

DEVELOPING A MEDICAID SUPPORTIVE HOUSING SERVICES BENEFIT

CONSIDERATIONS AND DECISION POINTS

EXECUTIVE SUMMARY

This tool is designed to assist States in the development of a Medicaid benefit to pay for services in supportive housing. Initial development of a Medicaid waiver benefit requires stakeholders and policymakers to make three preliminary determinations:

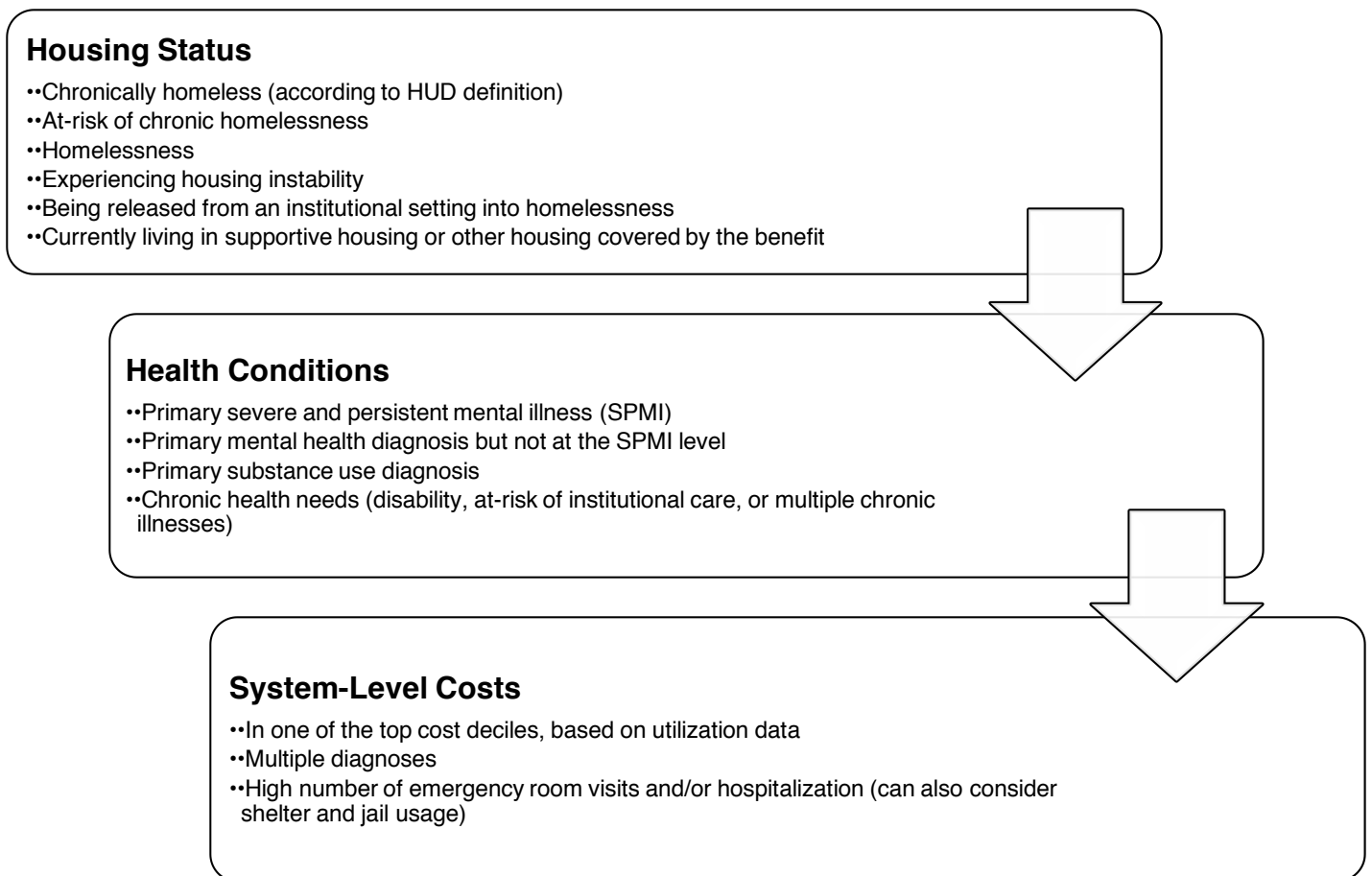
1. **Benefit Eligibility:** Determine which population will be eligible to receive assistance under the Medicaid supportive housing services benefit. (Page 1)
2. **Service Package:** Determine the scope of the services that the Medicaid supportive housing services benefit will financially support. (Page 7)
3. **State Medicaid Plan Changes:** Determine which state plan option(s) the State will need to apply for in order to obtain the Medicaid supportive housing services benefit. (Page 13)

This tool describes components of the decision-making process that should be given consideration at each of the above-listed decision points and provides sample language from existing waivers or waiver applications in other states.

Following the discussion of considerations and decision points is a decision tool in the form of a chart, to assist with determining how a State should proceed in applying for a Medicaid supportive housing services benefit.

BENEFIT ELIGIBILITY

In order to develop a Medicaid permanent supportive housing services benefit, a State must first establish the medical necessity criteria defining which beneficiaries would be eligible for the new benefit. States typically find it necessary to define eligibility on the basis of three factors: 1) housing status; 2) health conditions; and, 3) system-level costs. The following chart graphically illustrates some of the options a State may wish to consider when defining the scope of benefit eligibility.



To determine which eligibility criteria are desirable, a State should consider a number of other factors:

- **Scope of the Beneficiary Group:** A State can target its benefit narrowly or broadly. For example, benefits can be limited to persons who are chronically homeless or who were chronically homeless prior to entering a supportive housing program, or services can be made available to a broader group of beneficiaries, such as those with complex needs and/or patterns of high-cost service utilization who have experienced a prolonged period of housing instability or homelessness (such as those returning from institutional settings with housing needs).
- **Cross-Category Considerations:** Related to scope, A State can determine whether the benefit should be targeted at persons meeting certain levels of need under just one of the above categories, under a combination of two categories, or under each of the three categories. For instance, the benefit could be applicable to all chronically homeless persons, or only to those chronically homeless persons whose system-level costs fall within the top decile.

- **Tiered Structure:** A State can also define tiered levels of eligibility that are linked to service packages of varying intensity. By way of example, chronically homeless persons with co-occurring disorders that accrue system-level costs in the top decile could receive more intensive services, involving small case loads and frequent face-to-face contact. The larger group of people who are experiencing housing instability and have significant behavioral health and/or health needs, but who are neither chronically homeless nor fall within the top decile of high costs users, would then receive a more restrictive benefit, such as one that includes housing stabilization supports and facilitation of access to appropriate care.
- **Pilot benefit:** A State may choose to pilot an effort with a narrow eligibility definition (affecting only a relatively small group of beneficiaries) and then expand that definition at a later time.

Sample Language: Eligibility

California 1915(c) Waiver: CA Multipurpose Senior Services Program (0141.R05.00)

- Medi-Cal individual who, but for the provision of such services, would require the Nursing Facility (NF) level of care;
- Aged 65 years and older;
- Individuals shall only be enrolled in one HCBS waiver at any one time;
- Individuals must reside in a county with an MSSP site

Source: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Downloads/CA0141.zip>

California 1915(c) Waiver: San Francisco Community Living Support Benefit (0855.R00.00)

A person eligible for the CLSB Waiver must:

- Be a resident of the city and county of San Francisco.
- Be at least age 21 years or over.
- Be determined to meet nursing facility level of care as defined in relevant sections of the California Code of Regulations.
- Be either homeless and at imminent risk of entering a nursing facility, or, reside in a nursing facility and want to be discharged to a community setting.
- Have one or more medical co-morbidities.
- Be capable of residing in a housing setting with the availability of waiver services that are based on a Community Care Plan.

Source: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Downloads/CA0855.zip>

Louisiana 1915(c) Waiver: LA Community Choices (0866.R01.00)

- Individuals age 65 and older who are Medicaid eligible and meet nursing facility level of care; and,
- Adults with physical disabilities age 21-64 who are disabled according to Medicaid standards or SSI disability criteria, Medicaid eligible, and meet nursing facility level of care.

Source: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Downloads/LA0866.zip>

Louisiana 1915(c) Waiver: LA Supports Waiver (0453.R02.00)

Individuals age 18 and over with autism, developmental disabilities, or intellectual disabilities

Source: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Downloads/LA0453.zip>

Connecticut 1915(i) Waiver

In order to qualify for Home and community based services under the 1915i, the applicant must a minimum of 65 years of age and require assistance with 1 or 2 critical needs.

Critical needs are as follows: bathing, dressing, toileting, eating/feeding, transferring, meal preparation, medication administration.

Persons with needs beyond 2 critical needs will be served under a 1915c waiver.

Source: <http://www.ct.gov/dss/lib/dss/pdfs/SPA12001.pdf>

California 1915(i) Waiver

Needs-based HCBS Eligibility Criteria:

The individual has a need for assistance demonstrated by:

- A need for habilitation services, as defined in Section 1915(c)(5) of the Social Security Act (42 U.S.C. Section 1396 et seq.), to teach or train in new skills that have not previously been acquired, such as skills enabling the individual to respond to life changes and environmental demands; and
- A likelihood of retaining new skills acquired through habilitation over time; and
- A condition which results in major impairment of cognitive and/or social functioning, representing sufficient impairment to require interdisciplinary planning and coordination of special or generic services to assist the individual in achieving maximum potential, that continues, or can be expected to continue, indefinitely; and the existence of

significant functional limitations in at least three of the following areas of major life activity, as appropriate to the person's age:

- Receptive and expressive language;
- Learning;
- Self-care;
- Mobility;
- Self-direction;
- Capacity for independent living.

In addition to the needs identified above, the individual must also have a diagnosis of a developmental disability, as defined in Section 4512 of the Welfare and Institutions Code and Title 17, California Code of Regulations, Section 54000 and Section 54001...

Source: <http://www.dds.ca.gov/waiver/docs/SPA.pdf>

Washington State 1115 Waiver

Foundational Community Supports

Supportive Housing Benefit: Housing-related activities (Individual Housing Transition Services, Individual Housing and Tenancy Sustaining Services) that include a "to be defined" range of flexible services and supports available to Medicaid enrollees age 18 and older, who require tenancy supports to access and maintain housing. To be eligible, individuals must meet one or more of the following criteria:

1. Meet HUD definition of chronically homeless (see below)

OR

2. Have frequent or length institutional contacts (emergency room visits, nursing facility stays, hospital, psychiatric hospital stays, jail states) – frequency, length and acuity to be determined

OR

3. Have frequent or length adult residential care stays: Adult Residential Treatment Facilities (RTF), Adult Residential Care (ARC), Enhanced Adult Residential Care (EARC), Assisted Living (AL), Adult Family Home (AFH), Expanded Community Services (ECS) or Enhanced Service Facilities (ESF) – frequency, length and acuity to be determined

OR

4. Have frequent turnover of in-home caregivers or providers – frequency, length and acuity to be determined by ALISA CARE assessment

OR

5. Meet specific risk criteria (PRISM risk score of 1.5 or above)

HUD Chronically Homeless Definition: The definition of “chronically homeless” currently in effect for the CoC Program is that which is defined in the CoC Program interim rule at 24 CFR 578.3, which states that a chronically homeless person is:

- (a) An individual who:
 - (i) Is homeless and lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and,
 - (ii) Has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least one year or on at least four separate occasions in the last 3 years; and
 - (iii) Can be diagnosed with more or more of the following conditions: substance use disorder, serious mental illness, developmental disability (as defined in section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 (42 U.S.C. 15002)), post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability;
- (b) An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (1) of this definition [as described in Section I.D.2.(a) of this Notice], before entering that facility; or,
- (c) A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (1) of this definition [as described in Section I.D.2.(a) of this Notice], including a family whose composition has fluctuated while the head of household has been homeless.

Source: <http://www.hca.wa.gov/hw/Documents/waiverappl.pdf>

New York State 1115 Waiver

Target Populations

Individuals would be eligible for supportive housing services insofar as they are at high risk of not being able to live independently if they are not provided with the supportive services available through this program. Funding would target “high users” of Medicaid services, with a primary focus on the Health Home eligible population. As such, the program would work in conjunction with New York’s Health Homes and Managed Long Term Care Plans to provide needed housing services to New York’s most complex Medicaid populations.

The target populations intended to be recipients of the housing and services developed as a result of this program, include, but are not limited to:

- Chronically homeless adults who suffer from mental illness and/or substance abuse;
- Chronically homeless and physically disabled;
- Chronically homeless adults living with HIV/AIDS;
- Single adults who are presently living in New York State-operated psychiatric centers;
- Young adults with a serious mental illness and/or substance abuse disorder;

- Individuals with serious behavioral health or health conditions coming out of prison or jail;
- Individuals residing in long term care settings who prefer to return to the community (i.e. adult homes and nursing homes);
- Individuals residing in acute hospitals (i.e. hospital homeless) who cannot be discharged because they lack housing options;
- Low-income disabled individuals enrolled in or eligible for Managed Long Term Care plans or Consumer Directed Programs;
- Frail elderly individuals living in arrangements, which create a potential for harm or neglect.

Source: https://www.health.ny.gov/health_care/medicaid/redesign/docs/2012-08-06_waiver_amendment_request.pdf

California 1115 Waiver (Under Development)

- Potential target populations: high-utilizers, nursing facility discharges; those experiencing or at risk for homelessness.

SERVICE PACKAGE

In conjunction with developing the eligibility criteria on which the Medicaid supportive housing services benefit will be based, a State must work to define the scope of services that the benefit will pay for. As before, the service package can be narrow or broad, or can be tiered to provide a more intensive package of services to persons with greater needs. Services fall into one of three categories:

1. **Individual Housing Transition Services:** Housing transition services provide direct support to individuals with disabilities, older adults needing long-term services and supports, and those experiencing chronic homelessness.
2. **Individual Housing & Tenancy Sustaining Services:** Housing & tenancy sustaining services support individuals to maintain tenancy once housing is secured. The availability of ongoing housing-related services in addition to other long-term services and supports promotes housing access, fosters community integration and inclusion, and develops natural support networks.
3. **State-Level Housing-Related Collaborative Activities:** Strategic, collaborative activities design to assist in identifying and securing housing resources.

The chart below reflects some of the services a State could choose to include in an application for a Medicaid supportive housing services benefit:

Housing Transition Services	Housing & Tenancy Sustaining Services	Housing-Related Collaborative Activities
<p>Tenant Screening/Housing Assessment: Identify the participant's preferences and barriers related to successful tenancy, including collecting information on potential housing transition barriers and identification of housing retention barriers</p>	<p>Identification of Barriers to Housing Stability: Providing early identification and intervention for behaviors that may jeopardize housing, such as late rental payment and other lease violations</p>	<p>Working Agreements: Development of formal and informal agreements and working relationships with state and local housing and community development agencies to facilitate access to existing and new housing resources</p>
<p>Housing Support Plan: Development of an individualized housing support plan based upon the housing assessment that identified barriers, including short- and long-term measurable goals for each issue, establishment of the participant's approach to meeting the goal, and identification of when other providers or services, both reimbursed and not reimbursed by</p>	<p>Tenant/Landlord Rights Training: Education and training on the role, rights, and responsibilities of the tenant and landlord</p>	<p>Planning Processes: Participating and contributing to the planning processes of state and local housing and community development agencies, for example, by providing demographic, housing need, and other relevant data for the populations served by the LTSS agencies, among other planning activities</p>

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Medicaid, may be required to meet the goal		
Housing Search Assistance	Relationship Building: Coaching on development and maintenance of key relationships with landlords/property managers with a goal of fostering successful tenancy	Identification of Housing Opportunities: Working with housing partners to create and identify opportunities for additional housing options for people wishing to transition to community-based housing
Housing Application Assistance	Dispute Resolution: Assistance in resolving disputes with landlords and/or neighbors to reduce risk of eviction of other adverse action	Housing Locator Systems: Coordinating available housing locator systems
One-Time Expenses: Identification of resources to cover expenses such as security deposits, moving costs, furnishings, adaptive aids, environmental modifications, moving costs, and other one-time expenses	Eviction Defense: Advocacy and linkage with community resources to prevent eviction when housing is, or may potentially become, jeopardized	Data Tracking Systems: Coordinating data tracking systems to include housing
Environmental Review: Ensuring that the living environment is safe and ready for move-in	Housing Recertification: Assistance with the housing recertification process	
Moving Expenses: Assistance with arranging for and supporting the details of the move	Housing Support Crisis Plan: Coordination with the tenant to review, update, and modify their housing support and crisis plan on a regular basis to reflect current needs and address existing or recurring housing retention barriers	
Housing Support Crisis Plan: Development of a housing support crisis plan including prevention and early intervention services when housing is jeopardized	Tenancy Training: Continuing training in being a good tenant and lease compliance, including ongoing support with activities related to household management	

Sample Language: Services

California 1915(c) Waiver: CA Multipurpose Senior Services Program (0141.R05.00)

- Case Management
- Personal Care Services
- Respite Care (in-home and out-of-home)
- Environmental Accessibility Adaptations
- Housing Assistance/Minor Home Repair, etc.
- Transportation
- Chore Services
- Personal Emergency Response System (PERS)/Communication Device
- Adult Day Care/Support Center/Health Care
- Protective Supervision
- Meal Services – Congregate/Home Delivered
- Social Reassurance/Therapeutic Counseling
- Money Management
- Communication Service: Translation/Interpretation

Source: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Downloads/CA0141.zip>

California 1915(c) Waiver: San Francisco Community Living Support Benefit (0855.R00.00)

- Care Coordination
- Enhanced Care Coordination
- Community Living Support Benefit in licensed settings and Direct Access to Housing (DAH) sites
- Behavioral Assessment and Planning
- Environmental Accessibility Adaptations in DAH sites
- Home delivered meals in DAH sites

Source: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Downloads/CA0855.zip>

Louisiana 1915(c) Waiver: LA Community Choices (0866.R01.00)

Provides adult day care, caregiver temporary support, support coordination, assistive devices and medical supplies (assistive technology), environmental accessibility adaptation, home delivered meals, housing stabilization, housing transition or crisis intervention, monitored in-home caregiving, non-medical transportation, nursing, personal

assistive services, skilled maintenance therapy, transition intensive support coordination, and transition services

Source: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Downloads/LA0866.zip>

Louisiana 1915(c) Waiver: LA Supports Waiver (0453.R02.00)

Provides:

- Day habitation
- Habitation
- Prevocation Services
- Respite
- Support Coordination
- Supported Employment
- Housing Stabilization Service
- Housing Stabilization Transportation Service
- Personal Emergency Response System

Source: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Downloads/LA0453.zip>

Connecticut 1915(i) Waiver

Provides:

- Adult Day health
- Case (Care) Management
- Homemaker
- Personal Care Assistant
- Respite
- Assisted Living
- Assistive Technology
- Chore Services
- Companion
- Environmental Accessibility Modifications
- Mental Health Counseling
- Home Delivered Meals
- Personal Emergency Response System
- Transportation

Source: <http://www.ct.gov/dss/lib/dss/pdfs/SPA12001.pdf>

California 1915(i) Waiver

Provides:

- Habilitation – Community Living Arrangement Services
- Habilitation – Day Services
- Habilitation – Behavioral Intervention Services
- Respite Care
- Supported Employment
- Prevocational Services
- Homemaker
- Home Health Aide Services
- Community Based Adult Services (formerly “Adult Day Health Care”)
- Other – Personal Emergency Response System
- Other – Vehicle Modification and Adaptation

Source: <http://www.dds.ca.gov/waiver/docs/SPA.pdf>

New York State 1115 Waiver

Supportive Housing Services Program

New York seeks to dedicate \$75 million annually for supportive housing services to increase supportive housing. Funds would be distributed through a competitive request for proposal process. Sustainable projects, with the greatest Medicaid ROI, would be prioritized over other projects. Funds must target high cost, high need Medicaid members who require supportive services to live independently. This Program would work in conjunction with the Supportive Housing Capital Expansion Program as multiple projects would receive funds for both capital and supportive services. Funds may be used for various supportive housing services, including but not limited to:

- Crisis management;
- Case management;
- Patient navigation and care coordination services (including linkages with Health Homes);
- Counseling;
- Relapse management;
- Linkages to community resources;
- Education and employment assistance;
- Landlord-tenant mediation;
- Entitlement advocacy;
- Budgeting and help with legal issues.

Source: https://www.health.ny.gov/health_care/medicaid/redesign/docs/2012-08-06_waiver_amendment_request.pdf

California 1115 Waiver (Under Development)

- Provide funding for housing-based case management/tenancy supports (outreach and engagement, housing search assistance, crisis intervention, application assistance for housing and benefits, etc.)
- Allow health plans flexibility to provide non-traditional Medicaid services (discharge planning, creating care plan, coordination with primary, behavioral health and social services, etc.)
- Allow plan contribution of funding to savings pool with county partners that could be used to fund respite care, housing subsidies, additional housing-based case management
- Allow for health plans and counties to form regional integrated care partnership pilot programs leveraging the range of existing local, state, and federal resources in a targeted approach

STATE MEDICAID PLAN CHANGES

1915(c) HCBS WAIVERS

1915(c) HCBS Waivers: General Description

Who May Be Eligible? Services funded through the 1915(c) waiver program can only be used for persons who are either living in an institution (such as a hospital or nursing facility) currently, or who would require that level of care without access to the Medicaid services provided through this waiver.

What Services Can Be Offered? The 1915(c) waiver program can be used to cover some housing-related services, including:

- Assessment of the participant's housing needs and presenting options;
- Assistance with securing housing, including the completion of housing applications and securing of required documentation (e.g., Social Security card, birth certificate, prior rental history);
- Housing search assistance;
- Communication with landlord;
- Coordination of moving;
- Tenancy training;
- Establishment of procedures and contacts to retain housing;
- Environmental modifications to install necessary accommodations for accessibility;
- One-time financial assistance (including security deposits, set-up fees for utilities or service access, essential household furnishings and moving expenses such as furniture, window coverings, food preparation items, and bed/bath linens); or,
- Services necessary for the individual's health and safety such as pest eradication and one-time cleaning prior to occupancy.

What Services Cannot Be Covered? The 1915(c) waiver program cannot be used to cover the following:

- Monthly rental or mortgage expenses;
- Food;
- Regular utility charges; or,
- Household appliances or items intended purely for diversional/recreational purposes.

What's Unique About 1915(c) Waivers? The supportive housing services benefit created through the 1915(c) waiver program can be limited to a certain geographic area or to a set number of beneficiaries

1915(i) HCBS STATE PLAN OPTIONAL BENEFIT

1915(i) HCBS State Plan Optional Benefit: General Description

Who May Be Eligible? Services funded through the 1915(i) waiver program must be used to support beneficiaries who meet needs-based (and not descriptive or diagnosis-based) eligibility criteria relating to behavior, cognitive abilities, medical risk factors, or function level. CMS allows states to provide benefits for specific populations through a state plan amendment, provided the state can meet all federal requirements:

- Beneficiaries must be elderly or persons with disabilities;
- Beneficiaries must have incomes not more than 150% of FPL or up to 300% of SSI;
- Beneficiaries must have a choice in providers;

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- Benefits must be implemented state-wide;
- State must serve all beneficiaries who meet the benefit's eligibility criteria (cannot limit the number of people who will be served, nor limit based on diagnosis, type of illness, or condition); and,
- The state must demonstrate that it can provide its share of the cost of the program.

What Services Can Be Offered? The 1915(i) waiver program can be used to cover housing-related services similar to those available in the 1915(c) waiver program such as:

- Assessing the participant's housing needs and presenting options;
- Assistance with securing housing, including the completion of housing applications and securing of required documentation (e.g., Social Security card, birth certificate, prior rental history);
- Housing search assistance;
- Communication with landlord;
- Coordination of moving;
- Tenancy training;
- Establishment of procedures and contacts to retain housing;
- Environmental modifications to install necessary accommodations for accessibility;
- One-time financial assistance (including security deposits, set-up fees for utilities or service access, essential household furnishings and moving expenses such as furniture, window coverings, food preparation items, and bed/bath linens); or,
- Services necessary for the individual's health and safety such as pest eradication and one-time cleaning prior to occupancy.

What Services Cannot Be Covered? The 1915(i) waiver program cannot be used to cover the following:

- Monthly rental or mortgage expenses;
- Food;
- Regular utility charges; or,
- Household appliances or items intended purely for diversional/recreational purposes.

What's Unique About 1915(i) Waivers? Individuals do not have to meet an individual level of care to be served through the 1915(i) waiver program, so States can choose to serve adults with behavioral health issues or others who could not be served under a 1915(c) waiver.

SECTION 1115 RESEARCH AND DEMONSTRATION PROGRAMS

Section 1115 Research and Demonstration Programs: General Description

Who May Be Eligible? The state has a high level of flexibility to target specific populations for services not typically reimbursed by Medicaid.

What services can be offered? The 1115 Research and Demonstration program may be used to provide housing-related services to individuals already in the community, such as:

- Assistance to the beneficiary with problem-solving;
- Advocacy with landlords;
- Access to community resources to assist with back-owed rent; or,
- Assistance to individuals to complete required forms for subsidized housing.

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In addition, for persons leaving institutions, the program can be used to cover housing-related services such as:

- Housing location assistance;
- Completion of forms for subsidies;
- Moving expenses; or,
- Household set-up.

What's Unique About Section 1115 Research and Demonstration Programs? Since the Secretary of Health and Human Services may approve any Section 1115 Demonstration programs that further the objectives of Medicaid and the Children's Health Insurance Program, these programs give states additional flexibility to design and improve their programs, to demonstrate and evaluate policy approaches, such as using innovative services delivery systems that improve care, increase efficiency, and reduce costs. However, demonstration programs must be "budget neutral" to the federal government, which means that during the course of the project federal Medicaid expenditures will not be more than federal spending without the demonstration.

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DECISION TOOL TO ASSIST WITH DETERMINING HOW YOUR STATE SHOULD PROCEED IN APPLYING FOR A MEDICAID SUPPORTIVE HOUSING SERVICES BENEFIT

Decision Point	Next Step(s)	Partner(s)	Timeline
Benefit Eligibility			
<p>How broad should the scope of the beneficiary group?</p> <p>(Pg. 1 above)</p>			
<p>What housing status(es) should the beneficiary group have?</p> <p>(Pg. 1)</p>			
<p>What health conditions should the beneficiary group have? (Pg. 1)</p>			
<p>Should systems costs be considered in defining the beneficiary group?</p> <p>(Pg. 1)</p>			
<p>How should these beneficiary categories be linked?</p> <p>(Pg. 1-2)</p>			
<p>Should benefits have a tiered structure?</p> <p>(Pg. 2)</p>			
<p>What partners do we need to engage to determine the scope</p>			

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and definition of the beneficiary group?			
What data do we need to support the application based on the definition of the beneficiary group?			
Service Package			
What type of services should the benefit to cover? (Pg. 7)			
Should the benefit cover housing transition services (i.e., tenant screening/assessment, support plan, search assistance, application assistance, one-time expenses, environmental review, moving expenses, support crisis plan)? (Pg. 7-8)			
Should the benefit cover housing and tenancy sustaining services (i.e., identifications of barriers, tenant/landlord rights training, relationship building, dispute resolution, eviction defense, housing recertification, support crisis plan, tenancy training)? (Pg. 7-8)			
Should the benefit cover housing-related collaborative activities (i.e., working agreements, planning processes, identification of housing opportunities, housing			

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<p>locator systems, data tracking systems)?</p> <p>(Pg. 7-8)</p>			
<p>Should the services cut across these definitions?</p>			
<p>Should services have a tiered structure?</p>			
<p>What partners do we need to engage to determine the scope and definition of eligible services?</p>			
<p>What data do we need to support the application based on the definition of eligible?</p>			
<p>Waiver Types</p>			
<p>What waiver type should the state apply for?</p> <p>(Pgs. 13-17)</p>			
<p>What are the benefits/drawbacks of a 1915(c) waiver?</p> <p>(Pgs. 13-14)</p>			
<p>What are the benefits/drawbacks of a 1915(i) waiver?</p> <p>(Pgs. 14-15)</p>			
<p>What are the benefits/drawbacks of a Section 1115 Research and Demonstration Program?</p>			

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(Pgs. 15-17)			
What partners do we need to engage to determine which waiver to apply for?			
Other Items			
Who else needs to be brought to the table?			
What is currently happening?			