

TDHCA Housing and Health Services Coordination Council

Wednesday October 18<sup>th</sup> 2023

10:00 PM

at

221 E 11<sup>th</sup> ST

Austin, TX 78701

Bobby Wilkinson (00:00):

Good morning. Welcome to the Housing and Health Services  
Coordination Council. I'm Bobby Wilkinson, the Executive  
Director of TDHCA. We'll call roll for the folks in the room  
First, Suzanne Bernard

Suzanne Bernard (00:12):

Here.

Bobby Wilkinson (00:14):

Doni Green

Doni Green (00:15):

Here.

Bobby Wilkinson (00:16):

Mike Goodwin

Mike Goodwin (00:16):

Here.

Bobby Wilkinson (00:17):

Diana Delaney

Diana Delaney (00:18):

Here.

Bobby Wilkinson (00:19):

And it looks like we're not going to have quorum like Jeremy was saying. So let's see who's on the phone. If you would just kind of slowly introduce yourself. Don't be shy. Am I muted?

Jeremy Stremmler (00:38):

No, we're not muted.

Ida Martinez (00:42):

Hi, my name is Ida Martinez, I represent the Aging Disability Resource Centers for the Lubbock and Panhandle region.

Jeremy Stremmler (00:50):

And could you say your name one more time?

Ida Martinez (00:53):

Ida Martinez.

Claire Irwin (01:02):

Claire Irwin with Texas Health and Human Services.

Bobby Wilkinson (01:07):

Claire, I thought you were leaving us.

Claire Irwin (01:11):

Nope, not me.

Jeremy Stremmler (01:13):

Helen's the one.

Bobby Wilkinson (01:14):

It was Helen. My bad.

Jeremy Stremmler (01:15):

Maybe she hadn't been told.

Gina Angelsberg (01:22):

I'm Gina Angelsberg with the ETxADRC.

Bobby Wilkinson (01:42):

All right. Let's go ahead and get started. Item one, the meeting minutes approval. We'll skip that one without the forum. Item two, we'll get an update on the Section 811 project Rental Assistance program from the new director, Bill Cranor.

Megan Sylvester (02:00):

He may be running late. We want to

Bobby Wilkinson (02:02):

Okay.

Mike Goodwin (02:03):

Where's the Hero?

Bobby Wilkinson (02:04):

Which one's that?

Jeremy Stremmler (02:05):

For the 811?

Megan Sylvester (02:06):

Spencer?

Jeremy Stremmler (02:06):

Oh yeah. You weren't here. Mike, Spencer. Spencer left. No longer works at TDHCA.

Mike Goodwin (02:13):

I won't even asking anything else.

Bobby Wilkinson (02:16):

I mean, he wasn't fired.

Jeremy Stremmer (02:21):

Sorry, didn't mean, didn't make sound like we fired him. No, no, no.

Mike Goodwin (02:24):

I didn't. Didn't know if he was a congressman or something like that.

Bobby Wilkinson (02:28):

He found a better gig and I think eventually his wife want to move back to the Northwest where, but I think he still,

Mike Goodwin (02:36):

He did such a great job of that program. We were there day one. We formed a committee of this committee to help them do And Spencer just Absolutely.

Bobby Wilkinson (02:49):

All right. Let the record show. Blake Bergman is here.

Elizabeth Yevich (02:53):

And Michael, it's his first meeting. Yes.

Bobby Wilkinson (02:58):

Oh, that's right. I guess I've seen you at Fair Housing.

Jeremy Stremmler (03:01):

Yeah, he's replacing Jeff Hutchinson.

Bobby Wilkinson (03:02):

Okay. Okay. All right. So if director Bill Cranor is not here for 811, let's move on to emergency housing voucher. Do we have a presenter for that?

Mike Goodwin (03:23):

We're playing Republican National Committee?

Elizabeth Yevich (03:25):

This going to be a real short one.

Mike Goodwin (03:26):

We got 20 people involved.

Megan Sylvester (03:28):

I think we have somebody on the phone.

Abigail Versyp (03:30):

Hi, good morning, this is Abigail. Sorry I'm joining by telephone this morning. So thank you. The emergency housing vouchers are moving along fairly well. We have all of the

referrals that we needed from our partners and we're working through briefings. Everybody that was searching, everybody that, I'm sorry, all of the referrals have been made, so we won't be needing any more referrals unless folks drop out. We have had some over referrals from our Balance of State partner, which is fine because some of the families unfortunately will likely be in a position where they're not going to be utilizing all of their vouchers. We are extending some of the contracts for service fees so that we can make sure that all the participants are going to be receiving the same level of service regardless of when their voucher was utilized.

(04:40):

Initially, those were set to expire on the same day that the final referral was due, but since folks need time to search, the service fees will be paying those out for a little while longer. So specifically with the contract, with the Balance of State, we have 318 out of 380 housed in Tarrant County. We have 87 of 348, but we have 207 more folks in process in addition to folks that are pending their half agreement or move in. Tarrant County or with Tarrant County Homeless Coalition and they have Parker County in their service area as well. We don't have anybody housed yet, but we have all the referrals and folks are looking. And then with Heart of Texas, we have 12 housed, which is great at 25% of their requirements. And again, all of the referrals



that have needed to be sent to the department or here. So are there any questions about EHV's? We're at 417 housed of our 796 vouchers.

Bobby Wilkinson (06:00):

You said all referrals have been made? We might have a little more. How many referrals do we have? Over 796

Abigail Versyp (06:08):

Oh and over 796. We're about 40 over.

Bobby Wilkinson (06:13):

Okay.

Abigail Versyp (06:15):

In total.

Bobby Wilkinson (06:17):

It's just a great progress. It was kind of slow to get off the ground, but it looks like it's really moving, especially that Balance of State portion.

Abigail Versyp (06:25):

Yeah, it really started moving before Spencer's departure and they've just kept up with a really good pace.

Bobby Wilkinson (06:35):

That's great. Thanks. Anyone else have questions about the EHV?  
Thanks, Abigail.

Abigail Versyp (06:45):

Thank you.

Bobby Wilkinson (06:46):

Next on the list is the state Texas analysis of impediments to Fair Housing Choice consultation. Nathan Darus, fair Housing Coordinator is on the agenda. He's not here. Nathan, are you on the phone? Or Elizabeth, excuse me.

Elizabeth Yevich (07:01):

Moving on in here. Hello everybody, this is Elizabeth Yevich. I'm director of the Housing Resource Center and for those of you who are to remind everyone, our fair housing division at TDHCA about two years ago has moved under the Housing Resource Center and Nathan Darus is our fair housing coordinator. And unfortunately Nathan Darus has been ill all week, so he is not here. So it seems to, no pun intended, it's going around everybody. Everybody seems to be sick this week. So what Nathan is going to present on, I will give an update for, and it's called the Analysis to Impediments to Fair Housing Choice and

it's otherwise known as the AI. And I think most people are familiar with this. This is a HUD required document and it's required every five years and it's required just prior to something called a consolidated plan, which we have two council members here, Suzanne Bernard and Blade who work on that with us. So within the housing resource center, we have these two very large plans coming up in the next 24 months. And the first one is the AI. It's not due for 12 months, but what we are doing is we're doing outreach for it right now. And what Nathan has done this year, he's put together a QR code because apparently that's what everybody does anymore. Is QR codes from personal experience. I'm going to tell everybody, if you've got a QR code reader on your phone, don't use that because it could take you to a different site, at least for me on my phone. This happened to me on trying to do a QR code on something else. It's a story that my staff knows about and I could tell you after the meeting, but I was on vacation and had to change my credit card and it's just, yeah. Anyhow, I was trying to pay for parking somewhere and do a QR code. So what Nathan has suggested, always use your camera to take pictures of QR codes. I did not know this, so I wish I had known this or I wouldn't be on.

Jeremy Stremmler (09:07):

We've got some if you want to do it now, but you can also take these with you as well if you have other folks who want to do

this. I'll also send out the email that has the letter and the QR code if you want to send it on to other folks.

Elizabeth Yevich (09:19):

Right.

Mike Goodwin (09:21):

So this is the impediment to Fair Housing.

Elizabeth Yevich (09:25):

Good one, Mike. Good one. And Mike, I don't mean good one, as Goodwin. Good one, and your last name is Goodwin. Sorry about that. After the meeting, Jeremy will be sending out Nathan Darus's email address, the link to this QR code on the website, the link to the former AI. Now bear in mind that's about a thousand pages. We don't encourage you at all to read the former one in order to answer this. In fact, it's just like the first 150 pages. If you're at all interested in providing feedback to this document, it's just a good place on, we're a state agency, we can't change everything, but as we're writing this for the future, we'd love to have people's comments on that. So again, in lieu of Nathan telling you about this, when we go to send out notes after the meeting, we can tell you a little bit more about the comment when you go to the QR code. Nathan has prepared a couple of questions that prompt you. That's why it's better to

go to the QR code on the survey. But again, if you're afraid to do the QR code and I don't blame you and not this one, we can certainly give you Nathan's email address.

Jeremy Stremmler (10:40):

I can provide you a link to the Google, a Google form that the questions are on, so we can also provide a link to everybody for that as well.

Mike Goodwin (10:49):

Is Nathan real or is he AI?

Elizabeth Yevich (10:53):

I'm glad he's very real. We are delighted to have him under the Housing resource center. Yeah, it's a real good fit. It's a real good fit. And I don't know if Jeremy, who works on a lot of these HUD documents along with Megan over here, if you want to chime in anything or Blade, Suzanne about the AI or the consolidated plan known as the con plan, you're welcome. These are just required every five years, they're large documents. We want to make sure that everybody has an opportunity around the state to reach out about this.

Megan Sylvester (11:25):

This and there will be another opportunity for public comment once the draft.

Elizabeth Yevich (11:29):

Sure, of course.

Megan Sylvester (11:31):

But if you want a big sort of policy change or you want us to examine something that we haven't examined before, it's way easier to do it to tell us now. Then when we get the draft,

Elizabeth Yevich (11:43):

Correct. This is early outreach. Haven't started writing or revising it. It's not going to be written from scratch. I mean this has been going on for 20 years. We revise it every five years, but certainly things have changed in the past five years. So we welcome any outreach for this.

Jeremy Stremmler (12:01):

And I would say any comment you provide to this consultation or public comment on the AI is also taken into account when we start working on the five-year consolidated plan and how your comments affect those program areas and things of that nature as well. So the comments you make here could go a long way as well in that document too.

Elizabeth Yevich (12:25):

Any questions from anybody in the room or anybody on the phone? Speaker's here? With that, I'm going to turn it back to Jeremy and I think that

Jeremy Stremmler (12:39):

I heard from Bill. Bill is on the phone now. If we want to go back. There was just a miscommunication on our part. He's here.

Bobby Wilkinson (12:44):

Yeah, let's go back to item two. Update on section 811. Bill Cranor.

Bill Cranor (12:50):

Hi, this is Bill Cranor. I'm the Director of 811. I don't have a lot, but I did want to say that we have 440 residents currently housed and we're expecting to raise that number whenever we can start with our 2019 award. Also, there is a new HUD NOFO out for additional funding for our program. It just came out the day before yesterday, so we haven't really looked at it, but I think the intent right now before we've gotten into it is to apply for that and that would hopefully give us some more. If we got the maximum, I'm thinking it would be about 150 units. And then the final thing is we have a new employee, Quinessa Cox that started

with us this week. So we are now fully staffed, which is nice because it hasn't been since Spencer left. But I'm also, I'll answer any questions anybody has about 811.

Bobby Wilkinson (13:55):

Any questions for Bill on 811? Bill, when's that application due for the new NOFA?

Bill Cranor (14:05):

I think it's February.

Bobby Wilkinson (14:06):

Okay. Got a little time. Alright.

Mike Goodwin (14:11):

We don't have any money. We don't have a `government.

Bobby Wilkinson (14:14):

We'll be fine. Fine.

Mike Goodwin (14:17):

I'm wondering how they're going to fund these new programs if they haven't got the budget.

Bobby Wilkinson (14:20):



That's a well-oiled machine up there.

Megan Sylvester (14:25):

So some of these funds were allocated in previous,

Mike Goodwin (14:29):

So they're already previously allocated?

Megan Sylvester (14:30):

Yeah, HUD wanted not to speak for them, but I think they wanted to get a bigger balance before releasing a competition. So that's why they've waited a little bit.

Bobby Wilkinson (14:41):

Yeah, the shutdowns don't seem to hurt us too much, at least in the short term.

Mike Goodwin (14:45):

They're always pre-funded. I've got a major section 8 contract that's renewing now and they said, don't worry about what's going on. We're already funded. It was funded two years ago, so we've got the money.

Bobby Wilkinson (14:57):

I think if our section 8 contract ended after a shutdown, maybe we'd have a problem.

Megan Sylvester (15:03):

So we may have a problem with these 2019, 811 funds because we're hopefully going to get them in-house soon, but if people aren't set up in the track system, the federal employees can't work on them. So we wouldn't be able to issue new racks during a shutdown period. But for racks that are already in the system, we can add units to the racks Bill, Is that your understanding? We can't just set up new ones.

Bill Cranor (15:37):

Can't set up new ones for 2000, which,

Megan Sylvester (15:41):

Well, for anything not already in during, if we had to shut down, that was the case in the last shutdown is we couldn't add new racks to,

Bill Cranor (15:49):

Yeah, we can't add new contracts, but we would continue to get paid as long as we have funding.

Megan Sylvester (15:54):

Correct.

Bill Cranor (15:54):

Unfortunately, we're only funded till the end of the year for 2012, 2013. We're funded for, I don't know how long. It depends on how quickly you spend it, but it's longer than that.

Megan Sylvester (16:07):

And what HUD has done sometimes for both the Section 811 program and the regular section eight program is they have sometimes if they know a shutdown is coming, they've shifted payments for you to get paid before where normally you might not get paid till the fifth. They've allowed you to submit things early. I don't know if they're going to do that this time. We haven't received any guidance about it.

Bobby Wilkinson (16:35):

We can pull a few budget tricks of our hat and maybe float some payments and stuff.

Megan Sylvester (16:39):

And that's what we did the last time for, I think we've only had to do it once for section 8, but we have some CSBG set aside as an emergency fund for our section 8 households and floated payments.

Bobby Wilkinson (16:54):

Sorry, what was your name? I want to get it on the record. Hi,

Veronica Neville (16:56):

Veronica Neville with HHSC.

Bobby Wilkinson (16:58):

Okay. Veronica. And that's perfect because I think we're on to item five, the presentation on Medicaid and housing.

Veronica Neville (17:11):

Okay, great. So hi, my name is Veronica Neville. I'm a manager in the program policy area of Medicaid-CHIP and I just joined the council, this is my first meeting and it was requested that we present on, provide information about the intersection of Medicaid and housing. And I'll just put a disclaimer out there before I start that I pulled together a bunch of information on different services and programs and I'm definitely not the lead content subject matter expert on all of these things, but I'm happy to take back questions that you all have and follow up with information if I can't answer them today. And I should say, just to introduce myself too, that on my team, so I'm in Medicaid, office of policy, Medicaid and CHIP services at HHSC. And on my team is the Star Plus program, the dual demonstration,

anything really dual related, so people who are eligible for Medicare and Medicaid and then nursing facilities and also behavioral health managed care policy. Just kind of give you an idea, but I can also of course connect you with my colleagues if there's another question about Medicaid. So today we will, I'm onto slide two of the handout. And so today, we'll just quickly, you probably already know much of the information about Medicaid itself, so we'll just quickly go over what Medicaid is, the governing framework for Medicaid. We'll talk about the types of Medicaid services, managed care service delivery model, and then we'll get into what Medicaid can cover in terms of housing related supports. And then just wanted to also briefly mention some more recent focus on screening requirements related to non-medical drivers of health, specifically House Bill 1575, and then also touch upon our action plan, HHSC's non-medical drivers of health action plan. Okay. So what is Medicaid? It's an entitlement program, which means the federal funding is open to provide services to eligible people and they provide, Medicaid provides healthcare and long-term services for groups that are eligible based on income. And then some programs are also functional need and Medicaid in Texas serves children and their caretakers, pregnant women, adults with disabilities and individuals over age 65. When we talk about the governing framework. So Medicaid is jointly funded by the state and the federal government to provide coverage to people who are

eligible and need the services and federal laws and regulations outlined. How outlined the requirements for the program, the basic principles of Medicaid are set in the Social Security Act, that being statewide availability of services that services are provided in a sufficient coverage of amount, duration, and scope, that they are comparable, the same level of services across the state and in the same amount, duration and scope. And also that people have freedom of choice of Medicaid providers. And let's see. Oh, and so the Centers for Medicare and Medicaid services are the agency within the US Department of Health and Human Services that oversees Medicaid. And then federal law requires that every state designate one state agency to be responsible for the state's Medicaid program. And that agency is the one I work for, the Texas Health and Human Services Commission. You may hear people talk about the Medicaid state plan and we will touch upon state plan services in a little bit that is a dynamic document between the state and the centers for Medicare and Medicaid services or CMS. And it constitutes the agreement between the state and the federal government about our Medicaid program and the services we're going to provide, what the services are, who will receive them, how they're going to be delivered and so on. And so CMS has to approve the state plan and any amendments that we do to it. Of course, we can also apply to CMS for waivers and Texas has several waivers to test new ways of delivering services or paying for services that

aren't currently allowed in the state plan. And of course we also have to apply for approval through CMS for those waivers. So generally states will typically seek waivers to provide different kinds of services or maybe to provide services to a specific group and limit it. So kind of waiving off of those basic principles that we talked about like statewide availability and things like that. Medicaid in Texas covers just at a high level acute care services. So those are preventive diagnostic treatment, those are physician hospital services type things. Also long-term services and support. So those are the services that are going to support an individual with their ongoing day-to-day activities of daily living rather than curing a disease or treating a condition. So for those services, generally people have to, there's some type of functional necessity that people have to meet to be eligible for those services. And you might hear about attendant care, personal assistance services for adults. As an example of long-term services and supports, Medicaid covers behavioral health services, prescription drugs, non-emergency medical transportation. So if somebody has no other way, no other transportation to get to a healthcare appointment, they can use non-emergency medical transportation. So this is non ambulance type services. In Texas, there are two models of service delivery: fee for service, which is the traditional service delivery model that clients can go to any Medicaid provider for

their services. The state is contracted with those providers to pay on a unit per unit basis of services delivered. And then there's managed care and the majority of people who receive Medicaid in Texas receive their services via managed care. And so that HHSC contracts with health plans, managed care organizations to cover people for their Medicaid services. And in most cases people are going to go to providers that are in the network of their MCO and those are the providers that are contracted with the MCOs.

Bobby Wilkinson (24:58):

Where does fee for service still happen? I thought that was getting phased out.

Veronica Neville (25:03):

Yeah, so, in a few ways, most groups of people that are receiving Medicaid are in managed care, but an example is adults who are duly eligible for Medicare and Medicaid and also receive IDD services. So if they're enrolled in a waiver for people who have intellectual or developmental disabilities or if they receive ICF Intermediate Care facility services, they are going to be completely carved out. And so all of their services for Medicaid are provided via fee for service. And then also the IDD waivers themselves. So like the class waiver, HCS, Texas Home Living, those services themselves are fee for service. So the



MCOs aren't covering that now. Not everybody that's in those waivers receive everything, fee for service. They may also be enrolled in an MCO for their acute care.

Bobby Wilkinson (26:05):

Okay, that's great, thank you.

Doni Green (26:09):

Where do people go for long-term services and supports if they're not enrolled? We have people call and say I don't have a health plan. And usually it's somebody who's just been approved for Medicaid enrollment doesn't take effect until the following month. So it's, there's a delay in the enrollment, but somewhere up and down that they are not enrolled in a health plan and they're looking for primary home care or attendance services. And so HHSC regional local services, if they don't provide services to people who are receiving Medicaid benefits, so where do people go in cases like that?

Veronica Neville (26:50):

Well, there are, so yeah, when a person first enrolls in Medicaid, it can take anywhere between 15 days to 45 days to enroll in an MCO. But you're right that attendant care is a state plan service. And so if they are eligible for it, there are community care providers and I can see if I can find a

contact information if you have people that need connection to that. And so it'd be provided in the interim before they're enrolled. And then of course once they're enrolled in the MCO, then the MCO will be covering that service. Okay. The next slide, just quickly, and I'm not going to go through all the Medicaid managed care programs, but it just describes the different Medicaid managed care programs available in Texas and the groups of people that are covered today. In some of the examples of how Medicaid can cover housing related supports, we'll really focus on Star Plus and that program is a program for adults with disabilities or seniors over age 65 and also women with breast or cervical cancer are eligible. The next slide is very hard to read. It's a map of Texas and our service areas and where the MCOs are serving people in which program. So this is on our website. It'd probably be better to just go there. You can zoom in and see where the health plans are.

Doni Green (28:30):

Are those boundaries going to be redrawn?

Veronica Neville (28:34):

I've not heard.

Doni Green (28:35):

I heard two years ago that major changes with you taking effect, but I think that may have been tied to a procurement that was

Veronica Neville (28:43):

Yeah, that's what I was going to say. I don't think the service areas are redrawn, but certainly health plans can change with re-procurement and Star Plus for example. Well actually all the programs are getting re-procured, so Star Health was re-procured effective September of 2023, but it's the same plan. Superior. Star Plus is being re-procured September of next year and there are some plan changes. So all of the existing Star Plus, and this is on our website, all of the existing Star Plus MCOs are still continuing to participate, but service some of their service areas have changed. And then there are three new plans that are coming up.

Doni Green (29:31):

So the implementation date has been moved back again. Originally it was February and then June.

Veronica Neville (29:37):

That's right.

Doni Green (29:37):

And now, which makes sense. I wasn't sure why

Veronica Neville (29:40):

it wouldn't take place in the middle of the fiscal year. Yeah, and there's an HHSC procurement opportunities webpage where you can go and kind of see the latest on because also Star Kids and Star and CHIP are also being re-procured. They're just at a later phase, so it's going to be in a couple of years. So now we'll get into the meat of hopefully provide some helpful information about Medicaid and housing support. So first off, just should, I think everybody already knows this, but federal law prohibits Medicaid funds from being used for room and board and housing. So we can't use it to pay for rent. However, Medicaid can offer supports that and services to help people to identify or remain in housing. And HHSC participated in TDHCA was a part of that too. And let's see, HSSC, Medicaid, CHIP and Behavioral Health services as well. And CMS Innovation Accelerator program, two of them focused on this topic. So how can Medicaid be used to assist people to remain in their housing? And some of the information I'm showing you today is from those learning opportunities. So Texas Medicaid, some of our state plan services will cover housing related supports, home and community-based services. And today we'll just use Star Plus home and community-based services. As an example, we have Star Plus relocation services, a partnership with TDHCA on

Section 811, a partnership with Texas State Affordable Housing Corporation that we can touch upon.

And then also there's the 1915-I, state plan home and community-based services adult mental health program that has some housing related components. Alright, so the state plan services, I'll just mention a couple. The mental health rehabilitation and mental health target case management services are provided to Medicaid beneficiaries with mental illness. It's based on the CANS or ANSA based on assessments. And they include training and coaching services that can be used to help the person identify and remain in housing. So it's real important with these services, the education piece is really kind of key. If it's skills training, then it's billable and the beneficiary must be present. So for example, you can't have a provider go and kind of interact with the landlord to help negotiate a conflict without the person being there. It's really the person has to be the one interacting, but the provider can coach them and help them prepare for that process. So some examples of pre tenancy supports are things like people in TCM and MHR will receive or have recovery plans and housing related goals will be part of that plan. And so the provider can also help with completing housing applications, which is billable under target case management, psychosocial rehab and skills training. They can be used, targeted case management providers can be used in the

housing search process and they can also kind of psychosocial rehab and skills training can help with training, teaching a person about their rights and responsibilities as a tenant and sort of landlord tenant relationships. And then they also, of course, again in terms of if a conflict happens, and I kind of already said this, but just fostering, they can help with the person in fostering a good relationship with their landlord and tenant. Landlord and neighbors. And then the other example I wanted to bring up was Community First Choice. And this is really one example.

There are a lot of these kind of long-term services and supports attendant care type services with different names. But these services do assist a person in being able to maintain their housing in the sense that, for example, Community First Choice provides personal assistance, rehabilitation, emergency response services, which are a service. If somebody has an emergency, they can click a button and 911 services will come support management. So those types of services available to the person of course can somebody that has a functional or physical disability can with these services remain in their housing. Star Plus Home and Community-Based Services is an example of waiver home and community-based services. So they're available to a subset of people in the Star Plus program and they're to be enrolled in Star Plus HBS a person has to have a nursing

facility level of care. And in some of our Star Plus HBS programs could help people with housing, like minor home modifications, respite to relieve a primary caregiver, home deliver meals, adaptive aids and medical supplies, emergency response services and protective supervision.

There's also a waiver service called Transition Assistance Services and it is available for people who are moving out of institutions into the Star Plus Home and Community-based Services program or some of the fee for service waivers like Class and DBMD. And so that money can be used to help with startup expenses such as deposits and moving expenses. And then of course Star Plus HBS also has some residential services like assisted living facility services and adult foster care. Quickly touch on the service coordination and relocation services. So service coordination is not unique to Star Plus, it's also available in STAR Kids and STAR for members with special healthcare needs. And so the service coordinators are required to coordinate both the covered and the non-covered services. So that would include needs for community services or referrals to community organizations.

And then Star Plus has an added relocation service component. It really is part of service coordination, so it may be provided by the service coordinator or the MCO may contract with someone to

provide the relocation, but it is part of the Star Plus capitation and it assists nursing facility residents in transitioning to the community. So when somebody's in a nursing facility and they say they want to move to the community, the MCO has a certain amount of days that they're supposed to reach out to them, tell them about their opportunity, the availability of housing and Star Plus home and community-based service. They'll assess them and develop a plan and then the relocation specialists can help with the housing specific things so they can help with the housing goals, identifying housing, working through all the details of the move in. And then they monitor the member for 90 days after they move into their house. Section 811, I think you all know way more about it than I do, so I won't attempt to explain the program, but we do have a partnership with TDHCA to connect Star Plus members with Section 811 project rental assistance. And so the relocation specialists that I just mentioned and also MCO service coordinators, we'll connect eligible nursing, we try if a nursing facility resident says they would like to move to the community, we of course look to see if there's a section 811 unit available and that partnership has really helped.

We also have a partnership with TSAHC. And so we use Money follows the person rebalancing funds to incentivize private developers to set aside affordable housing units for people



transitioning from institutions, nursing facilities, state supported living centers, immediate care facilities for people with intellectual or developmental disabilities related conditions. Currently there are 39 units set aside and up to date six units have been occupied, and I'm not the lead on this, but the lead contact said that's mostly because the properties are under construction.

And then the 1915-I, state plan home and community-based services adult mental health program is it provides home and community-based services to adults with serious mental illness. There are specific eligibility groups to be in the program that being long-term psychiatric hospitalization or if it's for jail diversion or emergency room diversion. So I know the eligibility criteria is a bit complex, but there are housing related supports available in this program that kind of differ from the ones that we talked about for mental health, target case management, mental health rehab in the sense that the HBS AMH recovery managers can help directly in resolving dispute with landlords, for example, or neighbors. They can kind of get more involved and they can help to prevent advocate or help identify resources to prevent eviction and coordinate with, they develop an individual recovery plan, which if needed of course will include housing, a housing support plan. And then they also have transition assistance services like Star Plus HBSs. And so it's

up to \$2,500 for if they're moving into their own place or a thousand if they're moving into supervised living. Okay. Then we'll get into just the screening requirements and just wanted to touch upon this because it is, there are a few new initiatives.

One in the contracts we have encouraged the reporting of ICD 10Z codes, which are the International Classification of Diseases and related health problems codes. It's a standard coding system that's used to represent diagnoses and there are Z codes that are attached to, they're used when there's certain circumstances that are related to the diagnosis. And so there are a category of Z codes related to socioeconomic circumstances and then a subcategory for housing and economics circumstances. And so we have required the MCOs to request, so that's the encouragement part that providers use these codes, there's no reimbursement to use them. They'd basically be putting these codes on the claims. And then if this information is on the claim, then the MCO service coordinator has to use that information and follow up to help with appropriate delivery of services. So if there's a Z code that's on a claim related to a housing need, then the MCO service coordinator can use that to connect them.

We've also with the new star post procurement, so in the new contract we've included an emphasis on screening for non-medical

drivers of health. So there's already an existing requirement for initial health needs screening, but as part of that, in the new contract, we've added a requirement that they use an evidence-based screening tool for health related social needs. And then we've also emphasized the importance of tracking referrals. So systematically tracking referrals for these types of services and then also an emphasis on caregiver supports. So just recognizing that primary caregivers help so much and that their needs and training needs are also a critical part of the plan for services for members.

House Bill 1575 is another example of just this emphasis on screening and it requires us to adopt standardized questions requires HSC to adopt standardized questions that MCOs and thriving Texas families organizations use to screen all pregnant women for non-medical health related needs. So again, another example of this focus on collecting information about non-medical health related needs. Then I'll just end with, we've developed an action plan on non-medical drivers of health action plan. It's on our website. You can look there. This is just a one page snapshot. And the three areas of focus, priority areas of focus right now are food insecurity, housing and transportation. The goals are listed there to build data infrastructure, coordinate services, develop policies and programs and support collaboration. So if you go onto the

website, it'll show the different tasks under each of the actions under each of the goals. Right now, most of the ones that have been developed are on food insecurity and that's because they're, we are leveraging some existing projects, but the plan will be to expand it to develop actions related to housing and transportation as well. And that is it. That was a lot of information.

Bobby Wilkinson (46:02):

That's a big first day. Very cool. Thank you. Anyone have any questions about Medicaid or?

Elizabeth Yevich (46:13):

I did want to say this is Elizabeth, TDHCA. I think everybody here knows that there's a representative on this council from TSAHC. And his name is Michael Wilt. Jeremy, I don't think he's on the Phone, is he?

Jeremy Stremmler (46:23):

No, he's traveling. He's not.

Elizabeth Yevich (46:24):

He's traveling today. Okay. We wanted to make sure he didn't want to say anything.

Mike Goodwin (46:28):

What is the cutoff point for the term needy family?

Veronica Neville (46:36):

Well, I don't know. It depends on the size of the household. So I don't know. It's based on the federal poverty level.

Doni Green (46:46):

So for a single person it's \$914.

Mike Goodwin (46:50):

Okay. Because I've got a son that's disabled, he's got two really bad places, his back had surgery, yada, yada, yada. So I went and said, okay, can I get him eligible for disability? And they said if he has an income of \$1,400 a month or more, he's not eligible. There is no, what I'll say aid available to people who can function at some level as long as they don't make over \$1,400 to make over 1400.

Doni Green (47:19):

Not necessarily.

Veronica Neville (47:22):

So are you talking about with the Social Security administration?

Mike Goodwin (47:24):

Yeah. To get a Social security administration designation as a disabled person, that would make you eligible for Medicare under 65.

Veronica Neville (47:35):

Oh for Medicare. Okay. Well, so if you're eligible for SSI in Texas, then you will be eligible for Medicaid. So you're right that SSI disability designation does help you get, but in Texas we have opted to cover a little bit higher of income, so it's like a hundred and I'm not going to remember the exact, so I won't say it, but I can get you that information. Our eligibility folks know that part of Medicaid a little bit better. But anyway, it's a certain percentage higher than the federal poverty level. And if you have a disability then you can be determined, eligible for Medicaid, you just have to go through the Texas eligibility Division. It's called Medicaid for elderly and people with disabilities department. So I can send you information if you'd like on that

Mike Goodwin (48:33):

Yeah, I'd love to just see what, because after I dug into this, I found other people in similar, and my information came from a law firm that specializes in filing and qualifying people for

Social security disability and they said \$1,400 a month, don't even talk to us.

Veronica Neville (48:55):

Because disability is not income based. It would be based on the medical condition and the number of quarters, qualifying quarter.

Mike Goodwin (49:03):

Medicare is based on income?

Veronica Neville (49:06):

Medicaid, but not Medicare.

Mike Goodwin (49:07):

Medicare, Medicare. We were going for Medicare and they said he cannot qualify for Medicare if he makes over \$1,400 a month. Now this is a law firm specializes, I don't know.

Bobby Wilkinson (49:26):

Any other thoughts or questions about Medicaid? All right. Item six, public comment. Any members of the public, either in person or on the phone, love to make a comment. Going once. Okay, next meeting will be January, 2024. In the new year, Jeremy will send a calendar invite once the date is chosen. Maybe we'll get

quorum and approve some minutes. So good seeing everyone today and it's eight till 11 or so and we are adjourned.