

# COVID-19 Homeless System Response: Managed Care Resource Brief

Managed care organizations (MCOs), also called health plans, are a key potential partner in planning for your Continuum of Care's (CoC) response to the COVID-19 pandemic. This resource discusses some of the partnership opportunities CoCs can have with MCOs, and how to get started in talking with key MCO staff. Both executive CoC leadership as well as HMIS administrator leadership will benefit from this resource.

## Managed Care Basics

Health plans increasingly understand the health benefits that stable housing has for members, including management of chronic conditions as well as reductions in crisis care utilization. In states that have expanded Medicaid, MCOs are often contracted to provide health care to low-income populations such as people experiencing homelessness. MCOs generally want to work with local community-based providers to help locate members and support delivery of community-based care. The goals of MCOs are to deliver quality and cost-effective services to improve health. Via their contracts with states, MCOs are outcome- and performance-driven. States are increasingly requiring MCOs to track housing outcomes and other Social Determinants of Health (SDOH) and to play a role in improving outcomes. As a result, some MCOs are interested in working with CoCs to assist them in locating and helping to coordinate care and maintain the health of people experiencing homelessness or recently housed in your CoC.

Reaching out to an MCO can be daunting, as many are huge companies. States such as New Hampshire, Delaware, and Louisiana have required health plans to hire housing coordinators who would be a good first point of contact. If no one at the plan has a role specifically related to housing, staff focused on SDOH or population health would also have an interest in connecting to programs and systems that address housing-related needs.

Timelines in working with MCOs can vary. There may be things that can be accomplished quickly (such as data matching, improving care coordination, and access to services) as well as things that have a longer time horizon (such as funding site-based housing or making investments in local flexible housing pools).

MCOs are data-driven—if your CoC is not already [sharing data](#) with managed care, you should begin that process. With the right data on members experiencing homelessness, MCOs can begin to scope out how they can help your CoC, to (at a minimum) help plan and coordinate care for their members, and hopefully to provide funding for housing and access to critical services. When MCOs can document a high percentage of their members experiencing homelessness or members with complex care needs, the MCOs will be more likely to make significant time or resource investment with the CoC or other homeless services providers.

## Managed Care Activities and Participants

MCOs are required to provide all medically necessary services to persons who are members of their health plan. This includes a variety of services across all project types, from shelters and hotel/motel stays to rapid rehousing (RRH) and permanent supportive housing (PSH). Critically, they can often enhance or take the place of the services component in programs, leaving more funding to house more households.

MCOs are always most interested in their own members, particularly those that are high utilizers or generally expensive to provide care, for whom housing would be a great stabilizing force in improving cost of care to the organization. Again, a great place to start is [sharing HMIS data](#) with the managed care companies in your region because it gives them good data to start from if they are looking for members and, further, are looking to improve their health outcomes through housing stability. Privacy must always be a priority and Business Associate Agreements must be properly discussed and executed with all the appropriate security protocols.

## Working with Managed Care to Address the COVID-19 Crisis

Stakeholders in communities can partner with MCOs to ensure safe housing and mitigate the spread of COVID-19. Stakeholders include CoC leadership, HMIS administrators, housing providers, and ESG recipients.

To discuss options with your MCOs:

- Contact the plan and find the right person to be at the table to describe what they can offer.
- Invite managed care staff to discuss care coordination and behavioral health services. Requesting that plans provide a staff person as a liaison to the homeless sector at the system, program, and/or person level is a great place to start.
- Enter into a data-sharing agreement to share HMIS with relevant MCOs.
- Monitor funding opportunities related to COVID-19 from MCOs and ask your contacts about them.
- In the states listed above, find out which providers have a contract with Medicaid or the health plans to use state Medicaid funds to pay for tenancy support services. If your state does not have a benefit, advocate for one.
- If your community is operating or planning a flexible housing pool, invite managed care to discuss their priority populations and how they could benefit from investing in the pool.

Ideas for partnership include:

- *Securing hotel/motel spots for at-risk members:* MCOs can be critical funding and service partners in helping secure temporary housing for people on their plans who are high-risk for virus transmission. MCOs are increasingly interested in [respite care as a model](#).
- *Grants for shelter and housing assistance:* In response to the COVID-19 crisis, some MCOs have [made grants available for community-based organizations to help secure shelter and/or housing](#) for members who need to be quarantined but do not require hospitalization. Other examples of these grants have included housing assistance (similar to prevention funds).
- *Provision of behavioral health services:* Many MCOs are also responsible for behavioral health care and should be engaged regarding how to support their members. These services will be critical to ensuring long-term housing stability for people exiting shelters and non-congregate settings to permanent housing (either RRH or PSH).
- *Tenancy support services:* [Some states](#) have passed either Medicaid state plan amendments or waivers allowing for services to be paid for in supportive housing. If you are in CO, WA, CA, MD, MA, or MN (started 7/1/20), it will be important to use service providers who are set up to bill for these services. Once a service provider is contracted to bill and deliver pre-tenancy and tenancy sustaining services, the person can stabilize in their short-term or permanent home.
- *Flexible housing pool investments:* Another way MCOs have funded housing and services is through investments into flexible housing pools. Investment amounts can vary, and this is a relatively new area, [but examples have emerged in Chicago](#) which received investments from Blue Cross Blue Shield and Advocate Aurora Health.
- *Operating or providing development capital for housing:* There has been movement recently (pre-COVID-19) where [managed care companies are operating and investing in housing developments](#) to ensure stability and care for their members who experience homelessness. MCOs may be interested in purchasing housing or hotel stock to place members experiencing homelessness so they can control the cost of providing health care. MCOs are commonly a key investor in Low-Income Housing Tax Credit (LIHTC) projects.

Specific examples include:

- UnitedHealthcare has accelerated funds to state partners and critical care providers to serve more people. It is also expanding its Housing+Health and homeless support programs, providing shelf-stable food and baby formula for people served by UnitedHealthcare Medicaid plans.
- Anthem Foundation is supporting Moving On efforts in Los Angeles and New York state and Keeping Families Together efforts in Indiana.
- [Blue Cross and Blue Shield of Rhode Island](#) awarded \$500,000 to nine local organizations committed to improving access to affordable housing. The organizations receiving funding in 2020 are each finding creative ways to make healthy and affordable housing a reality for those most in need, as well as helping them to become self-sufficient, whether through building vocational skills, learning how to negotiate with a landlord and understand tenant rights, or (in the case of formerly incarcerated individuals) receiving case management assistance and reentry support.
- More examples from the field are detailed [here](#).

## Lead with Equity

This crisis presents cities, counties, and states with an opportunity to transform our homeless response systems into systems that ensure all the populations we serve have a safe, stable home from which to thrive. Black people, Indigenous people, people of color, LGBTQ-identified people and other marginalized groups are overrepresented in homelessness and housing instability. COVID-19 has amplified the historic and current inequities embedded in our systems, processes, and practices. As communities plan for the use of existing and newly available funds, the U.S. Department of Housing and Urban Development (HUD) expects communities [to lead with equity](#). Present inequities should inform plans being made so that community investment strategies address and do not perpetuate disparities. To ensure resource allocation decisions are centered in equity, communities should partner with a [diverse range of stakeholders](#), particularly those with [lived experience](#).