

HOUSE No. 3933

The Commonwealth of Massachusetts

PRESENTED BY:

Brendan P. Crighton and Daniel Cahill, (BY REQUEST)

To the Honorable Senate and House of Representatives of the Commonwealth of Massachusetts in General Court assembled:

The undersigned legislators and/or citizens respectfully petition for the adoption of the accompanying bill:

An Act relative to homelessness and Medicaid.

PETITION OF:

NAME:

DISTRICT/ADDRESS:

Amanda Ricko

HOUSE No. 3933

By Messrs. Crighton of Lynn and Cahill of Lynn (by request), a petition (subject to Joint Rule 12) of Amanda Ricko relative to housing services for chronically homeless individuals. Public Health.

The Commonwealth of Massachusetts

**In the One Hundred and Ninetieth General Court
(2017-2018)**

An Act relative to homelessness and Medicaid.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

1 WHEREAS, homelessness continues to be one of the State's most significant and
2 challenging social problems. According to the U.S. Department of Housing and Urban
3 Development, 19,608 homeless individuals were identified in 2016 within the State of
4 Massachusetts, an overall decrease of 2.6% from 2015. Homeless persons face a myriad of
5 issues, including general health care, mental illness, substance abuse, loss of employment and
6 income, and a lack of affordable housing.

7 WHEREAS, people who experience homelessness have high health care needs
8 and costs. Each year, Boston Health Care for the Homeless Program provides high quality,
9 comprehensive healthcare to approximately 12,000 homeless men, women and children across
10 greater Boston. This program provides medical, dental and behavioral health care to the most
11 vulnerable members of our community through the treatment provided by over 300 full-time and
12 part-time employees, and over 100 volunteers. For many of these individuals with complex

13 health conditions, housing instability can be a significant barrier to regular health care access,
14 which results in excessive use of expensive emergency department, inpatient treatment, and
15 crisis services. By recognizing the importance of housing stability within the practice of
16 healthcare for homeless individuals, and exploring creative and innovative solutions to address
17 homeless individuals' health care needs through housing stability from traditional and non-
18 traditional resources, the State may be able to recover the costs that homeless individuals incur
19 over their lifetime.

20 WHEREAS, the Department of Human Services and the US Department of
21 Housing and Urban Development have administered efforts to support the homeless individuals
22 living in Massachusetts through grants given to various homeless organizations. This effort to
23 alleviate homelessness in Massachusetts is seen as a critical investment for the continued well
24 being of the most vulnerable members of the community. The measures that the Housing and
25 Urban Development Department and the Department of Human Services have taken to reduce
26 homelessness in Massachusetts have had an impact in reducing homelessness, but with the states
27 fluctuating homeless population more measures need to be implemented.

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29 The purpose of this Act is to support current efforts being made by the U.S. Department
30 of Housing and Urban Development (HUD) along with the Department of Human Services to
31 report to the legislature in regard to its progress in expanding supportive housing services for a
32 broader population of chronically homeless individuals.

33 SECTION 1.

34 (a) The Executive Office of Health and Human Services, in collaboration with the US
35 Department of Housing and Urban Development, shall work together to utilize Medicaid to
36 provide supportive housing services for chronically homeless individuals.

37 (b) In planning for the expansion of supportive housing services provided through
38 Medicaid managed care plans, the Executive Office of Health and Human Services shall consider
39 the following:

40 (1) Benefit eligibility, including criteria related to:

41 (A) Health conditions (physical and mental);

42 (B) Housing status;

43 (C) Family status (specifically single parents);

44 (D) Current or potential system costs; and

45 (E) Age

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47 (2) Supportive housing services, including but not limited to:

48 (A) Outreach and engagement;

49 (B) Housing search assistance;

50 (C) Tenancy rights and responsibilities education;

51 (D) Eviction prevention;

- 52 (E) Coordination with primary care and health homes;
- 53 (F) Coordination with substance use treatment providers;
- 54 (G) Coordination with mental health providers;
- 55 (H) Coordination with hospitals and emergency departments;
- 56 (I) Crisis intervention and critical time intervention;
- 57 (J) Independent living skills coaching;
- 58 (K) Linkages to education, job skills training, and employment;
- 59 (L) Day care for children/infants; and
- 60 (M) Public transportation passes/shuttle services for individuals
- 61 (3) Applying to the Centers for Medicare and Medicaid Services
- 62 (4) Financing and reinvestment strategies, including:
- 63 (A) Health care costs and housing status of current Medicaid beneficiaries;
- 64 (B) Accurate and up-to-date information on housing status be made available for
- 65 current Medicaid beneficiaries;
- 66 (C) Health care costs of current residents of supportive housing;
- 67 (D) Health care costs of the Medicaid population;
- 68 (E) Amount of flexible service dollars available to cover the costs that Medicaid
- 69 cannot; and

70 (F) Possible tax increase for residents of the Commonwealth

71 (5) Administration of the benefit, including:

72 (A) The role of managed care;

73 (B) The role of supportive housing service providers;

74 (C) Coordination with existing and emerging systems;

75 (D) Coordination with health care professionals; and

76 (E) Coordination with Governor as well as Mayor's offices(c) The Executive Office

77 of Health and Human Services with the HUD shall submit a report to the House and Senate

78 chairs of the Joint Committee on Health Care Finance and Joint Committee on Public health

79 regarding the status of its efforts, including any proposed legislation no later than December 31,

80 2017. The report shall include:

81 (1) The status of the proposed amendment to expand Medicaid recipients;

82 (2) A description of supportive housing services to be provided to the chronically

83 homeless population; and

84 (3) Proposed eligibility criteria to qualify for supportive housing services, which shall

85 include,

86 (A) Age;

87 (B) Family Status (Single Parent); and

88 (C) Health;

89 SECTION 2.

90 To provide for certain costs associated with the implementation of this Act, but not
91 limited to, costs related to legal, financial and other professional services as required, including
92 any federal funding received for homelessness. \$500,000.00

93 SECTION 3. This Act shall take effect on passage.