AMENDED IN ASSEMBLY MAY 31, 2016 AMENDED IN ASSEMBLY APRIL 26, 2016 AMENDED IN ASSEMBLY MARCH 29, 2016 AMENDED IN ASSEMBLY MARCH 18, 2016

CALIFORNIA LEGISLATURE—2015–16 REGULAR SESSION

ASSEMBLY BILL

No. 2821

Introduced by Assembly Member Chiu (Principal coauthor: Assembly Member Atkins)

February 19, 2016

An act to add Chapter 6.9 (commencing with Section 50678) to Part 2 of Division 31 of the Health and Safety Code, relating to housing.

LEGISLATIVE COUNSEL'S DIGEST

AB 2821, as amended, Chiu. Medi-Cal Housing Program.

Existing law establishes various housing programs directed by the Department of Housing and Community Development (HCD), including special housing programs to provide housing assistance for persons with developmental and physical disabilities and persons with mental health disorders. Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services (DHCS), under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions.

This bill would require HCD, in coordination with DHCS, to, on or before July 1, 2017, design and create the Medi-Cal Housing Program and on or before January 1, 2018, September 1, 2017, and every year thereafter, subject to appropriation by the Legislature, award grants on

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a competitive basis to eligible counties-or and regions participating in a Whole Person Care pilot program, a program under the Medi-Cal program that provides specified entities with the option to receive support to integrate care for a particularly vulnerable group of Medi-Cal beneficiaries, including individuals who are experiencing or are at risk of homelessness. homelessness, or counties and regions with Medi-Cal managed care plans administering the Health Home Program. The bill would provide that a county or a region is eligible for a grant under the program if the county or region's lead-entity agency meets specified requirements, including that the lead-entity agency is participating in a Whole Person Care pilot-program or has previously participated in a Whole Person Care-pilot program, pilot, or is a county with Medi-Cal managed care plan or plans participating in the Health Home-Program and demonstrates specified collaboration. Program.

The bill would require a county or region awarded a grant to use the funds for specified purposes, including long-term rental assistance and interim housing. The bill would provide that a county resident is eligible to receive assistance pursuant to a grant awarded under the Medi-Cal Housing Program if he or she meets specified requirements, including that the person is homeless and homeless, is a Medi-Cal beneficiary. beneficiary, and is eligible for Supplemental Security Income, and is eligible to receive services under the Whole Person Care pilot or the Health Home Program. The bill would provide that the program is subject to an initial appropriation by the Legislature, and that thereafter grants under the program are subject to annual appropriations by the Legislature, as specified.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

The people of the State of California do enact as follows:

- SECTION 1. The Legislature finds and declares all of the following:
- 3 (a) Homeless beneficiaries incur disproportionate Medi-Cal costs, particularly people experiencing chronic homelessness and
- 5 people who cycle between homelessness, emergency departments,
- 6 inpatient care, and nursing home stays. Supportive housing, which
- 7 is affordable housing with intensive services, allows people
- 8 experiencing significant barriers to housing stability to improve
- 9 their health and decrease their Medicaid costs. National studies

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comparing formerly homeless Medicaid beneficiaries living in supportive housing with homeless beneficiaries receiving usual care demonstrate Medicaid cost savings of almost \$9,000 per year after the costs of services.

- (b) In the proposal to renew California's Section 1115 Medicaid Waiver, "Medi-Cal 2020: Key Concepts for Renewal," the State Department of Health Care Services (DHCS) stated, "Research suggests that individuals experiencing homelessness, particularly those individuals with multiple chronic conditions, often struggle to receive appropriate health care services and are disproportionately likely to be high utilizers of the health care safety net." DHCS proposed using Medi-Cal to fund the tools communities need to help homeless beneficiaries gain access to and maintain housing stability, including the costs of interim housing, recuperative/respite care, and long-term rental subsidies.
- (c) The final Medi-Cal 2020 Waiver allows participating entities, including counties, to create Whole Person Care pilots to address the health, behavioral health, and social services needs of high users of multiple systems. Participating entities will be able to use Whole Person Care pilots to target offer housing-related services to homeless residents, form collaborations between local agencies and health plans to address service needs of homeless beneficiaries, pool waiver and other sources of financing to pay for services promoting housing stability, and collect data on residents' outcomes.
- (d) Though the federal Centers for Medicare and Medicaid Services disallowed federal financial participation in the costs of housing interventions, the final Section 1115 Medicaid Waiver special terms and conditions, referred to as the "Medi-Cal 2020 Waiver," allow for state contributions to Whole Person Care "county housing pools" to fund long-term costs of housing in order to achieve the goals of the Waiver proposal. The final Waiver special terms and conditions also permit tracking costs saved by moving beneficiaries from homelessness to housing and then using these costs savings to pay for some costs of housing and providing services to additional participants.
- (e) In most communities in California, a lack of housing affordable to people experiencing homelessness is one of the greatest barriers to exiting homelessness. Housing resources would allow equip Whole Person Care counties choosing to target

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homeless people with the resources to achieve the goals of the Whole Person Care Waiver provisions, during the course of the pilot and after the pilot ends.

SEC. 2. Chapter 6.9 (commencing with Section 50678) is added to Part 2 of Division 31 of the Health and Safety Code, to read:

CHAPTER 6.9. MEDI-CAL HOUSING PROGRAM

- 50678. For purposes of this chapter, all of the following definitions shall apply:
- (a) "Homeless" has the same meaning as in Section 578.3 of Title 24 of the Code of Federal Regulations.
- (b) "Interim housing" means a safe place for a participant to live temporarily while the participant is waiting to move into-an a permanent apartment affordable to the participant. participant with rental assistance, and where the participant is not required to pay more than 30 percent of his or her income toward the cost of the interim housing. "Interim housing" may include recuperative or respite care and shall not be funded for longer than a period of nine months.
- (c) "Long-term rental assistance" means a rental subsidy provided to a housing-provider provider, including a landlord renting in the private market or developers or a developer creating affordable housing, to assist a tenant to pay the difference between 30 percent of the tenant's income and the costs of operating the assisted apartment.
- (d) "Permanent housing" means an apartment where the landlord does not limit length of stay in the apartment, the landlord does not restrict the movements of the tenant, and the tenant has a lease and is subject to the rights and responsibilities of tenancy, pursuant to Chapter 2 (commencing with Section 1940) of Title 5 of Part 4 of Division 3 of the Civil Code.

33 (d)

(e) "Supportive housing" has the same meaning as in Section 50675.14.

36 (e)

(f) "Whole Person Care pilot-program" has the same meaning as described in Sections 110-126 of the Medi-Cal 2020 Waiver Special Terms and Conditions, finalized on December 30, 2015.

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The Department of Housing and Community 50678.1. Development (HCD), in coordination with the State Department of Health Care Services (DHCS), shall do all of the following:

- (a) On or before July 1, 2017, design and create the Medi-Cal Housing Program.
- (b) On or before July 1, 2017, draft guidelines for stakeholder comment to fund competitive grants to pay for interim and long-term-housing costs rental assistance under the Medi-Cal Housing Program. The guidelines shall detail competitive scoring criteria that includes, but is not limited to, scoring that awards points based upon all of the following:
- 12 (1) Capacity to administer interim and long-term rental 13 assistance.
 - (2) Identified partnerships with affordable and supportive housing providers.
 - (3) Partnerships with Medi-Cal managed care plans and the percentage of county Medi-Cal beneficiaries that those partnering health plans cover.
 - (4) Comprehensive plans that connect housing resources made available under the program with services made available through the Whole Person Care pilot or the Health Home Program.
 - (5) Quality of services provided through the Whole Person Care pilot or the Health Home Program in the applying county.
 - (c) On or before January 1, 2018, September 1, 2017, and every year thereafter, subject to appropriation by the Legislature, award grants on a competitive basis to eligible counties and regions participating in a Whole Person Care pilot-program. or counties and regions with Medi-Cal managed care plans administering the Health Home Program under Section 2703 of the federal Patient Protection and Affordable Care Act.
 - (d) Collect data midyear and annually from the Medi-Cal managed care plan partnering with participating counties and regions receiving grants awarded pursuant to this chapter.
 - (e) No later than July 1, 2017, contract with an independent evaluator to analyze data collected pursuant to Section 50678.4 to determine potential costs avoided or saved due to the Medi-Cal Housing Program.
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39 (f) (1) By March 31, 2019, and every year thereafter in which 40 the Medi-Cal Housing Program receives funding, report data AB 2821 — 6—

1 collected to the Assembly Committee on Budget, the Senate 2 Committee on Budget and Fiscal Review, the Assembly and Senate 3 committees on health, the Assembly Committee on Housing and 4 Community Development, and the Senate Committee on 5 Transportation and Housing.

- (2) A report to be submitted pursuant to paragraph (1) shall be submitted in compliance with Section 9795 of the Government Code.
- 50678.2. A county or a region that includes more than one county shall be eligible for a Medi-Cal Housing Program grant if the county or region's lead entity meets county or regional agency applying for grant funds meets the requirements of this section. Eligibility does not create an entitlement to grant funds and is subject to availability of funds. The county or regional agency applying shall meet all of the following requirements:
- (a) Meets-The agency satisfies one of the following descriptions: following:
- (1) Is a lead entity agency participating in a Whole Person Care pilot program under the Medi-Cal 2020 Waiver. pilot.
- (2) Is a lead-entity *agency* that had previously participated in a Whole Person Care pilot-program that has expired.
- (3) Is a county with Medi-Cal managed care *plan or* plans participating in the Health Home Program and demonstrates eollaboration required in subdivision (b). Program.
- (b) Has-As described under Section 115 of the Medi-Cal 2020 Special Waiver Terms and Conditions, the agency has formed collaborative relationships with at least one health-plan, plan whose members will participate in the program, county health and behavioral health agencies, at least one housing authority, and established relevant continuums of eare, as described in Section 115 of the Medi-Cal 2020 Waiver Special Terms and Conditions, along with nonprofit housing and homeless service providers, to enable the county or region to earry out the provisions of this program. care.
- (c) For residents participating in the Medi-Cal Housing Program, has identified a source of funding for-care management and other services Housing Transition Services and Tenancy Sustaining Services, as identified in the Centers for Medicare and Medicaid Services Services' Informational Bulletin regarding Housing-Related Activities and Services for People with

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Disabilities, issued June 2015, and identified in the Medi-Cal
Waiver 2020 Special Terms and Conditions. 26, 2015. Funding
for these services shall include one or more of the following:

- (1) County general funds.
- (2) Whole Person Care pilot housing pool and care management programs.
 - (3) The Health Home Program.
- (d) Agrees to contribute funding for interim and long-term rental assistance through one or more of the following sources:
 - (1) County general funds.
 - (2) Housing pools created through a Whole Person Care pilot.
- (3) A county or parternering housing authority's set-aside of at least 15 percent turn-over federal Housing Choice Vouchers to residents experiencing homelessness and who are eligible to receive Whole Person Care pilot or Health Home Program services.

(d)

(e) Has designated a process for administering grant funds through agencies administering housing programs.

(e)

- (f) Agrees to collect and report data, as described in Section 50678.3, to the Department of Housing and Community Development and the State Department of Health Care Services.
- 50678.3. (a) A county or region awarded grant funds under this chapter shall form agreements with *partnering* health plans to collect Medi-Cal data regarding members' overall health costs. *medical costs, to the extent that information is available, up to 12 months prior to each participant's move into permanent housing, as well as medical costs after each participant's move in, pursuant to the reporting requirements of this section.*
- (b) A county or region awarded grant funds *or the county's or region's partnering Medi-Cal managed care plan* shall, at annual and midyear intervals, report all of the following data to HCD and DHCS:
- (1) A comparison of health care costs of residents medical costs of participants receiving long-term rental assistance under the Medi-Cal Housing Program to health care costs of homeless residents not receiving long-term rental assistance. medical costs of the same participants 12 months prior to move in to permanent

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housing, or for participants with less than 12 months of available 2 data prior to move in, any data available prior to move in.

- (2) The number of participants and the type of interventions offered through grant funds.
- (3) The number of participants receiving long-term rental assistance living in supportive housing or other housing that does not limit length of stay. permanent housing.
- 50678.4. A county or region shall use grants awarded pursuant to this chapter for one or more of the following, which may be administered through a housing pool, as defined in the Medi-Cal 2020 Waiver Special Terms and Conditions: Whole Person Care pilot:
- (a) Long-term rental assistance for periods up to five years, as determined by the eligible county. years.
- (b) A capitalized operating reserve for up to 15 years to pay for operating costs of an apartment or apartments within a development receiving public funding to provide supportive housing to people experiencing homelessness.
 - (b)
 - (c) Interim housing.
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- (d) A county's administrative costs for up to -5 3 percent of the total grant awarded.
- 50678.5. A county resident is eligible to receive assistance pursuant to a grant awarded under the Medi-Cal Housing Program if he or she meets all of the following requirements:
 - (a) Is homeless upon initial eligibility.
 - (b) Is a Medi-Cal beneficiary.
- 29 (c) Is eligible for Supplemental Security Income.
- 30 (e)
 - (d) Is eligible for the services program identified by participating counties or regions. to receive services under either the Whole Person Care pilot or the Health Home Program, whichever is operative in the participating county or region.
- 35 (e) Is assessed to be likely to improve his or her health 36 conditions with supportive housing.
- 50678.6. The Medi-Cal Housing Program is subject to an initial 38 appropriation by the Legislature. After the initial appropriation, the funding of grants under the program is subject to annual 40 appropriations by the Legislature based on decreased costs of care,

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as reported by participating counties, identified in the evaluation described in Section 50678.1, of moving eligible participants into supportive housing.

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50678.7. HCD shall reimburse DHCS for the costs of collecting data and collaborating in the design of the program. HDC shall use no more than 5 percent of the funds appropriated for the Medi-Cal Housing Program for purposes of administering the program.