

Overcoming Housing Barriers and Prevention of Institutionalization

ADvancing States Virtual HCBS Conference
December 9, 2020



Agenda

- Company Overview
- Prevention of Institutionalization
- Overcoming Housing Barriers for LTSS Beneficiaries
- National Policy Recommendations
- Questions/Contact Information

Objectives

By the end of this presentation, you will be able to:

1. Learn how WellCare of New Jersey successfully prevents their members from being institutionalized
2. Learn how Sunshine Health, partnering with the Agency for Health Care Administration (AHCA), implemented new ways to overcome housing barriers
3. Recognize Centene's policy recommendations to address housing barriers and prevent institutionalization

Panelists

Centene – Sarah Triano, Senior Director of Policy & Innovation,
Complex Care

Centene – Mark Henry, Director of Network Development –
Complex Care and Foster Care

Sunshine Health – Bill Hinsdale, Senior Vice President and Chief
Medicaid Officer

WellCare of New Jersey – Marjorie Forgang, Vice President of
Medical Management



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Company Overview

Centene At A Glance

Transforming the health of the community, one person at a time.

#42 FORTUNE 500® (2020)

Serving **1 in 15** Individuals

71,100 Diverse and Dedicated Employees



Centene operates internationally through subsidiaries and investments, including the UK, Spain, and Slovakia

25.2 million managed care members

Leading government-sponsored healthcare across the United States

- Health plan operations
- Medicaid and Medicare
- Medicaid or Medicare
- Medicaid, Medicare, and Marketplace

13.1M

Medicaid members across **30 STATES**

1.0M

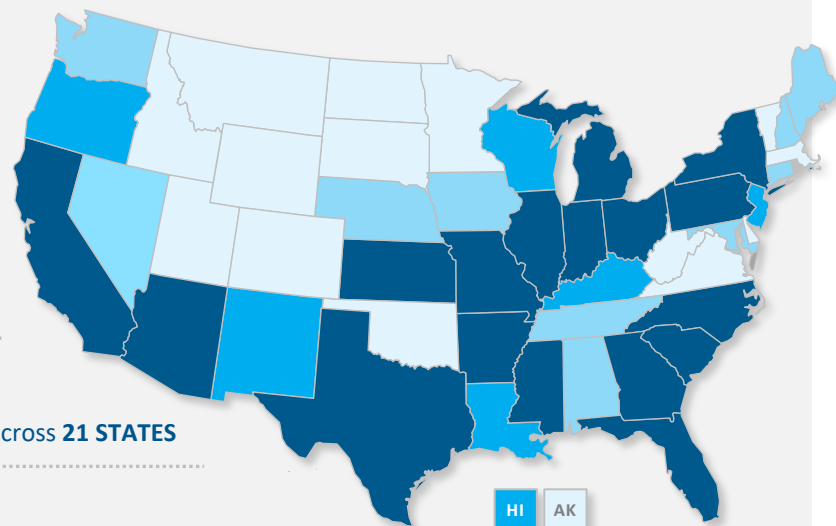
Medicare members across **28 STATES**

2.2M

Marketplace members across **21 STATES**

4.4M

Prescription Drug Plan members across **50 STATES**



Why we're in business

OUR PURPOSE

Transforming the health of the community, one person at a time

What we do

OUR MISSION

Better health outcomes at lower costs

What we represent

OUR PILLARS



Focus on the Individual



Whole Health



Active Local Involvement

What drives our activity

OUR BELIEFS

We believe healthier individuals create more vibrant families and communities.

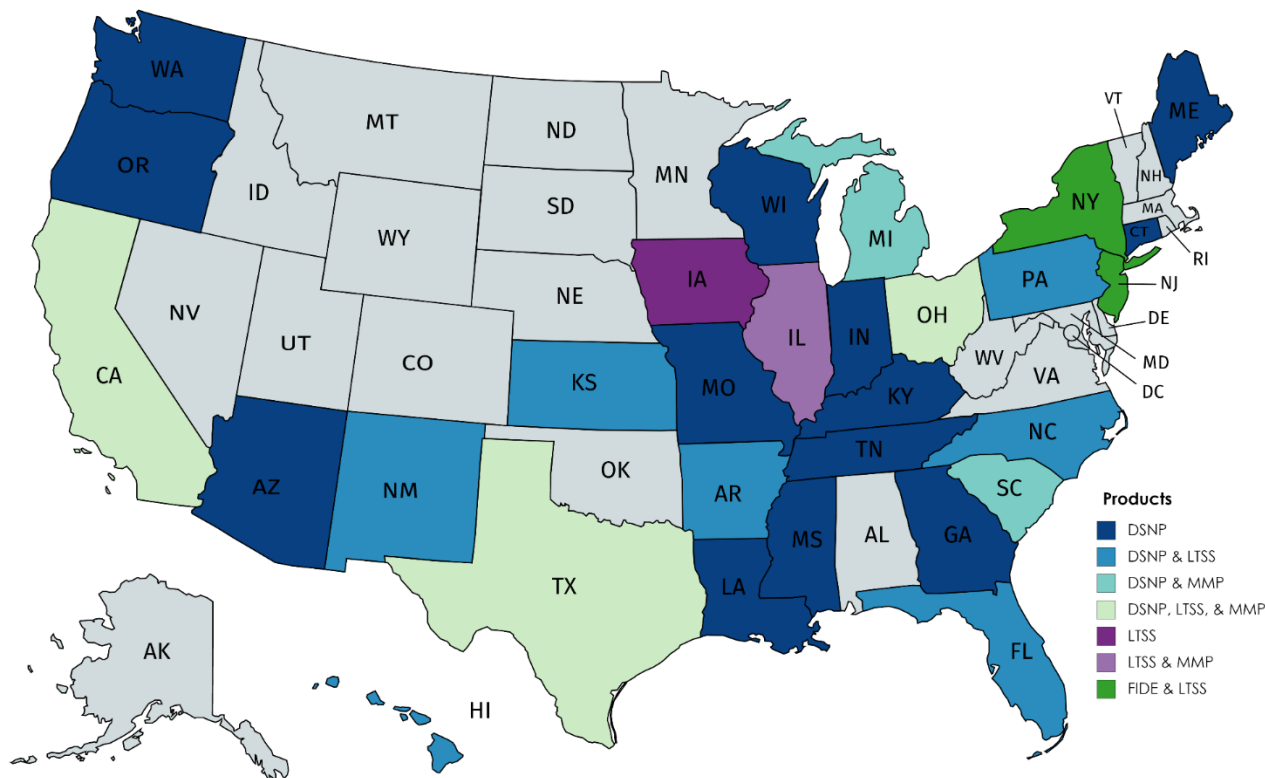
We believe treating people with kindness, respect and dignity empowers healthy decisions.

We believe we have a responsibility to remove barriers and make it simple to get well, stay well, and be well

We believe in treating the whole person, not just the physical body.

We believe local partnerships enable meaningful, accessible healthcare.

Centene's LTSS, MMP, and DSNP Footprint



- 360,000 LTSS members in 13 states
- 234,000 DSNP members in 31 states
- 60,000 MMP members in 6 states

- Largest MLTSS, 2nd largest MMP, and 4th largest DSNP health plan in the United States*

Populations include: Older Adults, Persons with Physical Disabilities, HIV/AIDS, Intellectual & Developmental Disabilities, Brain Injury, and Mental Health Disabilities



*January 2020 data

Confidential and Proprietary Information

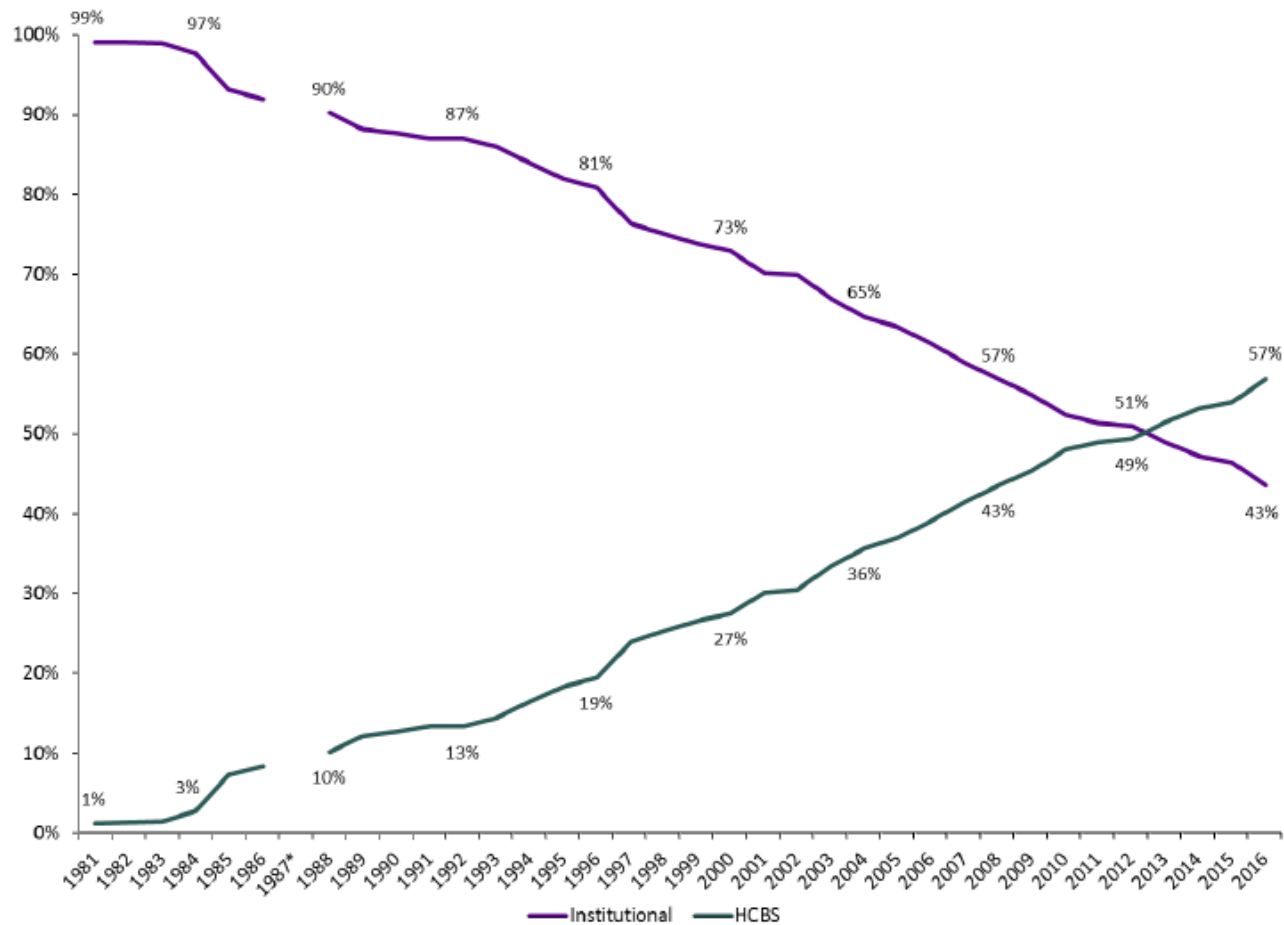


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Prevention of Institutionalization

National Spend on HCBS

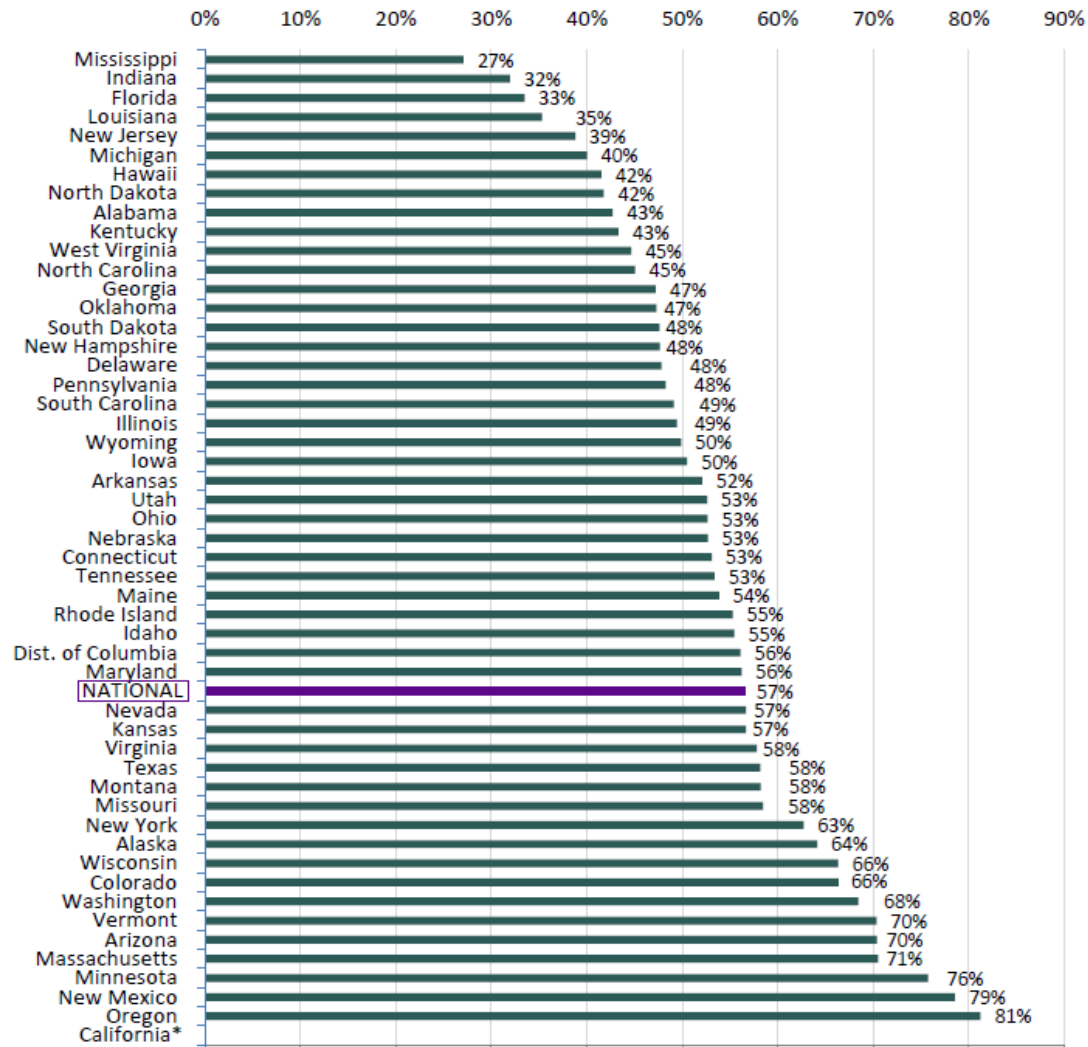
Medicaid HCBS and Institutional LTSS Expenditures as a Percentage of Total Medicaid LTSS Expenditures, FY 1981-2016



Source: Eiken et. al. *Medicaid Expenditures for Long-Term Services and Supports in FY 2016*, May 2018, available at www.Medicaid.gov

Rebalancing by State

Medicaid HCBS Expenditures as a Percentage of Total Medicaid LTSS, by State, FY 2016

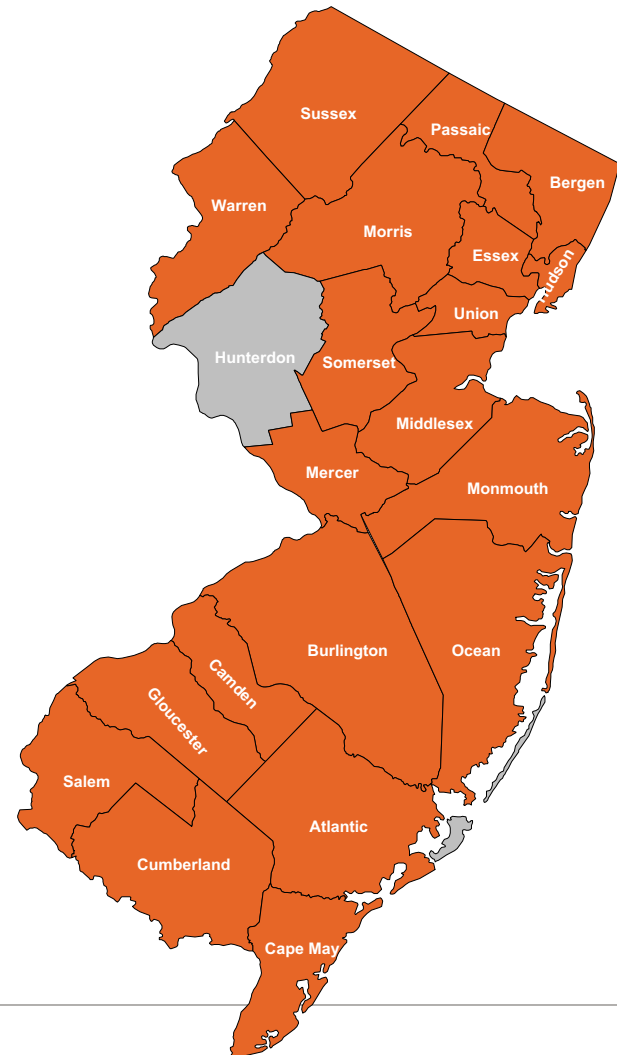
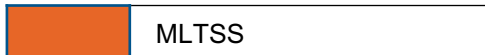


New Jersey MLTSS Presence

WellCare of New Jersey serves 11,000 MLTSS members in New Jersey.

New Jersey Managed Long-Term Services and Supports (MLTSS) Presence:

- Helps members live independently in their communities
- Provides care managers to monitor the healthcare needs of members on a regular basis
- Offers cost-savings for state compared to residential care

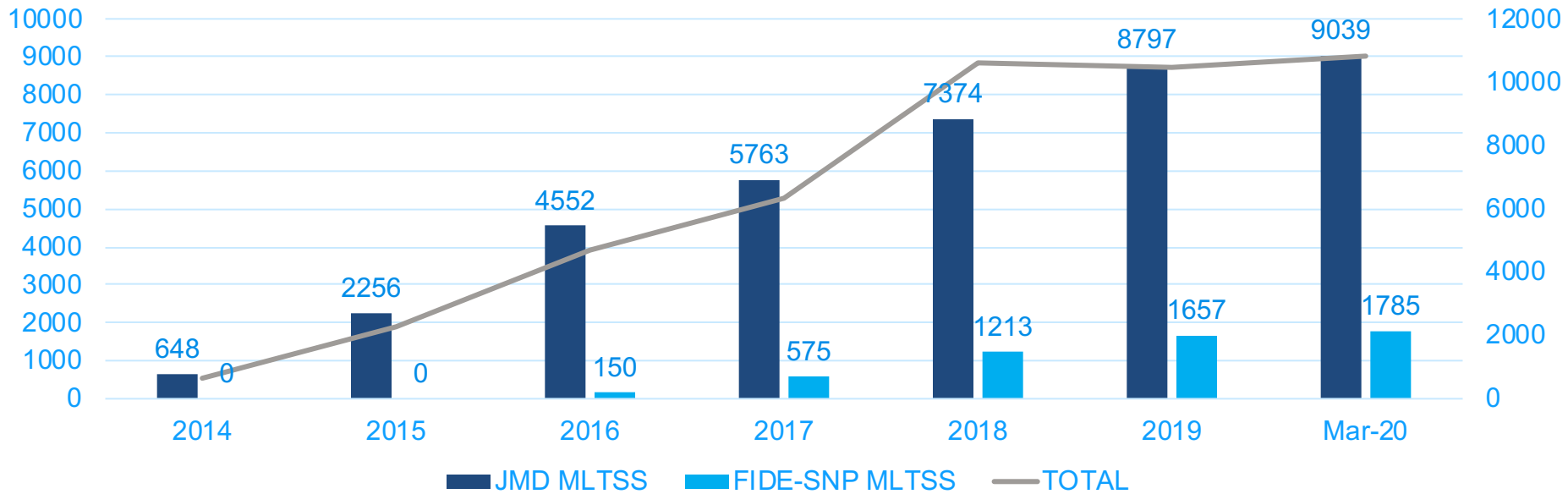


Prevention of Institutionalization

1. Goal of this program is to maintain institutional admissions at or below 2% giving people the freedom to choose how and where they want to live in the least restrictive environment possible.
2. WellCare of New Jersey began its MLTSS program in **2014 with 648 members** and has grown to over **11,000 members in 2020**.
 - a. In 2015, WellCare of NJ had over 260 members admitted to a nursing home. In 2018, the number of admissions dropped to 20 members.
 - b. In 2018, WellCare of NJ successfully transitioned 50 members to a home/community based setting who remained there for at least 90 days.

NJ MLTSS-Program Growth 2014-2020

MLTSS program membership growth



How Did We Do It?

Identified Risk Factors

Identified Members and the Population
at Risk for Institutionalization

Implemented Interventions for
Preventing Institutionalization

Identifying Risk Factors

Cognitive Disorders

Developmental Disabilities

Progressive Neuromuscular Disorders

Multiple Co-Morbid Conditions

Non-Compliance with healthcare recommendations

Lack of Social/Caregiver Support

Frequent Emergency Department visits

Frequent Inpatient Admissions

Transfers to rehab facility

Frequent falls

Recent decline in health status

Caregiver stress and potential for burn out

Identification by Population

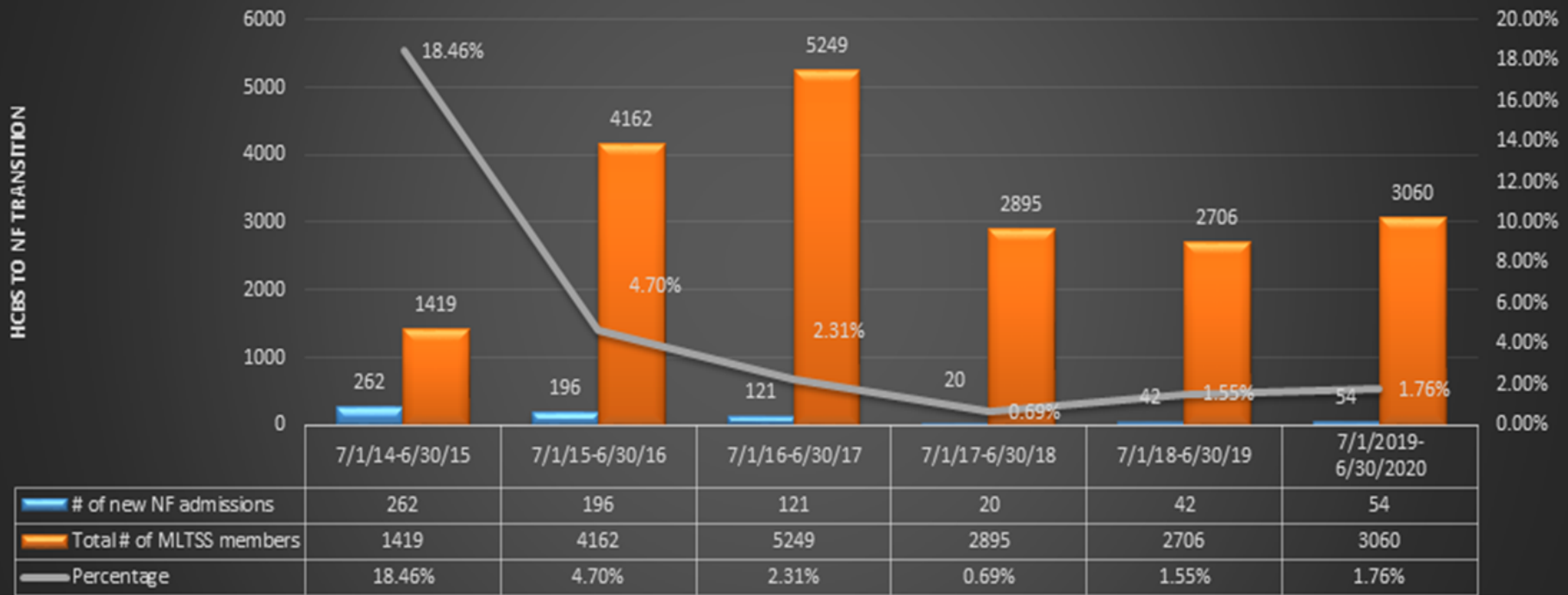
- MLTSS Enrollees
 - Care manager (CM) assessment using the NJ Choice
 - Annually and when there is a change in condition
 - Triggers identified on NJ Choice Assessment CAP(Inter-RAI)
 - Monitored through monthly CAP report
- For non-MLTSS enrollees (MCD, MDR, D-SNP)
 - Risk Screen conducted at time of assessment/reassessment for service authorization-Every 6 months
 - Risk Screen based on NJ Choice triggers
 - Risk Screen also conducted with a request for increase in services outside of routine reassessment timeframes
 - › Ex. Change in condition/care giver hospitalization
 - Members at risk referred to MLTSS via NJ Choice Assessment/state submission

Interventions for Preventing Institutionalization

- Clinic Assessment Protocols (CAPs) Provide Intervention recommendations
- Home-Based Supportive Care
 - Increase in hours (can be temporary while other services are placed)
- Medical Day Care
- Emergency Response System (PERS)
- Caregiver Education and Training
- Caregiver Support Groups
- Respite
- PT/OT/ST
- DME (wheelchair, walker, bedside commode etc.)
- Informal Supports (Family, neighborhood, religious community)

Results Year over Year 2014-2020

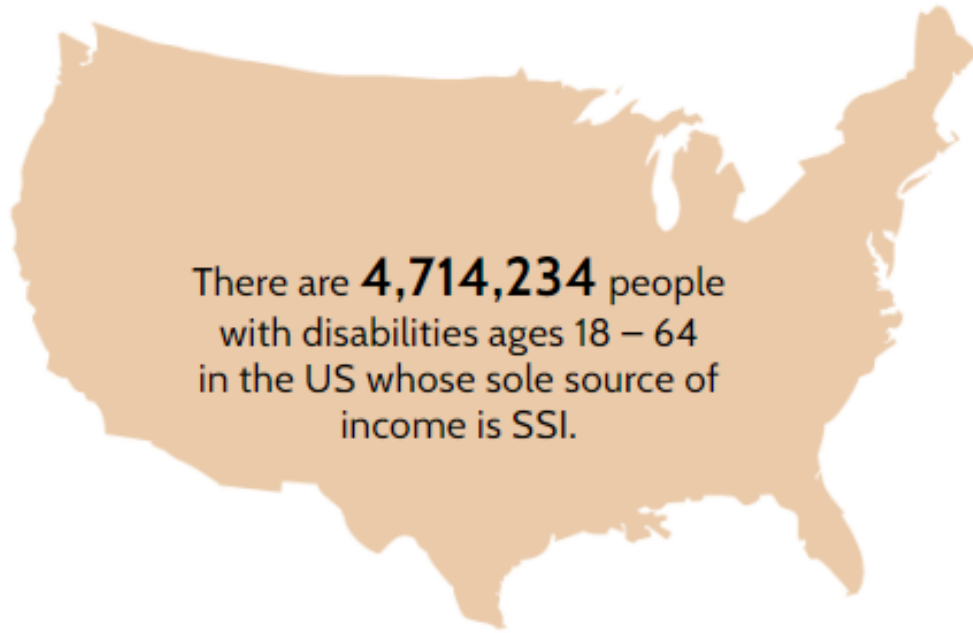
New NF admissions for MLTSS members (Annual Measure)





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Overcoming Housing Barriers for LTSS Beneficiaries



There are **4,714,234** people with disabilities ages 18 – 64 in the US whose sole source of income is SSI.

Supplemental Security Income (SSI) is only

\$783 per month

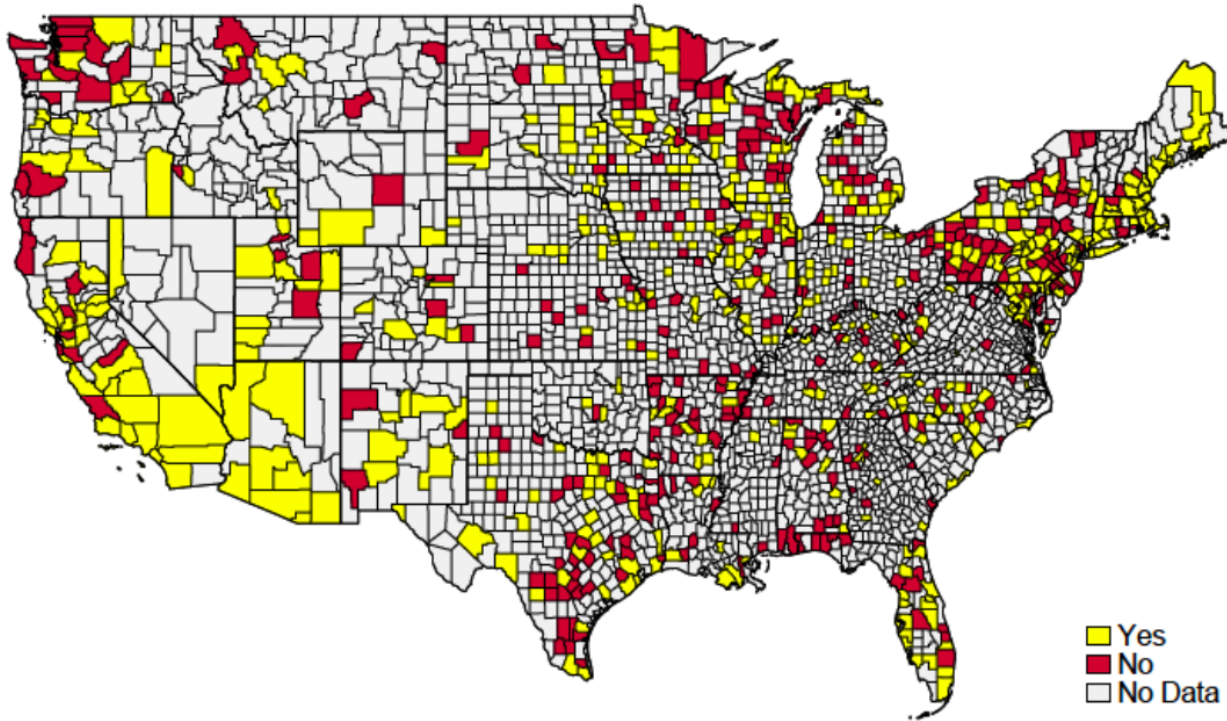


The average monthly rent for a basic one-bedroom apartment is

\$1,022

That is 131% of the monthly income of a disabled person in the US, leaving no money for food, transportation, clothing or other necessities.

Source: Technical Assistance Collaborative's *Priced Out: 2020 Edition*. Available at www.tacinc.org



Less than 50% of Public Housing Authorities had a stated preference for household heads with disabilities when allocating Housing Choice Vouchers.

Source: Hembre and Urban (2020), *Housing Assistance and SSI Participation*

- Households with disabled members with LTSS needs have **consistently higher odds of living in poor quality housing and neighborhoods** than households without LTSS needs, and were less likely to live in affordable housing.
- **Black households** with disabled members with LTSS needs **had the worst housing stability outcomes**, especially for neighborhood crime, housing quality and affordability.

Source: Meschede and Trivedi, 2020, "Disability, Race and Housing Security: Patterns of Stable Housing and Barriers to Community Living for Persons with Disabilities."

Florida LTC Presence



**We serve approximately
over 50,000 LTC members
in Florida.**

Florida's Long Term Care (LTC) Presence:

- For people ages 18 and older who meet nursing home level of care.
- Offers comprehensive physical and behavioral health services and programs, tools and supports to help members and their caregivers improve their health and quality of life.
- Our goal is to keep members living in their home or in the community when possible.
- Care manager will help members get the care they need and work with them to develop a person-centered care plan to achieve unique health goals.

Overcoming Housing Barriers for LTSS Beneficiaries

The goal is to develop a plan to overcome housing barriers and provide safe and stable housing for our LTSS beneficiaries, utilizing dedicated Housing Specialists with expertise in Behavioral Health, Homelessness, HUD housing assistance programs, low income housing options, etc.; as well as transitional housing services.

How Did We Do It?

Identify and engage stakeholders

Create a sustainable housing plan/Housing Support Crisis Plan

Develop Metrics to Evaluate Success

Florida LTSS Housing Transitions Team

Driving Community Transitions through specialized Housing Team

- Regionally based throughout Florida: West Palm, Tampa, Tallahassee
- Subject Matter Expertise includes:
 - Homelessness
 - Housing First Program
 - FL Coalition for Homeless Lead Agencies
 - HUD housing assistance programs
- Work in conjunction with Care Management Team (interdisciplinary rounds)

HUD Program Expertise

- Housing Choice Voucher Program (Section 8)
- HUD VASH (Veteran Affairs Supportive Housing)
- HOPWA (Housing Opportunity for People with AIDS)
- Shelter Plus Care (Mental Illness)
- 811 Mainstream Voucher for Non Elderly (<62) Disabled

Florida LTSS Housing Transitions Team

Our approach: Be the affordable housing liaison for our members

- Act as referral agency for affordable housing properties across the state – allows our members 1st opportunity on units; avoids multi-year waitlist
- Partnerships with affordable housing communities / authorities across Florida (Westminster Communities, Orlando Housing Authority, Florida Finance Corp.)
- Assist members in understanding housing applications and lease agreements
- Expanded Benefits that support successful transitions based on individual need (e.g. security deposits, basic housing items, bedding, dresser, recliner)

Results Achieved Since Program Inception (Dec 2018 to present)

721 Transitions from NF to HCBS

74% remained in the community for 91+ days



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National Policy Recommendations

Policy Recommendations to Address Housing Barriers and Prevent Institutionalization

1. Allow Medicaid Plans to pay subsidies for rent for HCBS members, as currently allowed for Medicare Advantage organizations under SSBCI (special supplemental benefits for the chronically ill)
2. Set Medicaid MLTSS rates to incentivize transition (i.e. blended rates for non-homogenous populations only, assume transitions in the rates as managed care savings, and temporarily freeze member's status prior to transitioning – bonus/penalties for transitions)
3. Permanently authorize Money Follows the Person
4. Allow family members to be paid attendants and direct support professionals
5. All Public Housing Authorities (PHAs) should:
 - Have disability priorities for Housing Choice Vouchers (HCV)
 - Be required to open waitlists
 - Give first priority to disabled households for accessible units
 - Have access to SSI savings from these actions that should be reinvested into addressing housing stability discrepancies, particularly for black LTSS households



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Questions?

Questions?

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