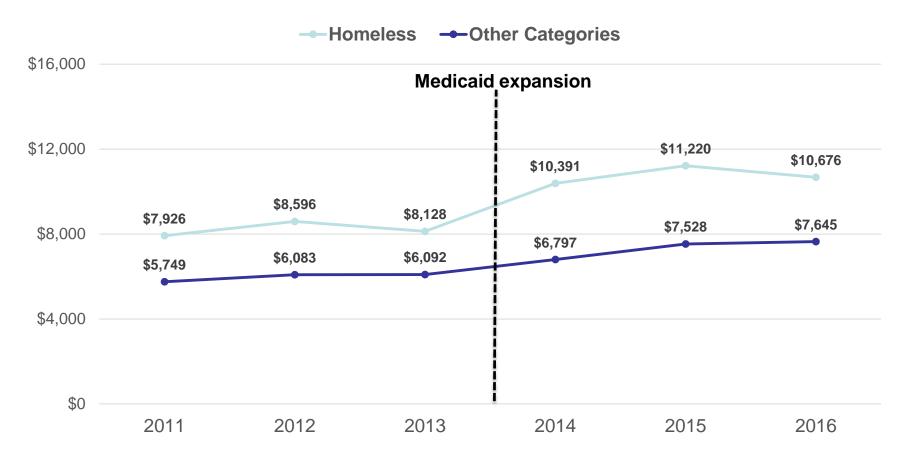


Average Annual Medicaid Spending* by HMIS Type of Residence, 2015



^{*}Adjusted for number of months enrolled.

Average Annual Medicaid Spending* by HMIS Type of Residence, 2011-2016



^{*}Adjusted for number of months enrolled.

DISCUSSION

Additional comments welcome!
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